



To create an enabling environment where men participate with women to support breastfeeding and care for infants and young children.

Content

Men's Gender Role in Family Planning	P.1
The World's 7th Billionth Baby	P.1
Zambia Applies Code Articles	P.2
COL HC Partners Meeting In South Africa	P.3
World Breastfeeding Week 2011	P.3
Fathers Can Support Breastfeeding	P.4
Revising the breastfeeding strategy	P.5
PCF7 to be held in Nigeria 2013	P.5
Low-income Fathers Involvement	P.6
Philippines fathers, Employers Engaged	P.7
Canada endorses WBW Action	P.7
Swaziland: fathers not left out	P.7
Breastfeeding Week Support In N. America	P.8

The World Got Its 7th Billionth Baby

Ten years ago, the 6th billionth baby was a boy and last October 31st, the world got its 7th billionth baby, which turned out to be a girl. India marked the arrival Monday of girl named Nargis as the world's symbolic 7 billionth citizen, the Plan India child rights group said. The United Nations had estimated that Oct 31 would mark the day when the world population reached 7 billion. Nargis was born as the first child to Ajay and Vinita Yadav in Mall village near Lucknow, capital of the northern Uttar Pradesh State. Uttar Pradesh is the most populous state in India, which has the world's second highest population after China. The baby weighed 6.6 pounds and was born at 7:25 a.m. local time. Bhagyashri Dingle, executive director of Plan India, said: "Nargis' birth as the symbolic 7th billion baby attempts to draw attention to the serious issue of declining child sex ratio in India". Other girls born in the state Monday also earned the symbolic 7 billionth title. Nargis' father was quoted as saying he and his wife would ensure their girl gets good education and does well in life. Plan International in Britain, which had identified Uttar Pradesh as the place of birth of the 7 billionth person, said Nargis was chosen symbolically because it was not possible to know where exactly the 7 billionth baby would be born. Earlier on Monday, a girl born in a hospital in Manila, the Philippines, also was declared a symbolic 7 billionth baby. The seven *billionth* person will have a lot of people hard on her heels competing for that education and that job in the world.

MI joined in the largely symbolic celebration of the birth of *the world's seventh billion* person by the United Nations on Monday, October 31. All newborns in *the world* on that day are called the "**7th Billion**"

MI e-newsletter

Men's Gender Role in Family Planning

By James Achanyi-Fontem, Coordinator, MWG



When gender has impact

Male involvement in family planning is not a new discovery to the field of public health, although often it is overlooked as a means of outreach. Nigeria has launched a mass media campaign targeting men and family planning. The program has so far been described as

successful because men are more frequently accompanying their wives to the family planning clinics. On the other hand, there is skepticism whether women in Nigeria will use contraceptives and reduce the size of their families.

Professor Daniel Smith at Brown University, believes that Nigerians favour large extended families as a way to stay socially connected so it will be an uphill battle to reduce family size, even if there is an increase in contraceptive use.

In many parts of the world, gender equality is still in the very beginning phases. Using men as allies in the struggle for gender equality only advances progress and increases the likelihood of success for women's rights and empowerment. Many of these projects use communication strategies to help educate men on reproductive health and family planning as well as promote sharing and joint-decision making among partners in terms of , breastfeeding, contraceptive choice and family planning. Prior to the beginning of the project, the use of modern family planning methods was limited because of husband opposition, religious and health concerns. Many societies have a patriarchal structure and without the approval of men, women have very little choice in their contraception. Women are more likely to use contraceptive if they perceived their husband's approval and if they felt there was an ease of communication between them. Ashley Judd, actress and activist, has discussed the need for men to be active in family planning and their power in women's reproductive health choices worldwide. Judd urged family planning programs in developing countries to involve men because of their significant influence over women's reproductive health decisions. Reproductive choices are imperative to a healthy pregnancy and healthy children. Involving men in these choices removes a common barrier to women's use of family planning, which, in turn, empowers women and girls in all aspects of their lives. The United Nations Population Fund (UNFPA) supports many programs that encourage male involvement in family planning and other population-based programs around the world. Many of these projects use communication strategies to help educate men on reproductive health and family planning as well as promote sharing and joint-decision making among partners .

