



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

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Breastfeeding Message to Men

Breastfeeding Babies are beautiful. Breastfeeding is essential to a child's health, yet very few mothers are able to reach their breastfeeding goals. Reaching out to women while they are still pregnant to inform them of breastfeeding support is one of the keys to helping them succeed. Supporting these women once they have their babies is one of the best things we can do. Let's support women around the globe that are wanting to breastfeed, are breastfeeding, have breastfed or wanted to breastfeed as well as those that support these women. Staying 'abreast' of breastfeeding issues, i.e. the benefits to mom and to baby, the politics around breastfeeding and how to stay encouraged while breastfeeding are some of the topics we cover in our MI e-newsletter. Each time a new article is written, you will receive it through this e-newsletter. Enjoy and be empowered as men and women!

James Achanyi-Fontem

Father's Day Messages

June 20 was celebrated as Father's Day in most countries and a caring son sent this message to a dad. "I love you Papa. I know I am very rude at times but my love for you is endless. I cannot survive in this world if I don't have your support and love. Please forgive me for my wrong deeds."

Farewell Prof. Michael Latham

By James Achanyi-Fontem, Coordinator, MWG



Prof. Michael Latham

A WABA IYCF Baobab Has Fallen. Emeritus Professor Michael Latham passed into transition peacefully around 4:30pm on April 1, 2011. He is reported to have been surrounded by his sons and friends during his transition. Michael's leadership and devotion to human nutrition worldwide lives on in the many graduate students he has trained, who have gone on to be leaders in their own right, as well as in the many colleagues he influenced through his research and writings. Michael was seen as a

"Living Legend" in international nutrition and this loss is especially painful for WABA Men's Working Group, Cornell University and the Division of Nutritional Sciences. Considering his activities during the WABA conferences, the members of Men's Working Group have lost a deeply caring, thoughtful and committed colleague. We express our deep sympathies as the family believes Michael is still with us, just in a different way. They really appreciate all of the support during Michael's period of poor health and they expect to read more about his life now. The United Nations System Standing Committee on Nutrition issued an award of merit to Michael Latham for his outstanding lifelong contributions and service to nutrition in Hanoi, Vietnam in March 2008. Professor Michael Latham was honored by Dr. Elisabeth Sterken, the Chair of NGO/Civil Society Group who highlighted his important contributions to advancing health and nutrition among mothers and children. Professor Latham has had a distinguished career in academia and in health service, working in Tanzania and Uganda in Africa before joining the Graduate School of Nutrition at Cornell University where he continues to supervise students. He is a co-founder and co-chair of the advisory group of the World Alliance for Breastfeeding Action. His legacy however, is through his students who work throughout the world extending his commitment to maternal and child health. In 2008, about 60 former students of Cornell honored their former professor, Professor Michael Latham and his international nutrition program at Cornell. The Cornell International Nutrition Alums Reunion celebrated Latham's 40 years as professor of international nutrition, his scientific and other contributions to health and nutrition worldwide and his 80th birthday. Alumni hailed from such countries as Indonesia, South Africa, Tanzania, Guatemala, Sweden and Haiti, as well as from many parts of the United States and Canada. In May 2007, the African Nutrition Graduate Students Network (AGSNet) presented its first lifetime achievement award to Dr. Michael Latham, professor emeritus and graduate school professor of nutritional sciences at Cornell, for his work to improve nutrition in Africa.

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COL Project In-put Shared With FECABPA

The different articulations of the Commonwealth of Learning were shared with the members of the Federation of Cameroon Breastfeeding promotion Associations, FECABPA, on the 18th February 2011, at the head office of Cameroon Link in Douala on the occasion of the 8th ordinary general assembly. Members of FECABPA used the opportunity to review their past activities in 2010 and exchanged on ways of introducing the open distance learning strategy into their 2011 action plan.

Considering that the World Breastfeeding Week, WBW, celebrated in August each year falls within the scope of maternal and child health protection, FECABPA resolved to work with the COL Cameroon Link partnership liaison for the preparation of activities at the national level and the support of the ministry of public health. The theme of WBW 2011 – “Talk to Me! Breastfeeding, a 3D Experience” was discussed.

The theme is made available each year by the World Alliance for Breastfeeding Action, WABA. This year's activities focuses on young persons around the world. Cameroon Link exchanged with members of FECABPA on the meaning of the WBW theme, and what the different nutrition and health associations want to accomplish in 2011. Issues related to the theme include; Poverty Reduction, Hunger & Breastfeeding – MDG 1, “double burden” & breastfeeding – MDG 4, Maternal health & breastfeeding – MDG 5 Unethical formula marketing – Quick fact about the Code, Environmental protection and breastfeeding – save x% waste from conserving on trash and cows milk, Breastfeeding in the workplace – one of the places government play the BIGGEST role is policy to allow mothers to work and breastfeed.

This year's theme is meant to remind us that breastfeeding really is a 3D experience – an outreach opportunity, an investment in a healthy future, and ultimately, a unique lens by which to see the world. Remember, men often are uninformed, women need encouragement, and youth are our future, questioning everything. We are the world out there, and we want to know.

