



Protection, Support and Promotion of Breastfeeding

Breastfeeding promotes children's growth and development. It provides not only the best possible nutrition but also protects children against diseases and assures their care. Exclusive breastfeeding without other foods or fluids for the first 4 to 6 months of life is the best start for all babies.

Breastfeeding is the natural and traditional way mothers feed their infants but has declined due to modernisation and urbanisation in the last 50 years. In cities, mothers face many obstacles to breastfeeding such as the practices and policies of hospitals where they deliver, the absence of a network or family and employers that rarely provide working mothers with adequate opportunities to breastfeed. The protection, support and promotion of breastfeeding will help women to make a choice to breastfeed and help them and their children benefit from that choice.

Advantages of breastfeeding

For the infant breastfeeding:

- provides all nutrients for physical and mental development;
- confers a healthy immunity by anti-infective constituents in colostrum and breastmilk

which helps build the infant's immune-system;

- prevents infections caused by germs that contaminate artificial feeding bottles and teats and,
- reduces the risk of developing obesity and allergies.

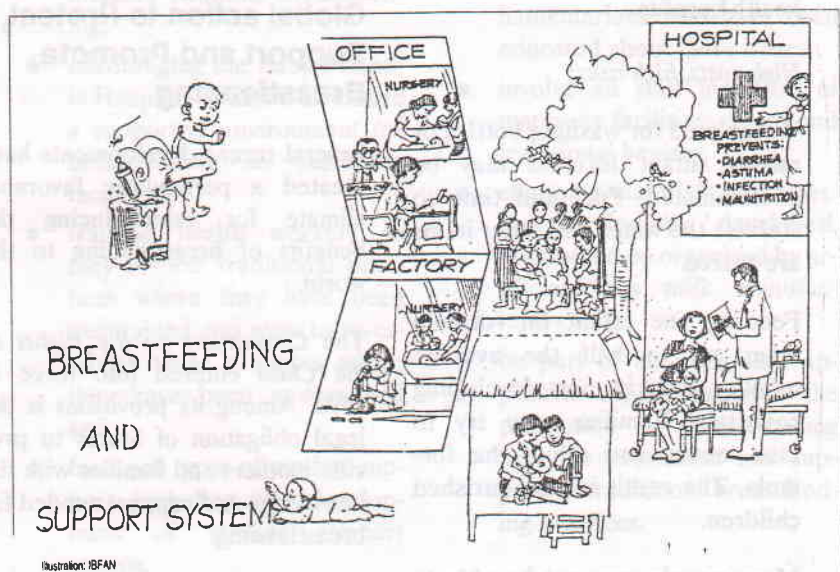
For the mother breastfeeding:

- develops a strong mother-child relationship fostered by the skin-to-skin contact;
- reduces fertility by delaying returned ovulation after birth resulting in wider child spacing and safer childbearing;
- reduces the risk of ovarian and breast cancer and,

- is convenient, providing readily available breastmilk.

For the family and the community breastfeeding:

- saves financial resources. Artificial baby milk is expensive for families to buy and to prepare and can save scarce national foreign exchange. A better investment is to provide the mother with adequate nutrition.
- contributes to a better environment by using less energy and not providing waste and,
- contributes to a country's family planning goals.



BMS and the hazards of bottle-feeding

The promotion of Breastmilk Substitutes (BMS) by Infant Food Manufacturers (IFM) is a major reason for concern. In spite of the adoption of the International Code of Marketing of Breastmilk Substitutes in 1981, aggressive marketing techniques are still being applied by the IFM violating the Code; eg. the giving out of free samples of BMS in hospitals, influencing health workers and advertisement through the media.

BMS and bottle-feeding have many negative effects. They deprive infants of the health benefits of breastfeeding, is expensive, wastes resources, carries health risks and is a burden for families and communities.

No health benefits:

The composition of infant formula can never compete with breastmilk. Apart from nutrients, breastmilk contains a large range of components that are not available in cow's milk and cannot be produced artificially such as growth factors for the development and maturation of the immune system and the central nervous system, anti-inflammatory agents and the factors that help develop the intestinal flora. The baby will be deprived of those health benefits.

High costs, high risks:

Water used for washing bottles or mixing infant formula may be contaminated. Fuel and time to sterilise the water and other items are scarce.

Feeding one infant on formula takes up to half the average month's wage in most developing countries. Families may try to save money and dilute the formula. The result is malnourished children.

