

# BREASTFEEDING

Lancet Series 2016

## India's Road Map

### Breastfeeding 1

Breastfeeding in the 21st century: epidemiology, mechanisms and lifelong effect

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The importance of breastfeeding in low-income and middle-income countries is well recognised, but its importance in high-income countries is less so. In low-income and middle-income countries, children younger than 6 months of age are exclusively breastfed. With few exceptions, breastfeeding is shorter in high-income countries than in those that are resource-poor. Our meta-analyses indicate that child infections and malocclusion, increases in intelligence, and probable reductions in overweight did not find associations with allergic disorders such as asthma or with blood pressure or cholesterol.

### Breastfeeding 2

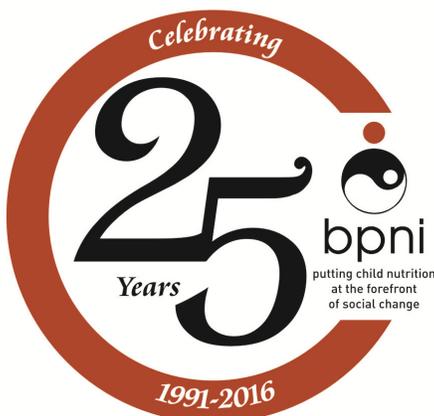
Why invest, and what it will take to improve breastfeeding practices?

Nigel C Binns, Nita Shandari, Nemat Hajeethoy, Susan Horton, Chessa K Lutter, Jose C Martinez, Eben G Piwowar, Linda M Richter, Cesar G Victora, on behalf of The Lancet Breastfeeding Series Group\*

Despite its established benefits, breastfeeding is no longer a norm in many communities. Multifactorial determinants of breastfeeding need supportive measures at many levels, from legal and policy directives to social attitudes and values, women's work and employment conditions, and health-care services to enable women to breastfeed. When relevant interventions are delivered adequately, breastfeeding practices are responsive and can improve rapidly. The best outcomes are achieved when interventions are implemented concurrently through several channels. The

## Why Should India Scale Up Breastfeeding Rates?

*If India were to universalize breastfeeding in coming years, new evidence tells us that it could reduce 156,000 child deaths (13% of under-5), 3,900,000 episodes of diarrhea, 3,436,560 episodes of pneumonia and 4915 deaths due to breast cancer annually. Over and above this it would add 4300 Crores to Indian economy, adding 3 points to IQ of all children, rich or poor. Breastfeeding can reduce obesity by 26%. It also reduces type 2 diabetes by 35% i.e. 1 out of 3 new cases can be prevented.*





**“Supporting breastfeeding makes economic sense for rich and poor countries and this latest breastfeeding study proves it,”**

Dr. Cesar Victora

Series co-lead, emeritus professor from the International Center for Equity in Health, Post-Graduate Programme in Epidemiology, Federal University of Pelotas in Brazil.

**Breastfeeding can annually reduce a minimum of 3,436,560 respiratory infections and 3,900,000 episodes of diarrhea in India**

**This brief provides what difference it could make to India.**

On 29<sup>th</sup> Jan the Lancet published a new Series on Breastfeeding<sup>1,2</sup>. It presented new evidence on the health and economic benefits of breastfeeding. Grossly, it concluded, “Not breastfeeding is associated with lower intelligence and economic losses of about \$302 Billion annually, or 0.49% of world Gross National Income. Breastfeeding provides short-term and long-term health, economic and environment advantages to children, women, and society. **To realize these gains, political support and financial investment are needed to protect, promote and support breastfeeding**

### **Saving Lives**

According to the Lancet report breastfeeding could save 820,000 lives annually, i.e. preventing 13% of all deaths of children under five. Breastfeeding could reduce one third of respiratory infections and about half of all diarrhea episodes in low- and middle-income countries. For India it could reduce 156,000 child deaths each year, reduce a minimum of 3,436,560 respiratory infections and 3,900,000 episodes of diarrhoea, particularly in young children.<sup>1,2</sup>

This would help achieve the Sustainable Development Goal (SDGs) targets for **health and nutrition**.



### **Building into IQ of the Nation**

The report says children who are breastfed longer have been found to have higher intelligence than those who are breastfed for shorter periods. This crucial difference could be **3 points across all income levels**, in rich or poor, on average. Studies have shown **it translates to improved academic performance, increased long term earnings and productivity as well.** Were India to be a Super power it would serve as the cutting edge in all sectors; IT/Science/Technology/ Medicine...name it...any sector, it matters. It means that ALL children should be equally reached. This would help achieve the SDGs targets for **education, poverty and reducing inequalities.**

### **Addition to the Economy**

*The Lancet* found that cognitive losses associated with not breastfeeding, which impact earning potential, amount to \$302 billion annually. Extensive marketing by formula makers remains a big barrier to increase the number of breastfed children. Low and middle-income countries lose more than \$70 billion annually, while high-income countries lose more than \$230 billion annually due to low rates of breastfeeding.