Please, Talk to me! 16 members representing 9 active infant and young child feeding associations based in Limbe, Yaounde, Ebolowa and Douala took part in COL Cameroon programme sharing exchanges meeting, which was reported on Cameroon Radio Television (CRTV) and Canal 2 Tv. On the way forward, members adopted the following general orientations during the year 2011: Expand on COL and FECABPA action partnership to include ministry of public health, ministry of education, ministry for women and the family, WHO, UNICEF, and other potential funding organisations. Focalise activities on youths in conformity with the theme of the World Breastfeeding Week 2011, “Talk to me about Breastfeeding”

Organise more Community of Learning sharing of activities outcome with national groups, as a means of reinforcing capacities of their members and work closely with associations at health district level for targeting grassroots populations.

Sexual Behaviours, Condom Use and Sexual Health of Lebialem over 50

A recent study case by the on-going COL Cameroon Link partnership project has explored the frequency and types of sexual behaviour, sexual pleasure and experience, and condom use in men and women age 50+ in Lebialem. Traditionally, little has been known about the actual sexual behaviours of older adults. Why is this important? Because, nearly half of the people 65 and older in Lebialem are single child carers.

The study collected a sample of individuals from this target demographic within the period from October 2010 to March 2011. Participants were also asked about their experience during their most recent partnered sexual event. Bivariate or ordinal logistic regression models were used to investigate the relationship of age, health and partner status to sexual frequency and experience.

Cameroon Link found that 20-30% of men and women remained sexually active into their 80's. These sexually active men and women had a lower rate of single partner sexual encounters. The study found that for women, relationship status was a consistent predictor of a woman's satisfaction with the sexual encounter. For men, health status and performance was related to a man's positive evaluation of a sexual encounter. It was concluded that older adults who are sexually active well into their 80's have unique and diverse sexual health needs which healthcare providers need to be attentive to.

Sexual health promotion for older adults

Sexual health promotion amongst older adults is a difficult undertaking. Older adults in many cases face no risk of pregnancy and a lack of continued sex education in Lebialem is leading to a spike in sexually transmitted diseases. Also, due to a lack of HIV and STI testing, it is difficult to tell who the carriers are amongst older adults. Men and women over 50 make up about 15 percent of the AIDS cases in Lebialem. Targeted information must address the needs of men and women over age 50 as well as the beliefs and attitudes of their healthcare providers. More public education on safe sex and STI risks is critical for men and women over the age of 50.

Farewell Prof. Michael Latham

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The award was presented at the first conference of the Federation of African Societies of Nutrition in Ouarzazate, Morocco, May 7-9, 2007. A day earlier, Dr. Latham delivered the inaugural address, "Combating Infections to Control Malnutrition," at the second biennial conference of AGSNet, which was founded at Cornell with the help of then UNU Food and Nutrition Programme (UNU-FNP) director Cr. Cutberto Garza. UNU-FNP still sponsors the network. Dr. Latham was director of Cornell's Program in International Nutrition for 25 years. He also authored several books, including Kilimanjaro Tales: The Saga of a Medical Family in Africa, Human Nutrition in Tropical Africa and Human Nutrition in the Developing World" and more than 350 journal articles. He frequently served as a consultant in Africa, Asia and Latin America for the World Health Organization, UN Food and Agriculture Organization, UNICEF, the World Bank and the White House.

Health Phone Soon In village

By Nand Wadhvani, IT Specialist

HealthPhone is coming soon to a village, town, city, slum, block, district, state, province, country near you! Watch the intro video at healthphone.org Mobile phones pre-loaded with reliable, relevant, contextually-appropriate, comprehensive, consistent health and nutrition knowledge and know-how delivered *directly* to individuals, families and communities, even those – especially those – who live in villages and slums and those that are illiterate. Available 24x7, Everywhere! Multimedia health and nutrition content, downloadable Apps., distribution networks and much more under development. Watch this space. The uncomfortable reality is that we live in a world where there is a Silent emergency every day: 22,000 children will die from preventable causes today. 1,000 women will die from pregnancy-related causes today. This year, 4 million newborns worldwide will die in the first month of life. The silent killers that will take away their lives are poverty, hunger, easily preventable diseases and illnesses, and related causes. Almost 90% of all child deaths are attributable to just six conditions: neonatal causes, pneumonia, diarrhoea, malaria, measles, and HIV/AIDS. Hundreds, if not thousands, of excellent projects, aimed at these killers, are being implemented in both rural and urban parts of the world. Some serve a village, while others serve a group of villages, a town, a city, a taluka, a block or a district. Yet few projects are implemented state-wide and even fewer nationwide. Why is that? A key factor is capacity-building and scaling-up. Health education has to be one of the most effective ways to reduce maternal and child mortality, those preventable deaths that we never seem to manage to prevent. We need to deliver vital messages and information for mothers, fathers, siblings, caregivers and communities to use in changing behaviour and practices: messages that can save and protect the lives of children and help them grow and develop to their full potential. For the illiterate, currently their only source of information is probably going to be the people around them, who are also, in many cases, illiterate. Their level of dependency and lack of self-reliance, their dis-empowerment and exclusion, is at a level that many of us will find hard to imagine. With the continuous rapid growth in population and shrinking budgets, governments are finding it increasingly difficult, and expensive, to effectively manage programmes and efforts that involve training and educating their large numbers of departments and staff. This is leaving health workers, and by extension, families and communities ignorant of the basic knowledge that could help prevent diseases and improve the quality of health of their families and communities. The more these resources can be freed up to facilitate the flow of knowledge directly the better.