Australia TO Finance COL Again

Australian Foreign Minister, the Honourable Kevin Rudd, announced last October 26, 2011 that Australia is rejoining the Commonwealth of Learning (COL) as a financial partner. Australia had withdrawn its support for COL in 2004 during a streamlining of its foreign aid expenditures. The announcement was made following a presentation by COL officials to Commonwealth Foreign Ministers at their meeting that took place in Perth, Australia as a part of the biennial Commonwealth Heads of Government Meeting (CHOGM). Mr. Rudd expanded on the decision in a dinner speech in the evening. "This small intergovernmental organisation provides opportunities through information and communication technologies and open and distance learning", he noted. "When we reviewed the performance of Commonwealth organisations earlier this year (2011), we were pleased with the improvements that had been made in the Commonwealth of Learning over the past five years, including in the Pacific." COL Board Chair, the Honourable Burchell Whiteman, O.J., a former Minister of Education in Jamaica, and President and C.E.O., Sir John Daniel, who had delivered the presentation at the Foreign Ministers' meeting, enthusiastically welcomed this development. "This resumption of funding is the culmination of a multi-year effort to improve the relevance and effectiveness of COL's work in the Pacific Region and we are delighted," Sir John explained. "Special thanks are due to the many Australian friends who have supported COL in this campaign." The Commonwealth of Learning, which is based in Vancouver, Canada and New Delhi, India, was created by Commonwealth Heads of Government at their meeting in Vancouver in 1987 to encourage the development and sharing of open learning and distance education knowledge, resources and technologies. The Commonwealth comprises 54 countries – most of which are developing nations – and one-quarter of the world's population. Some 23 countries are receiving support for the promotion of healthy communities within their communities with a focus on mother and child health care promotion. These countries were represented in healthy communities partners' workshop organized in Cape Town, South Africa last September 2011. COL Partnership has focused on the use of community radio stations for the education of populations on mother and child care and rights issues like breastfeeding. For more click on this link—www.col.org/dwilson

Zambia Applies Code Articles

The Ministry of Health in Zambia showed an example of the application of a good national code by confiscating infant formula and other breast milk substitutes from wholesale and retail outlets that were violating the Food and Drug Act, which forbids the advertising or promotion of breast milk substitutes and other designated products to the public. WABA MI e-newsletter extends a congratulatory message to Zambia for being vigilant and abiding to its Food and Drug



act. The decision has saved thousands of Zambian infants, and serves as a good example to other countries of our alliance. It is imperative to have laws forbidding the promotion of infant formula and other breast milk substitutes that work, as we encourage countries who do not have a Code of Marketing Breast milk Substitutes to act on the issue very fast and get the articles of the Code voted into law. By doing so the governments will be protecting the world's infants and future leaders.

From LUAPULA Province of Zambia, the Medical Officer, Elicho Bwalya, said in an interview in Mansa that the ministry of health personnel were confiscating baby milk and other breast milk substitutes from wholesale and retail outlets because they were being sold using packaging advertisement which was now unlawful in Zambia. He said a team of environmental health technologists were going round trading places and confiscating infant formula and other breast milk substitutes being sold contrary to the Food and Drug Act, which forbids the advertising or promotion of breast milk substitutes and other designated products to the public. Mansa District environmental health technologist, Davies Silwamba, who is heading the operation, said the Government's seized infant formula and other breast milk substitutes from the Mansa Shoprite outlet because their packaging were bearing messages and pictures aimed at persuading mothers to make decisions that deprive the baby's rights to feed on the breast. Mansa Shoprite branch manager Simon Chibesa said multi-national chain stores have suffered a substantial loss as there was no notice of communication or sensitization on the seizure of the baby milk and other breastfeeding substitutes by the ministry of health personnel. The seizure of the baby products by the Ministry of Health is in accordance with the statutory instrument No. 48 of 2006 under the food and drug marketing of breast milk substitute's regulations of 2006. Among the baby foods confiscated were tins of assorted baby milks, cereals, porridges and many other infant foods both locally and internationally manufactured.