The Lancet reports that India can add 0.6285 Billion US\$ which is approx. **4300 Crores annually, through improved IQ.**<sup>1</sup>

**Breastfeeding can raise IQ by 3 in all children**

**Breastfeeding prevents 4915 deaths annually due to breast cancer**

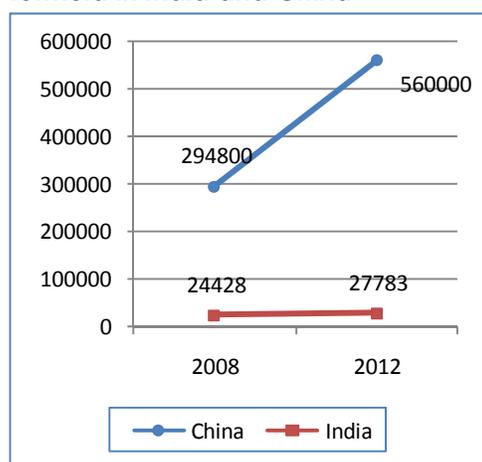
## Improving Women's Health

The health benefits extend to the mother as well, with reductions in risk of breast and ovarian cancer. Based on all the existing research and according to new estimates created for this report, rise in breastfeeding could prevent extra 20,000 deaths from breast cancer each year globally. For India considering that 7% protection provided by breastfeeding could prevent 4915 deaths annually out of 70,000 deaths that occur due to breast cancer.<sup>3</sup>

## Reducing Type 2 Diabetes and Obesity

According to the report increased breastfeeding has a potential to reduce type -2 diabetes by 35%. According to an estimate every year 9.5 million new cases of type 2 diabetes are added in India<sup>4</sup>. Universalising breastfeeding may prevent 3.3 million such cases. Breastfeeding can reduce overweight/ obesity by 26%. It means cutting obesity by almost 1/4<sup>th</sup> of India's 20% obese children between 5-17 age groups<sup>5</sup>.

**Fig. 1: Comparative sale of milk formula in India and China<sup>7,8</sup>**



## Keeping Sales of Infant formula and CO<sub>2</sub> Emissions under Check

India enacted a law in 1992 and Amendment Act 2003<sup>6</sup>, which bans promotion of all baby foods under the age of 2. It successfully led to restriction of sales of milk formula and baby foods. Market analysts have found that from 2008 to 2012 sales of milk formula in India grew from 24,428 to 27,783 Tonnes as compared to China where it grew from 294,800 to 560,000 Tonnes<sup>7,8</sup>.

Use of milk formula exposes the present generation of children to increased risk of obesity and diabetes later in life.

Breastfeeding contributes to environmental sustainability as breastmilk is a renewable food produced and delivered without pollution, unnecessary packaging or waste. In comparison milk formula needs energy to manufacture material for packaging, fuel for transport and resources for daily preparation and use.<sup>2</sup>

In India, the total sale of milk formula leads to emission of 111,226 Tonnes of Green House Gases (GHG) while in China corresponding figure is 224,9287 tonnes<sup>9</sup>.

Breastfeeding, therefore, is the corner stone to the efforts to achieve SDG on climate change.

## Where India Stands on Breastfeeding?

NFHS 4 data of 15 States shows India is just doing AVERAGE. Look at the key indicators:

- Initiation of breastfeeding: **48.5%**, while rate of Institutional deliveries is: **84.3%** (Fig. 2)
- Exclusive breastfeeding: **56.0%** (Fig. 3)
- Complementary feeding: **49.6%** (Fig. 3)

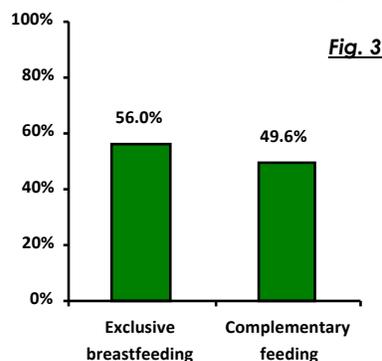
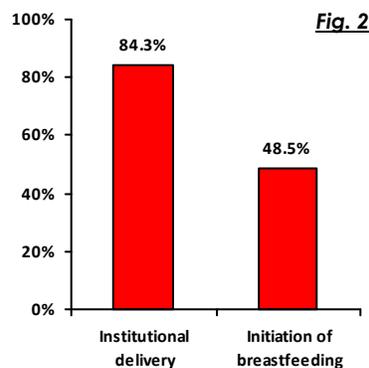
Despite strong health and economic benefits from breastfeeding, only less than half of infants initiate breastfeeding within an hour and just about half are exclusively breastfed until 6 months as recommended by WHO; a rate that has not improved in last 2 decades. On top of it, the recent analysis from WBTi report on policy and programs done in 2015 reveals that India lags behind in most indicators.<sup>10</sup>