Pneumonia is the biggest cause of child deaths in the world, killing 1.8 million children under five years of age every year, more than 98% of which occur in 68 developing countries. Early intervention to treat coughs can lead to decrease in cases of pneumonia among children, preventing millions of deaths a year.

The First Mile Now Reachable

The mobile phone has made connection possible in ways that were truly unthinkable until very recently. And it has stoked the desire of people to be connected. Take India for example: with a population of 1.17 billion and a wireless user base of about 700 million (Oct. 2010), and growing at the rate of 15 to 20 million a month. "Cell Phone penetration will reach 97% by 2014", according to a recent study. Soon, almost everybody will have one. This is a game-changer for capacity-building and scaling up. It means we can reach the excluded, the illiterate, all those women, men and children who were only visible in tragic statistics. We can reach families and communities as a whole - something we've never really been able to do before.

Under Development

If a picture is worth a thousand words, then a video is worth a million. While many successful projects have been developed to use mobile phones in various settings to transmit messages – encouraging people to come to health centres for check ups, reminders to take medication, and public health campaigns – the HealthPhone is an innovative leap forward. HealthPhone provides families with their own personal reference library and guide to better health practices. Available in real time, right to those who need it, when they need it and when a health problem is about to strike, where they are, and as they are. When a child has diarrhoea, the video clip about how to mix a simple oral rehydration solution (ORS) can mean the difference between the child living and dying. Diarrhoea kills an estimated 1.5 million children each year. Inexpensive and effective treatments for diarrhoea exist, but in developing countries only 39 per cent of children with diarrhoea receive the recommended treatment. Use of ORS has been shown to decrease millions of deaths from dehydration caused by diarrhoea. When the malaria season approaches, the video clip about bed nets and how to deal with fevers can help prevent the death of children and prevent complications in women who are pregnant. One million deaths a year – most of them children under five in Africa, can be prevented as the result of using mosquito nets and appropriate diagnosis and treatment of fevers. In fact, on average a child in Africa dies every 30 seconds from a malaria infection caused by the bite of a mosquito.

When persistent coughs and colds are disrupting children's sleep, the video clip and audio information will provide a step by step guide on what to check for, how to treat and how to ensure that a serious case of pneumonia does not set in. Pneumonia is the biggest cause of child deaths in the world, killing 1.8 million children under five years of age every year, more than 98% of which occur in 68 developing countries. Early intervention to treat coughs can lead to decrease in cases of pneumonia among children, preventing millions of deaths a year.

Preloaded Content on Low-Cost Mobile Phones

HealthPhone's health and nutrition content is scripted on knowledge prepared jointly by UNICEF, WHO, UNESCO, UNFPA, UNDP, UNAIDS, WFP and The World Bank. It addresses the main areas of concern; Timing Births, Safe Motherhood and Newborn Health, Child Development and Early Learning, Breastfeeding, Nutrition and Growth, Immunization, Diarrhoea, Coughs Colds and More Serious Illnesses, Hygiene, Malaria, HIV, Child Protection, Injury Prevention, Emergencies: preparedness and response. This content will be pre-loaded on popular low-cost models of mobile phones – no signal is required, nor cost to download videos and other media. Users choose what they want to watch and listen to and when, wherever they happen to be.

Pilot content in English and 15 Indian Languages: Hindi, Assamese, Bengali, Gujarati, Kannada, Konkani, Malayalam, Marathi, Oriya, Punjabi, Rajasthani, Sanskrit, Tamil Telugu and Urdu. HealthPhone is expected in the village, town, city, slum, block, district, state, province, country near you soon!

Breast is Best...for Dads too

By Patrick M. Houser, *Fatherhood, freelance writer*

Throughout our history mothers breastfeeding their babies has run the spectrum from feast to famine. Very long ago nearly every mother breastfed; nature obviously had a good plan. During less distant times mothers breastfeeding became unfashionable and 'proper society' did not even consider it. Many only breastfed if they could not afford a wet nurse. Mothers today often approach breastfeeding with ambiguity and fathers are having an influence on the process.

Research has shown that 98.1 percent of mothers working outside the home when fathers were completely supportive. However, when fathers were indifferent or unsupportive, mothers only breastfed 26.9 percent of the time. Who are these fathers and what is the best way forward for mothers, fathers and babies?