COL Healthy Communities Partners Meet

23 participants drawn from 14 Commonwealth countries ended a workshop in Cape Town, South Africa, on the expansion of healthy communities in their various countries and organizations designing an action plan for the period from 2012 - 2015. The countries included: Bangladesh, Cameroon, Canada, Fiji, Kenya, Malawi, Mozambique, Namibia, Sierra Leone, Tanzania, India,



COL Healthy Communities Partners In Cape Town, South Africa

Jamaica, Solomon Islands, South Africa and United Kingdom. The workshop ran from the 11th – 17th September, 2011 was stimulating and productive because a remarkable group of people and organizations, new and existing COL partners, groups focused on media, health/development and resource people in areas from research to mobile contributed in various ways in sharing their work and experiences on healthy communities with a focus on mother and child care support. Ian Pringle, the key facilitator and COL Media Education Specialist from Vancouver, Canada focused attention on the use of media for non-formal education about health and development, specifically community learning programmes that are local, collaborative and participatory. The use of radio along with face-to-face methods and increasingly mobiles is considered a very resourceful means of developing Community Learning Programme agenda for amelioration of mother and child livelihoods. From 2009 – 2012, knowledge sharing has been focused on seminars on educational media, community learning programmes, connecting with the COL newsletter and web site. In capacity building, over 700 individuals were engaged in training, of which 40 per cent were women. There has been increased use of Community Open Distance Learning by 48 community groups in 10 nations at regional and national levels. Community Learning Programmes (CLP) have been realized in Belize, Jamaica, Cameroon, Kenya, South Africa, Tanzania, and Solomon Island. These programmes have been produced locally blended and multichannel, collaborative, participatory, story-based and low cost effective. Addressing COL's 2012 – 2015 Healthy Communities initiatives and a proposed framework, Ian Pringle shared with the partners an insight, which was built on during the week. Teams of small group work were established to reflect on the necessary additions for consolidating the action plan. Grassroots networks are supportive through story and experiences-based strategy. This means getting to use smart people, because smart people learn from experience and smarter people learn from other people's experience, Ian Pringle observed. He emphasized on the fact, that it is low cost when we have dedicated people involved in the programme, field based recording, collaborative management, inputs to community media outlets and promotions.

camlink

World Breastfeeding Week 2011

Over 2,000,000 persons were reached through face-to-face interaction during the World Breastfeeding Week in Cameroon, with the media contributing a great deal in getting people to talk about breastfeeding. Community outreach action was through social mobilization, sensitization, information and training of community health workers on the strategies for youths and men's involvement in conformity with the theme for the year: **“Talk to Me! Breastfeeding – a 3D experience”**. Commonwealth of Learning supported the activities by engaging in the distribution of materials to over 10 nutrition organizations involved in the WBW 2011 across Cameroon. Materials received from the UNICEF, Ministry of Public Health and WABA were channeled to the health districts through the regional delegations. The materials consisted of mainly educational materials in hand cover and videos, WBW Promotion T-shirts, flyers and exercise books carrying WBW infant feeding slogans. The Men's Initiative in Cameroon was honoured as in the past years with the presence of Ian Pringle, an international advocate of Community Learning programming (CLP) for Development from the Commonwealth of Learning Agency in Vancouver, Canada. He undertook a one week official work visit in Cameroon to monitor, evaluate activities in Cameroon and visited Lebialem where he organized a two-day impregnation workshop on COL Open Distance Learning strategies with the use of ICTs. He suggested ways of using the media and particularly community radio stations for educating populations on healthy community strategies and the application of Information and Communication Technology (ICT) tools for reaching mothers wherever they are. In the past three years, we have received men from United States of America, Germany and Sweden during the same period. A decision to extend activities from August to October, 2011 was due to the fact that youths in colleges and universities were all on holidays and they could not be reached within their institutions. This meant that more time was needed for involving the youths, especially as the theme targeted them. In all WBW 2011 activity sites of the health district areas, emphasis was put on the fact



Lactating mothers during community outreach

that breastfeeding is considered a biological function; a public health issue has been visited and re-visited time and time again to address mother and child bond.

Father Can Support Breastfeeding

Fathers Supporting Breastfeeding is a MI Community Learning Programme, CLP, under the regular WABA snap shot targeting fathers so that they may positively impact a mother's decision to breastfeed. The snap shot is part of a continual effort to increase breastfeeding initiation and duration rates among women around the world by involving fathers in breastfeeding promotion efforts. Fathers can get engaged in mother support by being a member of a Support Breastfeeding Team (SBT), encouraging mothers to breastfeed, and helping around the house.