Many people may not be able to prepare the bottle-feed properly

International Code of Marketing of Breastmilk Substitutes (and subsequent WHA resolutions on infant feeding)

"Affirming the right of every child and every pregnant and lactating woman to be adequately nourished..." and "conscious that breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants."

"... [breastmilk substitutes] should not be marketed or distributed in ways that may interfere with the protection and promotion of breastfeeding..."

Adopted by World Health Assembly 21 May 1981

Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding

"As a global goal for optimal maternal and child health and nutrition, all women should be enabled to practice exclusive breastfeeding and all infants should be fed exclusively on breastmilk from birth to 4-6 months of age. Thereafter, children should continue to be breastfed, while receiving appropriate and adequate complementary foods, for up to two years of age or beyond."

Developed and adopted by 32 governments and 10 UN agencies on 1 August 1990

either because they are illiterate or because instructions are not printed in the local language.

A burden:

Bottle-fed infants, both in industrialised and in developing countries, need far more medical care including hospitalisation than breastfed infants.

Infant formula creates unnecessary expenses for the family and means less food for its other members and a worry for the head of household.

Operating nurseries and providing formula increases the costs for hospitals.

Global action to Protect, Support and Promote Breastfeeding

Several recent developments have created a particularly favorable climate for reintroducing the benefits of breastfeeding to the world.

The *Convention on the Rights of the Child* entered into force in 1990. Among its provisions is the legal obligation of States to provide mothers and families with the knowledge and support needed for breastfeeding.

The *Innocenti Declaration on*

Breastfeeding was signed on 1 August 1990 by participants at a meeting held in Florence, Italy: a unanimous agreement on the need for major efforts to protect, support and promote breastfeeding.

In September 1990, during the *World Summit for Children*, a set of goals was agreed upon by 71 Heads of State. High priority was given to re-creating an environment that would enable all women to breastfeed their children.

In 1991, the *World Alliance for Breastfeeding Action* (WABA), a consortium of major international NGOs was formed to coordinate efforts to protect, support and promote breastfeeding.

In the same year the *Baby Friendly Hospital Initiative* (BFHI) was launched worldwide by UNICEF and WHO to promote the "Ten steps to successful breastfeeding" in all maternity service facilities and stop distribution of breastmilk substitutes.

Involving people

Protection, support and promotion of Breastfeeding entails more than caring for Mother and Children. The right to breastmilk is a basic human right that should be recognised. Breastfeeding affects child spacing and early child development. It contributes to a better environment. It requires the

emancipation of women. A campaign to protect, support and promote breastfeeding should therefore involve:

- **health workers** focusing on benefits for mothers and children and lower costs to the health care system;
- **women groups** who will encourage the empowerment of women and their ability to choose;
- **policy makers at every level, employers and breastfeeding mothers** to look at key supportive measures;
- **environmentalists** to target the waste of resources and damage to the environment caused by the production of artificial milks and,
- **demographers** to focus on the impact of breastfeeding on population.

Strategies and actions

Protection of breastfeeding:

Protection of breastfeeding may be the only action needed in societies and communities where breastfeeding is the cultural norm. Protection of women from influences that may erode or adversely influence their desire and ability to breastfeed should be the primary strategy. This requires:

- empowering of women by information so they will protect themselves from influences which might cause them to have doubts about their abilities or judgement to protect breastfeeding;
- establishment and monitoring of a strong Code of Marketing applied to the manufacturers of artificial baby milks and weaning foods;
- introducing legislation and other measures for adequate maternity leave, provision of nursing breaks and child care centres in both the formal and informal sectors;
- preventing bad hospital prac-

tices including free distribution of milk samples and prescription of artificial milk by health care workers and,

- ensuring health workers respect traditional breastfeeding practices, thus increasing maternal confidence.

Support of breastfeeding

Support of breastfeeding is important for women who have anxieties or doubts about their ability to do so successfully. In each country, this depends on those factors or problems which are making breastfeeding more difficult. Some ways by which barriers may be overcome and breastfeeding supported include:

- considering breastfeeding as a human right which must be supported by the community;
- providing a supportive work environment both in the formal and the informal sector;
- legislation to provide women with three months of maternity leave, adequate lunch breaks, provision of child care and other ways for babies to be cared for and be fed at the workplace;
- informing health workers so that they are supportive when either the mother or baby is ill, and so that they ensure that mothers continue breastfeeding;
- encouraging the Baby Friendly Hospital Initiative to ensure a supportive environment for breastfeeding in maternity facilities;
- training health workers so they respect traditional practices where they have been maintained and ways to re-establish these practices where they have been undermined and,
- foster all types of mother support including the development of mother support groups.