I have gotten into trouble with generalisations in the past. In the interest of discovering what the archetypal picture is I will risk a few. Some fathers think breastfed is best and the sooner I get *my breasts*, and my wife, back the better. The father in this position may make his opinion known and thereby create influence over the crucial mother/child breastfeeding and bonding relationship. There is also a 'shadow' inherent here of where is bonding with dad going to come from. Other fathers stand back and defer to the mother and let her make her own choice. Whilst seemingly admirable, this may have the effect of dad feeling excluded, or excluding himself, and therefore missing out on potential benefits of his own. This approach could also lead to the mother and child not being as well provided for as they could be. Lastly, there are fathers and mothers who make joint decisions regarding breastfeeding and both 'participate' fully.

Studies reveal that hormonal activity in a father increases during his partner's pregnancy, and more so if he is present at the birth and closely involved after. When a father is intimate with his child, especially through skin to skin contact, his oxytocin production increases. Elevated oxytocin in a father is recognized as a key component in jump-starting and maintaining his nurturing instincts and bonding with his baby. Hormones are chemicals secreted by an endocrine gland or some nerve cells that regulate the function of a specific tissue or organ. It is essentially a chemical messenger that transports a signal from one cell to another. In a way, they tell us what to do; how to 'act'. Prolactin, vasopressin and oxytocin are among the hormones that are found at higher levels in men around the time of birth. Increased production of prolactin is known to promote bonding/attachment and caring. Raised vasopressin levels cause a man to want to protect his family and be at home rather than 'on the prowl in search of a mate'. Vasopressin is also known as the monogamy hormone; commitment.

Oxytocin is also produced in men and women during loving contact. Because of this it has been named 'the hormone of love' by experts in the field including Dr. Michel Odent, Sheila Kitzinger and Dr. Sarah Buckley. It is also a necessary hormone for a mother's body to produce in order to ensure a successful pregnancy and labour and also plays a role in breastfeeding. Since couples are already 'in the habit' of producing oxytocin during intimacy fathers can contribute this dimension of their relationship to the mother's labour and breastfeeding time. Consequently, *father love*, added as an ingredient to the scientific recipe of mother's labour and breastfeeding can be a useful enhancement.

The result of this increased hormonal activity is that bonding, attachment, protection, love, loyalty, commitment and caring are all enhanced in a new father. Thus science is showing us that a father with close, strong, intimate contact during pregnancy, birth and breastfeeding will be supported by Mother Nature during his early engagement in the family.



This then establishes a more durable foundation for a life-long loving relationship between father and child and indeed for the family itself.

While nutrition is an important part of the breastfeeding equation it is hardly the only component. Perhaps the biggest misconception is that some form of artificial milk or even bottle feeding breast milk can actually replicate breastfeeding.

A mother's breast milk is specific to her baby and changes/adapts hourly, daily and cyclically based on the baby's needs. These needs are physical, mental, emotional, and social as well as brain developmental. If food comes from a bottle instead of a breast many of these crucial components are lost. For the majority of mothers a significant key to her successful pregnancy, birth and breastfeeding is the quality of care she receives from the father. By the father caring for the mother he is most certainly caring for his child as well. So what is the potential for a father's contribution to his family, and what benefits might he derive, during this intimate time between a mother and child?

Patrick M. Houser is the author of the Fathers-To-Be Handbook, a roadmap for the transition to fatherhood, freelance writer, keynote speaker, parenting and child-birth professional educator. www.FathersToBe.org

Promoting Breastfeeding In Indonesia

Promoting breastfeeding with students in Indonesia has been a reality since 2005. Every year students in 5th semester have a programme related to "Village Work Practice in Public". This has been under the guidance of Andy Marta Hariandja. One of the programmes emphasizes on Socialization of exclusive breastfeeding with the involvement of the family, mother and teenager in High School. Hariandja starts preparation of this programme in school with the students before they are taken to the village for practice in public, so the community can learn from their skills. Hariandja explains that exclusive breastfeeding socialization takes place in two forms, notably through a seminar organized in the village auditorium and the participants are the general public, health workers and High School students. There is also socialization at home with the mother and family as the students move from door to door. For more information, you can email Andy M.A. Hariandja through the following address:

andyama12002@yahoo.com

MEN'S WG AND GENDER WG LINKED

By Aida Redza, WABA Liaison



J. Achanyi-Fontem

James Achanyi-Fontem from Cameroon, the current Coordinator of the Men's Working Group was invited to take more responsibilities and link as a Co-coordinator of the Gender WG together with Renu Khanna and Paige Hall Smith, led by Marta Trejos who is the overall Coordinator of the Gender WG.

This action aims to further enhance active linkages between the Gender Working Group in order to promote more exchange and coordination and increase supportive collaboration between the two groups. This link is expected to give a new dimension and facilitate the expansion of Men's Working Group, while men's issues are well situated within the broader gender agenda as well as in the training modules and materials to be developed. James Achanyi-Fontem is a Senior Health Journalist and Communication Consultant of the Commonwealth of Learning, Vancouver, Canada and Farm Radio International, Ottawa, Canada. He served as a health journalist and broadcaster for 30 years with Radio Cameroon and Cameroon Radio Television, CRTV, before retiring in 2005 to assume the appointment as Executive Director of Cameroon Link, a registered Charity and Not-for-Profit Organisation involved in the promotion of community health development, mother and child health human rights advocacy. Cameroon Link is the National Focal Point for IBFAN Africa and WABA in Cameroon.