Why should fathers encourage breastfeeding?

Research shows that breastfed babies have fewer colds and ear infections. The nutrients in breastmilk help build the baby's brain and immune system. Breastmilk is always at the right temperature and ready to serve. Breastfeeding builds a close bond between mother, father and baby.



Father being a part of the breastfeeding team?

Help around the house. If there are other children, take care of them so mom can get some rest. Take your baby to mom for breastfeeding. If mom needs something while she's breastfeeding, offer to get it for her. Do things that will make mom feel good about herself, like: Praise her for breastfeeding, do something special for her and be proud as a dad. Remember that skin-to-skin contact helps baby and father bond. This is known as father-baby attachment. Make time for just you and your baby. Babies need cuddles and hugs from their dads too. When mom is breastfeeding, make mom feel comfortable and relaxed. Your support can make mom feel more comfortable about breastfeeding, even in public. When baby gets hungry and needs to eat in public, mom can breastfeed without people noticing her. Mom can use a blanket or a shawl to cover up while breastfeeding. People will think she's simply cuddling the baby.

Europe Father-to-Father Support of Breastfeeding

Nigel Sherriff, Valerie Hall and Martina Pickin, in British Journal of Midwifery article, *Fathers' perspectives on breastfeeding: ideas for intervention*, informs that the UK Government's breastfeeding strategy needs to engage with fathers to increase the lowest breastfeeding rates in Europe. The article looks at how fathers experience breastfeeding support in Brighton and concludes that a key requisite for the engagement of fathers is specific information and practical advice. The authors observed that they have a problem in UK, because in 2005, 78% of mothers initiated breastfeeding and 50% were still breastfeeding at six weeks. This is the worst rate in Europe, because in Norway the equivalent figures are 98% and 95%. It has been observed that fathers have enormous influence on a mother's breastfeeding; what they think and do makes a big difference to what the mother does. The father's support makes a particularly significant difference in low income families, especially where breastfeeding rates are lowest. More particularly, controlled trials reviewed in *Costs and Benefits* have shown that engagement with fathers makes an astonishing difference to breastfeeding rates. Involving fathers in a single two-hour antenatal breastfeeding session increased the rate of initiation from 41% to 74%. Research by Fatherhood Institute UK showed that in another trial, a 40-minute session for fathers about how to help manage common breastfeeding problems increased breastfeeding rates at six months from 15% to 25%, while at a workplace programme in US, a 45-minute group class with book and handouts, a men-only antenatal session increased breastfeeding rates at 6 months from 21% to 69%. This evidence is corroborated by similar findings in smoking cessation, mental health promotion and birth preparation – all of which yield better results when fathers are engaged. This evidence is also summarized in *Costs and Benefits*.

Revathi Ramachandran Resigns From WABA

Revathi, who has supervised editorial content of our e-newsletter with Aida Redza resigns from WABA this year (last day Dec 7) to focus more time on her family and possibly to look into continuing her studies as well. In her message, Revathi has expressed that she had learned many things from the WABA network. And that the team has all inspired and motivated her in one way or other.

Men, Fathers, Grandfathers and all out there - Come join us and get your updates on WABA's Men's Initiatives at <http://www.waba.org.my/whatwedo/mensinitiative/publications.htm> and do check out on the Men's Initiatives current global info on fatherhood, and men's support for

PCF7 TO BE HELD IN NIGERIA

Seventh Pan-Commonwealth Forum on Open Learning (PCF7) will be held in Abuja, Nigeria in November 2013, and it will be co-hosted by the Federal Ministry of Education and the National Open University of Nigeria (NOUN), as the lead partner institution. More news tells us that the current President & C.E.O. of COL, Sir John Daniel, completes a successful term in office soon. COL's multinational Board of Governors