Promotion of breastfeeding

Promotion of breastfeeding is most important for women who do not have access to accurate information about breastfeeding and are likely to bottle-feed or have done so with their previous infants. It is a strategy to dispel myths about breastfeeding and provide accurate information which will influence or persuade groups of women to breastfeed their babies or at least consider doing so. It is essential if breastfeeding is to become the preferred method of infant feeding. Mass media and education campaigns to make known the hazards of bottle-feeding and the advantages of breastfeeding are the usual approaches.

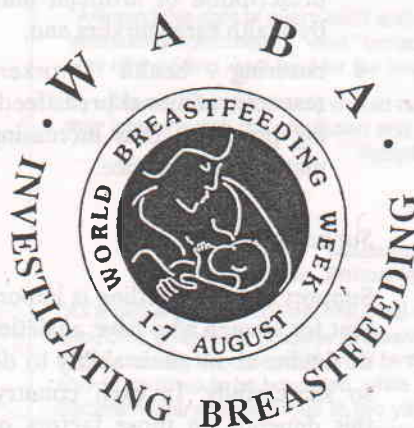
Strategies for a successful campaign might:

- consider the factors leading to the decline of breastfeeding in the region and women's beliefs about infant feeding;
- include the application of social marketing techniques based on social marketing research;
- feature a wide range of issues including maternal and infant health aspects, child spacing, hazards of bottle-feeding and the economics of infant feeding;
- include politicians and parliamentarians who have been educated about these issues;
- involve all staff members of maternity facilities, clinics and traditional healers;
- eliminate materials and meetings funded by, developed, distributed or organised by artificial baby milk manufacturers and,
- be part of an integrated approach which balances the promotion of breastfeeding with the protection and support of traditional breastfeeding practices.

Programmes around the world

UNICEF and WHO have launched the Baby Friendly Hospital Initiative (BFHI) in 1991 worldwide to promote breastfeeding through the "Ten steps to successful breastfeeding" listed as minimum goal to become a baby friendly hospital. In 1993, more than 800 hospitals worldwide have been recognised.

Every year, WABA organises World Breastfeeding Week (WBW), 1-7 August around a



theme. 1992 was the BFHI, 1993 the Mother Friendly Workplace Initiative (MFWI) and 1994 will be the year for making the International Code work. During the last two years, the WBW has mobilised the world and linked up local groups and individuals through all kinds of activities.

A new WABA activity is a two-year project of social mobilisation, capacity building, participatory action research and dissemination of information to promote support and protect breastfeeding which began late 1993.

Resources and other useful titles

Breastfeeding: protecting a natural resource, UNICEF, 1992. UNICEF offices.

Protecting, Promoting and Supporting Breastfeeding: the Special Role of Maternity Services, Geneva: WHO/UNICEF, 1989. UNICEF offices.

Cunningham A; Jelliffe, D and Jelliffe, P: Breastfeeding, Growth and Illness - an annotated bibliography, New York, UNICEF, 1992. UNICEF offices.

Palmer, G: The Politics of Breastfeeding, London: The Pandora Press/Unwin Hyman, 1988. BMAC, 23 St Andrew's Street, Cambridge CB2 3AX, UK.

Take the Baby-Friendly Hospital Initiative, a global effort with hospitals, health services and parents to breastfeed babies for the best start in life, UNICEF offices.

The International Code of Marketing of Breastmilk Substitutes, WHO/UNICEF Geneva, 1981. IBFAN, PO Box 19, 10700 Penang, Malaysia.

Resources for advocacy

Breastfeeding, a Global Priority, New York: UNICEF, 1990. (25-min videotape).

Breastfeeding: Protecting a natural resource. (video & booklet). Washington: Georgetown University, IISNFP, 1990. 3800 Reservoir Road, Washington DC 2007-2197, USA.

Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding, New York: UNICEF, 1990. UNICEF offices.

The economical value of breastfeeding. Washington: Academy for Educational Development, 1990. 1255 23rd St., NW, Washington DC 20037, USA.

WABA actions folders: Baby-Friendly Hospital Initiative & Mother-Friendly Workplace Initiative. WABA Secretariat, PO Box 1200, 10850 Penang, Malaysia.

WABA activity sheets: a series of action oriented write-ups for targeted breastfeeding promotion. WABA Secretariat, PO Box 1200, 10850 Penang, Malaysia.

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This activity sheet is part of a series from WABA to assist groups with their activities to protect, promote and support breastfeeding and in particular, to provide action ideas that could be focused on World Breastfeeding Week, August 1st to 7th.