Does breastfeeding determine your child's temperament?

By Debbie Page, Breastfeeding Promotion Activist

I have just learned about an incredible study. Scientists are beginning to look at breastmilk from many angles- not just the nutritional and immunologic properties, though these are critical for the health of our babies. As I have mentioned before, breastmilk composition is driven by the nursing infant's brain. There is no way I can wrap my brain around that. Now scientists are studying the milk of the rhesus monkeys- looking for clues that the mother's milk may play other significant roles in the development of their young. As a mother of three, I have marveled at the differences I see in my adult children.

[Eco Child's Play](#)

Guide to Breastfeeding

New parents face so many choices when baby is on the way, but the amount of information available can be overwhelming. An informed and supportive father can make a great impact on a mother's breastfeeding success. MI will be happy to tell what every father needs to know about breastfeeding, including the advantages of breastfeeding and risks of formula. Tell us your own story as a first-time father. Dads will learn what to expect and you will help them realize there are many things they can do to help mothers. This will also help to resolve concerns dads may have.

Child Upbringing In Mexico

By Arturo Arteaga Villarroel

Recently I came across complaints from adults on what I would call youth "well educated". A high school teacher who gives a class on motivating youths to be entrepreneurs, finds what one describes "youths who are extraordinarily apathetic". They confront situations that need their creativity to find solutions yet what one gets is a group of youth waiting to be told what to do. A mother allows her teenager to take the wheels of her truck/van. The teenager has just learnt to drive and knows the way. His mother keeps giving him directions until it seems obvious that it is not necessary to continue doing so and is surprised to find that on arriving at the end of a road, the youth is about to continue going forth even though there is no road. This is because he did not receive instructions from his mother that he needs to turn. These situations remind me of the movie "Wall-E", which shows a society that achieves all that we "desire" e.g. it is not necessary to do anything physical, no need for personal contact, must not strive for anything, the weather is always perfect, not necessary to take care of what we eat and above all, nobody gets sick, nobody grows old etc. etc. If we live together with youths described at the beginning of this text, we find youths who are well dressed, combed, neat, without any of those "undesirable things of the actual youth" like body piercing, punk hair style, excessive use of the black colour (clothes, makeup), "bad" words etc., etc. They are youths who greet, bid farewell, do not interrupt conversations of adults, etc. etc. To the parents of these youths we could say that they have done a "good job". "Mission accomplished", and the youths are "well educated".

I wonder if, like in the movie Wall-E whether "good education" is "adequate" for our children, our family and for our society. No two human beings are equal and even less is a relationship among various people equal to any other. So do not try to put a label to the parent - child relationships that results in youths being "well educated" that I have tried to describe here. However having reflected, I invite those who have read these to reflect likewise...are my children "well educated" to the point of not doing anything unless were told to do so?

Arturo Arteaga Villarroel, is a 47 year-old Cybernetic and Computer Science Engineer of resident of Arex TI, SA de CV, Querétaro, Mexico. He studies in diverse areas of Human Development like Neuro-linguistic programming (NLP)*, Family Constellations and many others related to Information Technology. He is married for 22 years with 3 breastfed boys already 18, 16 and 14 years old.

Note: Wikipedia - *Neuro-linguistic programming (NLP) is an approach to psychotherapy and organizational change based on "a model of interpersonal communication chiefly concerned with the relationship between successful patterns of behaviour and the subjective experiences (esp. patterns of thought) underlying them" and "a system of alternative therapy based on this which seeks to educate people in self-awareness and effective communication, and to change their patterns of mental and emotional behaviour".*

COL Partnership for Livelihoods and Maternal Health Protection

Fathers' Day 2011

Community of Learning, COL's livelihoods and health sector improves the incomes, livelihoods and quality of life of communities and their members through new knowledge, skills and economic opportunities gained by means of Open Distance Learning tools and strategies. It also has four initiatives: Skills Development; Learning for Farming; Healthy Communities; and eLearning. Cameroon Link and COL have a common interest in helping community organisations, Non-Governmental Organisations (NGO) and local public institutions to improve the health and well-being of their communities. The Healthy Communities approach focuses on health issues within a broader context of community development, dealing for example with issues such as maternal and child health; HIV/AIDS; and nutrition.

The two organisations will share information and promote cooperation at both the activity level (interventions in the field) as well as with regard to policy. Areas of specific interest for collaboration include the use of mobile technologies; the use of traditional media; the use of eHealth applications; and developing open and distance learning materials and programmes, both for healthcare intermediaries and citizens.

Specific results expected by COL during the project period include: 1) community organisations, NGOs and local public institutions begin to use, or significantly enhance or extend their use of ODL for community health education; and 2) new health-related ODL programmes are used by communities with the Commonwealth countries.