is seeking a successor who will continue the crucial work of the organisation. Sir Daniel was knighted by Queen Elizabeth for services to higher education in 1994 and holds 31 honorary doctorates from universities in 17 countries. He is a citizen of Canada and the UK. [Application deadline to replace him is 5 December 2011](#). Sir John Daniel became President of COL in 2004 after gaining wide international experience in universities and the United Nations system. He obtained his full-time university education in Metallurgy at Oxford and Paris and later demonstrated his commitment to lifelong learning by taking 25 years to complete a part-time Master's degree in Educational Technology at Concordia University. However, the internship for that programme, which took him to the UK Open University in 1972, was a life-changing experience. He saw the future of higher education and wanted to be part of it. This quest took him on an international odyssey with appointments at the Télé-université (Directeur des Études, 1973-77), Athabasca University (Vice-President for Learning Services, 1978-80), Concordia University (Vice-Rector, Academic, 1980-84), Laurentian University (President, 1984-90), the UK Open University (Vice-Chancellor, 1990-2001) and UNESCO (Assistant Director-General for Education, 2001-04). His non-executive appointments have included the presidencies of the International Council for Open and Distance Education, the Canadian Association for Distance Education and the Canadian Society for the Study of Higher Education. He also served as Vice-President of the International Baccalaureate Organisation. Among Sir John's 300+ publications are his books *Mega-Universities and Knowledge Media: Technology Strategies for Higher Education* (Kogan Page, 1996) and *Mega-Schools, Technology and Teachers: Achieving Education for All* (Routledge, 2010). He has been very supportive to community initiatives for the promotion and protection of mother and child care rights through the healthy communities initiatives of the organisation that he championed.

Suggestions for revising the breastfeeding strategy

1. Engagement with fathers in breastfeeding promotion should be routine and the norm. Mother-only support should be specialised provision for the minority of mothers whose partners are genuinely absent or are unsupportive even after effective engagement approaches have been tried. New family centred methods should be piloted, evaluated and promoted. Good practice already exists locally and some NCT antenatal teachers have been engaging fully with fathers on breastfeeding for years.
2. The way in with the father is his profound instinct to protect and care for his baby. The father needs to know how big an influence he is and how, by his practical actions, he can keep his baby healthy. He needs to know what these practical actions are.
3. In all materials about breastfeeding, the active involvement of fathers in breastfeeding should be shown – discussing it with the mother, being actively present when breastfeeding is happening, being knowledgeable about how to overcome problems, discussing matters with the health visitor. The father's role is more than to do the washing up when the mother is breastfeeding. This presentation of the father's role is entirely different to how he is commonly presented in breastfeeding promotion. In one key video now being promoted, an evidently very involved father disappears the moment the health visitor arrives and there is no interaction between her and the father for the duration of her visit. There needs to be an audit of current materials.
4. When developing new materials, they need also to be tested on couples, not, as is currently the practice, just on mothers.
5. Breastfeeding promotion needs to avoid suggesting that feeding is the only way to bond with a baby – this creates an incentive for fathers to start bottle feeding. Breastfeeding should be shown in the context of other activities that a father can undertake to support his baby's development and become important to their child – gaze, massage, etc. There is a rich source of material in the modern study of adult-child bonding and attachment that busts the myth that babies can or should only bond with one adult.

Breastfeeding Promotion Ideas

This column tells you of breastfeeding promotion activities common to local breastfeeding coalitions and community-based organizations. They are offered here to simply share some ideas of what other coalitions have accomplished or things to consider when charting your own course. Have fun with it and follow the impulse of your coalition members and your community's needs.

Readiness: If your coalition has a group identity, ground rules for participation, data about local breastfeeding rates, and an understanding to the local barriers to breastfeeding, then it is time to consider achievable, appropriate actions for the group to do together.

Motivation: Group activities on any scale (from posting a bulletin board to hosting a press conference) are very rewarding. They help coalition members learn how to work together and share the joy of seeing the tangible results of their efforts.

Avoid over-reaching: Few coalitions have a problem seeing what needs to be done in their community, but many have a problem keeping their activities do-able and achievable given constraints of time and funding. Be mindful to not over-commit.

Value of documentation: Whatever you and your coalition do, be sure to keep careful notes and create a roadmap for the future.

Low-income Fathers Support Breastfeeding

By Sheela Philomena, Boston, US

The American Academy of Pediatrics (AAP) National Conference and Exhibition in Boston, US, last October 17, 2011 presented a research finding that shows that dads of low-income children support breastfeeding but are unsure how to influence or help their child's

mother (their partner) with breastfeeding.