## What Should India Invest in Urgently?

1. Appoint lactation counsellors in health facilities, both public and private, who would educate and provide skilled practical help for mothers. In the communities provide same education using trained peer counsellors and mother support groups.
2. MoHFW should implement the Baby Friendly Hospital Initiative (BFHI) on a priority.
3. Provide adequate maternity protection covering workplace policies such as paid maternity leave of 9 months for all women, adequate breastfeeding breaks and space in the workplace. For poor women

provide cash support through Indira Gandhi Matritva Sahyog Yojana (IGMSY).

4. Enforce the *Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 (IMS Act)* in every State effectively.
5. Allocate required funds for these interventions in assured budgets under child nutrition and health.
6. Develop and monitor these plans nationally and state-wise at high level Bi-annually.



### NFHS-4 data of 15 States

#### Sources

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- <sup>3</sup> Breast Cancer India. Statistics of breast cancer in India – global comparison. Available at: [http://www.breastcancerindia.net/statistics/stat\\_global.html](http://www.breastcancerindia.net/statistics/stat_global.html) Accessed on 16th February, 2016
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- <sup>5</sup> OECD (2014). Obesity Update. Available at: <http://www.oecd.org/health/Obesity-Update-2014.pdf> Accessed on 15 February, 2016
- <sup>6</sup> Infant Milk Substitutes, Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003.
- <sup>7</sup> Euromonitor International (2013) Passport Baby Food in India Report
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- <sup>11</sup> BPNI/IBFAN Asia. The Need to Invest in Babies. Available at: <http://ibfan.org/wbci/The-Need-to-Invest-in-Babies.pdf> accessed on 19 February 2016

## Budgets Required

BPNI /International Baby Food Action Network (IBFAN) published global estimates on what it will cost to scale up breastfeeding rates in various countries.<sup>11</sup> Based on these and updated calculations, here are estimates for India.

1. Appointment of new breastfeeding counsellors in about 17000 govt. hospitals: 302 Crores (at a salary of Rs. 15000 PM).
2. Community outreach and mother support for training of volunteers: 268 Crores. (It may be one time cost)
3. BFHI implementation including training/supervision and monitoring of staff: 520 Crores
4. Implementation of the national legislation: 9.8 Crores.
5. Media promotion/ advertising: 144 Crores  
**[Sum total of 1-5 interventions is 1243 Crores per annum]**
6. Maternity entitlements for BPL women (Number about 1.1 Crore) at 6000 rupees per annum, according to NFSA, be provided cash support if not all pregnant women. (this is in addition to costing for leave of organized sectors)



Breastfeeding is mostly lost in the agenda of different ministries. It cuts across all sectors and therefore everyone's responsibility

**Dr. Arun Gupta**

Central Coordinator, BPNI and  
Regional Coordinator, IBFAN Asia

## Reflections and Way Forward

If we examine the India data from past 2-3 decades, breastfeeding rates have not seen much rise, however we have been able to check the decline.

Breastfeeding needs to be protected from commercial forces. We need to eliminate inaccurate information going around. Therefore we need to enforce the existing law, the IMS Act.

Breastfeeding does not come free as most often said to be.

The fact that more than 80% women deliver in health facilities and less than half are able to initiate breastfeeding within one hour, calls for an urgent steps to implement the BFHI. Similarly, calls to enhance maternity leave are welcome, however, poor women would need some support in the form of universalizing Indira Gandhi Matritva Sahyog Yojana (IGMSY) and it should be in

the right context of promoting exclusive breastfeeding without conditions.

Breastfeeding is mostly lost in agenda of different ministries. It cuts across all sectors and therefore everyone's responsibility.

According to the Lancet Series, improvements in breastfeeding would help achieve the SDG targets for health, food security, education, reducing inequalities, development, and climate change.

What is needed is political commitment, financial investment and effective coordinated action at national and State level to see that strategic actions are taken across the nation to take breastfeeding to a new high through scaling up programmes to protect, promote and support breastfeeding.

**The first step should be creating a plan and a budget line. Upcoming budget is a perfect opportunity. Yearly allocation of 1243 Crores for breastfeeding interventions and 6000 Crores to universalize IGMSY scheme under NFSA would be a perfect start.**

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