COL and Cameroon Link are further exploring how they can collaborate in the achievement of the following results: OUTCOMES, IMPACTS, PERFORMANCE INDICATORS

Indicators of achievement for these items and the means of verifying them are included in the annual Log Frames developed as part of their planning process. They are working together closely and sharing information on all aspects of their work plans, including monitoring and evaluating.

The Sixth Pan Commonwealth Forum on Open Learning (PCF6) will take place on 24- 28 November 2010 at Le-Meridien, Cochin Resort & Convention Centre (Kochi, Kerala), India explored the contribution of open and distance learning to international development goals, by opening up access to learning at every level. The Forum brought together practitioners, researchers, planners and policy makers in the fields of open and distance learning and development from over 70 countries. It provided opportunities to share experience and expertise, and to contribute to future policy and provision.

The Commonwealth of Learning's biennial Pan-Commonwealth Forum on Open Learning has grown to become a leading international conference on learning and development.

Melissa Eldridge's Testimony

I have a 3 month old son and have been breastfeeding him since birth. he is happy gaining weight and full after meals. It seems I have to defend my decision to breastfeed to every member of my family, even though they breastfed their babies! They are constantly questioning why I am doing it and suggesting I stop. I am so discouraged, I love breastfeeding my son and just need some support. My husband supports me but that is nearing the end of the list... any suggestions on how I can stop them from commenting?
... See Page 9

Father's Day was celebrated last June 20 in most countries to honour fathers, fatherhood, paternal bonds, and the influence of fathers in society. It is celebrated on the third Sunday of June in many countries and on other days elsewhere. The celebration complemented Mother's Day, that honours mothers. During the



celebrations, we remind populations that there are often situations and times, when children forget to hug their dads, kiss and tell them that they love them like they do to their mothers. Most of us would agree that we assume our fathers to be the provider for the families. From the time, when we worship our beloved pops for all that they knew and all that they could, we move on to become a rebellious teenager, when we make it a point to argue about everything and anything that they advise us.

On Father's Day, Dads were shown how much love and respect we have for them and how much we care for them. One of the best mediums of expression was by writing sweet messages for them. Many wrote them on cards, e-cards and even sent them as a text message. In the following lines, we have provided some expressive Father's Day messages, which help you articulate your deep felt emotions and feelings for a dad.

A Secret Most Women Don't Know About Communicating With Men

Have you ever tried to tell a man how you're feeling, only to have him get angry, annoyed or simply shut down and withdraw? If so, it's probably because you're not communicating in a way that the man can actually understand and make him want to LISTEN. Chances are that you were so caught up in your emotions that you didn't actually give him the space to listen, think, and respond. This is something you can learn to do, so that a man actually wants to hear you out. Here's what I mean...

Men and women communicate in different ways, but if you can understand where the man is coming from, you could have a whole different experience than most women and actually create a better connection between you and him. Being in touch with your feelings is good. But throwing them out when they come to you, not "filtering" them, and putting no conscious thought behind how the other person will hear and receive your words is counterproductive.

Tons of women spend days, weeks, or months analyzing, processing, and discussing a thought or idea that they have about a man or about their relationship. Then after all this, they come to a conclusion and present their thoughts to their partner.

Most of the time, the woman expects the man to listen and VERY QUICKLY understand what she's talking about, what it means about him and their relationship, and how it makes her feel and why.

It's often very difficult to know what's going on with him because he will rarely, if ever, come out and say exactly how he's thinking or feeling.

Everyone Can Help Make Breastfeeding Easier...says Surgeon General Regina M. Benjamin

Surgeon General Regina M. Benjamin has cited health benefits, offered steps for families, clinicians and employers in a call to action for support of breastfeeding. The call was made on January 20, 2011 in Washington D.C during the 18th Surgeon General of the U.S Department of Health and Human Services meeting outlining steps that can be taken to remove some of the obstacles faced by women who want to breastfeed their babies.

Dr. Benjamin said "Many barriers exist for mothers who want to breastfeed," and added that mothers shouldn't have to do it alone. She told clinicians, family members, friends of mothers, and employers, that they can play an important part in helping mothers who want to breastfeed."

The several factors listed that impede mothers' efforts are the lack of support at home; absence of family members who have experience with breastfeeding; a lack of breastfeeding information from health care clinicians; a lack of time and privacy to breastfeed or express milk at the workplace; and an inability to connect with other breastfeeding mothers in their communities.

Dr. Benjamin's "Call to Action" identified ways that families, communities, employers and health care professionals can improve breastfeeding rates and increase support for breastfeeding and most of these are not unconnected to the ten steps for successful breastfeeding:

- Communities should expand and improve programs that provide mother-to-mother support and peer counseling.
- Health care systems should ensure that maternity care practices provide education and counseling on breastfeeding.
- Hospitals should become more "baby-friendly," by taking steps like those recommended by the UNICEF/WHO's Baby-Friendly Hospital Initiative.
- Clinicians should ensure that they are trained to properly care for breastfeeding mothers and babies. They should educate their pregnant patients on breastfeeding and make sure that mothers receive the best advice on how to breastfeed.
- Employers should work toward establishing paid maternity leave and high-quality lactation support programs.
- Employers should expand the use of programs that allow nursing mothers to have their babies close by, so they can feed them during the day on demand.
- They should also provide women with break time and private space to express breast milk.
- Families should give mothers the support and encouragement they need to breastfeed.