The rate of breastfeeding among low-income, inner-city African-American mothers "is a health disparity now receiving national attention," according to the conference abstract, "Low-



Income Inner-City Fathers and Breastfeeding: Where's the Program for Us?" Researchers conducted two focus groups each comprising five men: two of the participants were expecting a child, and eight were current fathers. A moderator sought the men's views on breastfeeding and "father engagement programs" designed to use father/partner encouragement to promote breastfeeding. Most of the participants had a positive view of breastfeeding and its potential health and emotional benefits for their child. However, many lacked specific knowledge about breastfeeding, perceived themselves as having limited influence on the mother's choice to breastfeed, and reported a lack of relevant programs for fathers and partners. "The views and needs of fathers and partners of low-income, inner-city expectant women need attention," said lead study author, Lydia Furman, MD, of University Hospitals Rainbow Babies & Children's Hospital. "The challenge at hand is how to reach, recruit and engage these men in breastfeeding promotion. For more information, click on the following link—<http://www.medindia.net/news/Research-Low-income-Fathers-Support-Breastfeeding-92080-1.htm#ixzz1d5cqwuueg>

Comment From Swaziland:

It is a good move to let us men support our partners/wives. A family has husband, wife and children, you wouldn't say it's a complete family without a father/mother (parents). But the secret is, you must not force men to change nappies, bottle feed or baby sit by so doing you make men to be stubborn, chasing them away. We must introduce men professionally into this industry as we all know that men were created by God to provide for their families unlike today whereby women are also breadwinners of families. *by smthizo@gmail.com*

Fathers, Employers Urged to support Breastfeeding In the Philippines

By ROBERT JA BASILIO JR., Manila

Fathers, grandparents, health professionals, and employers were urged to support mothers to exclusively breastfeed their children for the first six months of their lives during the World Breastfeeding week in the Philippines. The Philippine office of the United Nations Children's Fund (UNICEF) reiterated this call on after a study showed that fewer Filipino mothers now breastfeed their children. "We have a moral obligation to get information to mothers about breastfeeding," Vanessa Tobin, the UNICEF's Philippine representative, said in a briefing. "It is the cheapest message you can provide." Tobin made these remarks in a Manila hotel as the global breastfeeding month — one of UNICEF's advocacies — comes to a close in end-August. "For too long, we have put all the pressure to successfully breastfeed on the mother," Tobin said in a separate statement distributed during the event. "But it's clear that if the Philippines wants to improve its low exclusive breastfeeding rates, everyone must play their part, including fathers, grandparents, health professionals, milk companies, employers, and the government." She added: "Breastfeeding is not difficult, but it takes some practice and quiet dedication and it does need the mother to be able to rest, eat, and drink plenty of liquids, so she can focus on giving her baby frequent needs on demand. Having supportive family and friends around is crucial in mothers succeeding in starting and continuing to breastfeed." In her speech, she also disclosed that only 34 percent of Filipino mothers exclusively breastfeed their babies for six months. The figure "has not moved significantly low since 2003 when the rate was 37 percent," Tobin said, citing data from a breastfeeding study undertaken in 2008. Compared to three other countries' ranking, the Philippines placed second, better than Vietnam's 15.5 percent and Indonesia's 32.4 percent. However, the country was outpaced by Cambodia at 60 percent. The Philippines' ranking, which Tobin intends to bring up to 70 percent by 2015 — is just a notch below the global average of 35 percent. "Exclusive breastfeeding declines rapidly with infant age, from 53 percent at under two months to 35 percent at three to four months and only 16 percent at four to five months," Tobin said in her speech. She added that only 54 percent of mothers were assisted to begin breastfeeding within an hour of giving birth and 31 percent reported the use of bottles with teats for babies of four to six months, which reduces the likelihood of a mother successfully breastfeeding exclusively. Breastfeeding during the first six months of a child's life is deemed crucial since it cuts the risk of chronic diseases and leads to overall better development. Tobin's sentiments were echoed by Department of Health Assistant Secretary Paulyn Jean Rosell-Ubial, who was one of the event's speakers. Although she said that children born in hospitals have lesser chances of being breastfed, she nevertheless said everyone has to pitch in to encourage breastfeeding. "Mothers should continue breastfeeding even though sometimes the practice may be painful," she said in her speech. "They should continue the practice despite suffering from congested breasts and sore nipples."

Canada: Promoting Breastfeeding

The Healthy Women, Children and Youth Secretariat (HWCYS) in the Province of British Columbia has endorsed the World Health Organization (WHO) recommendation that breastfeeding be promoted and supported as the cultural norm for infant feeding. This came with the proclamation by the Province of British Columbia declaring that October 1 to 7, shall be known as "Breastfeeding Week."

Breastfeeding provides health benefits to both the baby and the mother. Breast milk provides infants with unique nutritional and health benefits, such as antibodies and reduced risk for developing asthma, diabetes, high cholesterol and high blood pressure, and becoming obese in later life. For the mother, breastfeeding helps the body recover from the stresses of pregnancy, labour and delivery. The risk of developing breast cancer is also reduced. The HWCYS supports and promotes breastfeeding through policies and programs which ensure that:

1. mothers are supported to exclusively feed their infants breast milk for the first six months;
2. at 6 months of age, breastfeeding should be complemented by the introduction of solid foods;
3. breastfeeding for two years and beyond is encouraged; and breastfeeding is promoted as an important chronic disease prevention strategy.

The British Columbia Ministry of Health has launched a breastfeeding promotional video *Talk to me about breastfeeding*. The video portrays local BC families sharing their breastfeeding stories, challenges, successes, and advice for families.

The HWCYS works to promote and support breastfeeding to service providers in partnership with Perinatal Services BC, including:

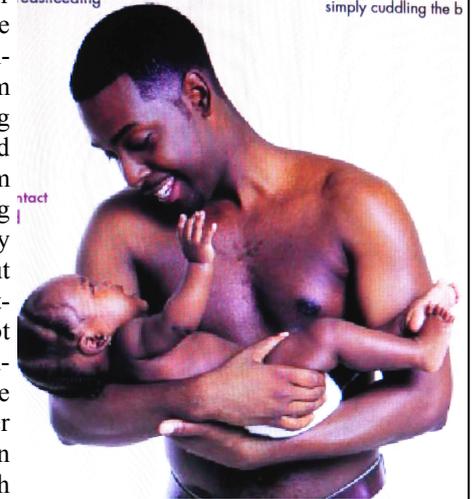
- Development of on-line education for breastfeeding to support the implementation of the World Health Organization (WHO)/United Nations Children's Fund (UNICEF) guidelines for breastfeeding education.
- Implementation of the WHO definitions for recording infant feeding methods at discharge in the BCPHP's Provincial Perinatal Database providing a more accurate measurement of exclusive breastfeeding initiation rates in the Province.

The HWCYS is also partners with the BC Baby-Friendly Network to provide consultation, support and assessments to hospitals and health units, to achieve Baby-Friendly Initiative (BFI) designation, as defined by the WHO and UNICEF. Currently two hospitals in BC have achieved the Baby-Friendly Initiative (BFI) designation. This includes: the GR Baker Memorial Hospital in Quesnel (designated in February 2008), and the BC Women's Hospital and Health Centre (BCWHHC - designated in November 2008). The BCWHHC is the largest maternity hospital in Canada to receive BFI designation.

Are Fathers Left Out In Breastfeeding Promotion?

By The Times of Swaziland on 28th October 2011
<http://www.times.co.sz/Community/33906.html>

Many men mistakenly believe that breastfeeding is strictly a subject for women only. They see their role as that of a passive or neutral outside observer who has little influence on the process. A common complaint from fathers of breastfeeding babies is that they tend to feel excluded from the intimacy of nursing their own child. Many fathers feel left out when it comes to breastfeeding. They cannot feed the baby themselves and they envy the closeness the mother and baby share when nursing. But, though they may not realise it,