Dr. Benjamin emphasized that the first strategy to improve breastfeeding rates and increase support for breastfeeding is one that involves the family to be a part of the breastfeeding experience, because everything starts at home. The family, the community, lactation specialists, and organizations, such as La Leche League, are very helpful in teaching new mothers. Moms, aunts, and grandmothers used to educate women about breastfeeding. Even fathers should be and feel included because many feel left out when mom is breastfeeding the baby.



What role do fathers have?

The opportunity of being included is helpful in having fathers feel engaged and be supported, and allows all of them to bond together. She cautioned that when we talk about going outside the community, particularly in the workplace, it's important to make women feel that it's okay to ask for a break to be able to breastfeed or to pump and not to feel guilty. In particular, hourly-wage earners, such as cashiers, should feel that it's okay to take an extra break rather than feel guilty because they need to pump breastmilk. Mothers' co-workers and employers need to be supportive. Nursing mothers need to have a clean and private place, and that's a simple thing to do.

Doctors and nurses should be supportive of their patients and make referrals to lactation specialists when needed. They should ask the mom whether she is having problems with the baby latching on. Family members can help mother's prepare for breastfeeding and support their continued breastfeeding, including after her return to work or school.

According to the "Call to Action," breastfeeding protects babies from infections and illnesses that include diarrhea, ear infections, and pneumonia. Breastfed babies are also less likely to develop asthma, and those who are breastfed for six months are less likely to become obese. Mothers themselves who breastfeed have a decreased risk of breast and ovarian cancers. She observed that the decision to breastfeed is a personal one and no mother should be made to feel guilty if she cannot or chooses not to breastfeed. A study published in 2010 in the journal *Pediatrics* estimated that the nation would save \$13 billion per year in health care and other costs if 90 percent of U.S. babies were exclusively breastfed for six months. Dr. Benjamin added that, by providing accommodations for nursing mothers, employers can reduce their company's health care costs and lower their absenteeism and turnover rates. In her words, "I believe that we as a nation are beginning to see a shift in how we think and talk about breastfeeding. With this 'Call to Action,' I am urging everyone to help make breastfeeding easier." For more information, email cdcinfo@cdc.gov and reference the publication title. www.cdc.gov/breastfeeding/ or www.womenshealth.gov/breastfeeding/.

The article has been reviewed by Aida Redza, WABA's Project Officer.

Is Breastfeeding traumatic ?

I have a nine months old baby girl, and last month she was 9 kilos and a half and my pediatrician told me that I should give her more fruits and vegetables and less breast milk...because she is overweight! What do you think?

Lore Nita

Please, Share yours views by sending an email to:

waba@waba.org.my or camlink99@gmail.com

Women's Right and Development

By James Achanyi-Fontem

The 12th AWID International Forum on Women's Rights and Development has been scheduled from April 19-22, 2012 in Istanbul, Turkey. Through the 2012 AWID Forum, the network aims to explore how economic power is impacting on women and the planet, and to facilitate connections among the very diverse groups working on these issues from both human rights and justice approaches so that together everyone can contribute to stronger, more effective strategies to advance women's rights and justice. Legacies of colonization, tumultuous transitions from communism and decades of neoliberal policy prescriptions have put public resources in the hands of the private sector, irrevocably damaged the environment, fostered rampant militarization, eroded human rights and, with few exceptions, allowed capitalist markets, rather than lived human experience, to determine what has value. The financial crisis and economic recession that began in 2008, part of a broader systemic crisis of food, energy, and the environment, laid bare the failures and falsities of the current dominant economic model in ways that even the strongest proponents of the system found difficult to defend. While some of the economies that exist outside the dominant model are also built on unequal power relations, others are founded on more equitable principles, offering important insights and possibilities for those committed to transforming economic power. Now, the broad-based mobilizations across the Middle East and North of Africa are inspiring women and men around the globe to see new opportunities for confronting what once seemed to be unchangeable structures of power. Significant geopolitical shifts—stronger roles of 'emerging' countries and fortified regional blocs to name a few—are also raising questions about the possibilities for radically shifting the balance of economic power, even as dominant economic actors are fast re-grouping to defend their interests and avoid making significant changes. Regardless of the circumstances and contexts in which we live, economic power cuts across all dimensions of our lives, from negotiating household expenditures to allocating national budgets and campaigning for recognition of the care economy, fair wages, decent working conditions, and affordable, common access to the world's resources – including food, water, energy and land. Economic power also impacts on and intersects with all women's rights issues and agendas – from reproductive and sexual rights to violence against women, education, political participation and health. Without economic systems that take account of women's needs and realities and value their contributions, rights and justice are not possible. Throughout history, patriarchy and other systems of oppression, including persistent racism, have influenced the way we organize ourselves in society and permeated our politics, economies, knowledge and culture. As a result, many people, particularly women, have been systematically shut out of economic and other decision-making. Yet women, in all their diversity, have long been negotiating the fractures and fissures in the system as well as filling the gaps left by cuts in spending and services. There are many important experiences from which to learn and build. Indigenous, peasant and rural women building food sovereignty. Grassroots women developing strategies of resilience and empowerment in the face of both environmental and economic disasters. Young women and girls using new information and communication technologies in diverse and creative ways to mobilize and bring about social change.



Sex workers, migrant workers and domestic workers redefining what it means to work and why care work should count. Women with disabilities, trans activists and women living with HIV/AIDS continuing to question unbridled emphasis on growth and productivity at the expense of human dignity. And feminist economists naming and analyzing the forces shaping and assigning value to social production and reproduction. As members of the men's initiative and gender working group, and considering ourselves as women's rights and justice activists, we have a responsibility at this historic moment to join together across lines of difference. Now is the time to listen and learn from each other. Now is the time to build our collective power as political actors, to gather the years of experience and knowledge to more effectively participate in the current critical economic debates. Now is the time to contribute together to building diverse alternative visions and just practices and to continue building our movements. Now is the time to transform economic power!

WABA Gateway In Process

WABA launched an information Gateway in February 2011 and it is working to make it a useful source of up-to-date breastfeeding information. The different working groups have been partnered with a Gateway section along with a Secretariat Liaison to be the "advisors" of content. Members of the Men's Initiative are informed that Aida Redza is our Secretariat Liaison. She is in charge of following up any suggestions received at the secretariat. The Gateway Team is expecting that this will be a fun learning experience for all and a way for us to help share information to the wider network. Here is the link to access it - www.bfgateway.org

Answer To Question on page 6... Melissa

While my husband is VERY supportive, my other family members are not. They often say things like, "just give him a bottle" and make other comments about how much easier it would be if I'd switch to formula. But, I stuck with it for my first son for over a year and I'm sticking with it for my second son too (he's 4 months old now). I know it's best for him and that's all that matters to me.

Nestle Boycott Enters Higher Gear

As Nestlé went on a Public Relations (PR) offensive last March 20 in the UK, trying to improve its image by linking to the Fairtrade name, it was a great opportunity to tell people why it was necessary to boycott Nestlé Fairtrade KitKat was necessary at its token Fairtrade chocolate bar, involving just 1% of its cocoa purchase. There are companies that are 100% Fairtrade for people who want to support this initiative. Nestlé is 'widely boycotted' (to use the words of the company's Global Public Affairs Manager) because its baby milk marketing violates international standards, so undermining breastfeeding and endangering babies fed on formula. Nestlé is the global market leader. Fairtrade KitKat is included on Baby Milk Action's boycott list. Here are some facts Nestlé executives do not want you to know and you can help call them to account.

1. Nestlé Fairtrade KitKat benefits the 6,000 farmers who are in the scheme, but millions of people outside the scheme are dependent on Nestlé. In 2001 Nestlé agreed to the Harkin-Engel protocol for ending child slavery in its cocoa supply chain within 5 years. It has been taken to court by US campaigners for failing to deliver. Only 1% of Nestlé's cocoa is certified as Fairtrade.

2. Greenpeace launched a campaign in 2010 against Nestlé's sourcing of palm oil for products like Fairtrade KitKat, which it claims is destroying rainforests in Indonesia, contributing to climate change and endangering orang-utans. Nestlé has promised to stop - by 2015!

3. Nestlé uses its Fairtrade Partners' Blend coffee to pretend it has changed how it treats coffee farmers. Launched in 2005, still only 0.1% of coffee farmers dependent on Nestlé are involved. Nestlé is accused of driving down prices for the rest.

4. Nestlé violates the International Code of Marketing of Breastmilk Substitutes more than any other company. The Code and other Resolutions were adopted by the World Health Assembly to ensure that mothers are not discouraged from breastfeeding and that breastmilk substitutes are used safely if needed. UNICEF says: "Improved breastfeeding practices and reduction of artificial feeding could save an estimated 1.5 million children a year." (State of the World's Children 2001).

5. Nestlé knows that babies fed on formula are more likely to become sick than breastfed babies and in poor settings they are more likely to die. Yet it is promoting its formula with logos claiming it 'protects' babies.

6. Nestlé drives down standards for the baby food industry as a whole. In 2007 its competitors tried unsuccessfully to stop it advertising infant formula in supermarkets in South Africa. For more information, click on the following link - www.babymilkaction.org

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

Coordinator: James Achanyi-Fontem, Cameroon
Per Gunnar Engblom, Sweden
Ray Maseko, Swaziland
Qamar Naseem, Pakistan
Arturo Arteaga Villaroel, Mexico
Peter Breife, Sweden
Jose Quiros, Costa Rica
Santiago Vallone, Argentina

Editorial Supervision:

Aida Redza & Revathi Ramachandran (WABA)

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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