fathers play a key role in breastfeeding. "The father's support is critical, especially in a mother that is breastfeeding for the first time," says Amy Spangler, author of "Amy Spangler's Breastfeeding: A Parent's Guide." Many women do not make it through the hardships that they may encounter in the first few weeks of breastfeeding without their partners support. Getting support and encouragement from their partners boosts their confidence and makes them feel content in their choice of breastfeeding. Fathers actually have tremendous potential to either facilitate or undermine the success of breastfeeding. Understanding the importance of their role is the first step in equipping fathers to help their breastfeeding partners. Often times most fathers complain that they do not see how they can assist especially in the first few days of their child's arrival because either they are sleeping or breastfeeding and in the process they feel left out. However, that should not be the case because this is the best time they can jump in and learn things that can help them bond with their infants and feel the connection with their babies. **Supporting breastfeeding: The first thing a father can do to promote success is to create a positive family atmosphere toward breastfeeding. If he views breastfeeding as making a positive difference in the health and well being of his baby and as a high priority for his partner and child, this attitude will set the desired tone for achieving success.** As a practical matter, breastfed babies need to accompany their mothers whenever possible, a father who views a baby's continual presence as intrusive will subtly undermine breastfeeding. The father who naturally assumes that his baby will accompany the couple to restaurants, movies, dinner parties, and meetings has given breastfeeding his strong endorsement. While some men may actually persuade their partners to breastfeed, more often the mother's motivation to breastfeed exceeds the father's commitment. But there's a big difference between a man who agrees to let his partner breastfeed and one who deliberately creates an atmosphere of success. Breastfeeding can be emotionally demanding at times especially to first time mothers, this is the time they need their partners the most. Almost all new mothers experience doubts about their ability to care for a newborn and when the baby arrives, some mothers tend to ignore their diet because they are too busy or worried about the arrival of the new baby and adjusting to the whole new set up; and they try to do a lot of things all at once.

World Breastfeeding Week Support

Prairie North Health Region of Canada last September 26, 2011 issued a press release recognizing the World Breastfeeding Week, October 1-7. According to the press release, the World Breastfeeding Week is the perfect time to communicate with mothers, breastfeeding advocates, communities, health professionals, governments, aid agencies,



donors and the media on how they can actively support breastfeeding. The week also serves to protect, promote and support breastfeeding as the optimal method of infant feeding, and emphasizes that breastfeeding provides benefits for both mother and baby, said Stacey Wiens, PNHR Public Health Nutritionist. "Each of us can play an important role in supporting breastfeeding, as we are all caregivers, mentors or supportive family members. The activities aimed to involve individuals, including youths and men, who may not typically participate in breastfeeding discussions. For breastfeeding mothers, support is vital for continuation of breastfeeding. Communicating with fathers and youth can help encourage support of breastfeeding mothers and encourage mothers to continue breastfeeding until the infant is two years of age and beyond, as recommended by the World Health Organisation. Fathers play a vital role in supporting breastfeeding as with their help, mothers are more likely to continue the practice. Encouraging youths to become interested in breastfeeding awareness, promotion and support may help to encourage them to breastfeed in the future, the press release added. A colouring contest was jointly organized in three localities of the Canadian region during the World Breastfeeding Week to teach toddlers and preschoolers how they can "help" Mom out while she is breastfeeding. Exclusively breastfed infants have a lower risk of chronic disease including obesity, diabetes, cancer, and heart disease, as well as a lower risk of ear infections, and asthma/allergies. Breastfeeding is the normal of providing complete nutrition to babies. Breast milk not only provides the perfect nutrition for babies, it is convenient, portable, always served at the right temperature, sanitary and economical.

WABA MWG Core Group Members

The Global Initiative for Father Support (GIFS) was launched at the Global Forum II, Arusha Tanzania, 2002 to support Fathers of breastfeeding children. In October 2006, in Penang, Malaysia, the WABA Men's Initiative was born.

WABA MWG Core Group Members

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The Men's Initiative Newsletter is designed to share news, plans and actions of men's/young male's involvement and roles in the breastfeeding movement, mother support, gender justice and other areas of interest. If you are a father supporting breastfeeding, or know of someone working with a father support group,

The views expressed in the articles, supplements and inserts, do not necessarily reflect the views or policies of WABA or its Core Partners.

Send us a report of your activities.

The World Alliance for Breastfeeding Action (WABA) is a global network of individuals and organisations concerned with the protection, promotion and support of breastfeeding worldwide based on the Innocenti Declarations, the Ten Links for Nurturing the Future and the WHO/UNICEF Global Strategy for Infant and Young Child Feeding. Its core partners are International Baby Food Action Network (IBFAN), La Leche League International (LLL), International Lactation Consultant Association (ILCA), Wellstart International and Academy of Breastfeeding Medicine (ABM). WABA is in consultative status with UNICEF and an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC).

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