

BREASTFEEDING FOUNDATION OF LIFE



INDIA: WORLD BREASTFEEDING WEEK (1-7 AUGUST 2018)

BREASTFEEDING NOURISHMENT FOR LIFE



OBJECTIVES OF WBW 2018

To raise the level of awareness of people about how breastfeeding is linked with foundation as well as nourishment for life.

To galvanise action to advance breastfeeding/infant and young child feeding agenda as part of national / state/ district policy, programme planning.

BREASTFEEDING: FOUNDATION OF LIFE & NOURISHMENT FOR LIFE

The WHO and UNICEF recommend breastfeeding to be initiated within one hour of birth, exclusive breastfeeding (with no other foods or liquids) for the first six months of life, and continued breastfeeding with complementary feeding (breastfeeding with other age-appropriate foods) until 24 months of age and beyond.

Breastfeeding is a normal way to feed an infant and is critical for women's and child health, survival, nutrition and development. Not only because infants and young children are vulnerable, the criticality lies in the fact that brain develops almost entirely during the first two years of life. This is the time when breastfeeding helps touch and visual interactions responsible for better development. It leads to positive development and IQ of children, which thereby imparts better education, performance in the workplace and lifetime earnings. **This is foundation of life.**

Breastfeeding and optimal infant and young child feeding helps to prevent child malnutrition - both undernutrition and obesity. Other than protecting children from common childhood illnesses it has the potential to reduce non-communicable diseases like type 2 diabetes and cancers. **This is nourishment for life (Food necessary for growth, health and good condition).**

According to the Global Breastfeeding Collective, a UNICEF WHO led global initiative to advocate for higher investment¹ to increase global rates concludes, "... Despite a reported 55 percent exclusive breastfeeding rate in children below the age of six months, the large population in India and high under five mortality means that an estimated 99,499 children die each year as a result of cases of diarrhea and pneumonia that could have

been prevented through early initiation of breastfeeding, exclusive breastfeeding for the first six months, and continued breastfeeding. The high level of child mortality and growing number of deaths in women from cancers and type II diabetes attributable to inadequate breastfeeding is estimated to drain the Indian economy of \$7 billion. Together with another \$7 billion in costs related to cognitive losses, India is poised to lose an estimated \$14 billion in its economy, or 0.70 percent of its GNI".

Yet...

3 out of 5 newborns don't get to begin breastfeeding within an hour



1 out of 2 women is not able to exclusively breastfeed her baby



9 out of 10 infants after 6 months of age are not able to eat minimum acceptable diet along with breastfeeding.



"...Breastfeeding is not explicitly mentioned in the Sustainable Development Goals, but our Series shows that improvements in breastfeeding would help achieve the targets for health, food security, education, equity, development, and the environment." (Lancet 2016)

HOW INDIA ASSISTS WOMEN

in removing barriers to optimal feeding practices at community, work places and health facilities

BARRIERS WOMEN FACE

There are many barriers to create an enabling and supportive environment for women to optimally feed babies. For exclusive breastfeeding these barriers arise during the prenatal period, first day after birth and in the first 6 months. Similarly, there are barriers for good complementary feeding with continued breastfeeding after 6 months.

These include maternal employment and lack of supportive work environment, inadequate skills of health care providers in health facilities, lack of counselling during antenatal period and later during first six months of life in the communities, poor family support, delayed initiation of breastfeeding, pre-lacteal feeding and associated myths & misconceptions, cesarean deliveries, use of infant formula without being medically indicated, breastfeeding problems like sore nipples and mastitis, and perceived insufficiency of breastmilk. For good quality and timely complementary feeding barriers include lack of knowledge of parents what to give and how to introduce variety of foods, inadequate availability of different variety of foods in the households. Weak implementation of existing policy frameworks and lack of universal reach are underlying causes.

There is enough evidence to address these barriers through policy support, comprehensive programming in the health facilities and community support structures at district and block level.

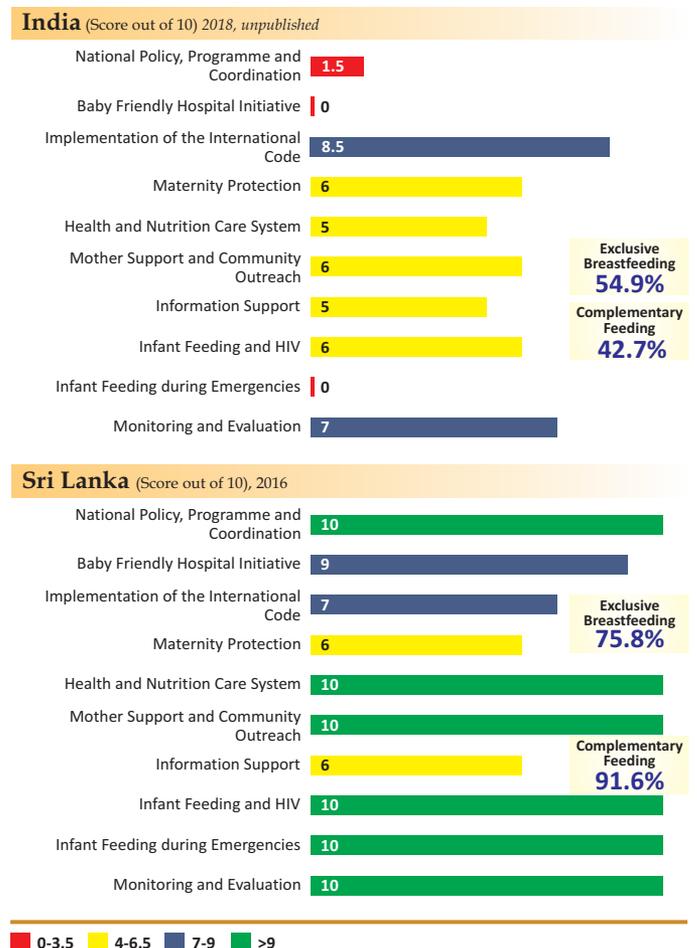


HOW INDIA ASSISTS WOMEN TO REMOVE BARRIERS

According to the World Breastfeeding Trends Initiative (WBTi), assessment 2018 (under publication), India lags behind in most of the parameters that are required to help women to remove the barriers. The WBTi assesses countries on 10 IYCF policy and programme parameters. It provides scores out of a maximum of 10 for each parameter and also provides a colour coding in ascending order of performance from Red, Yellow, Blue, and Green. Fig. 1 showcases how India fare on these parameters.

WBTi is a worldwide programme and 97 countries have reported by June 2018. Globally, India ranks at 78 and has not shown a significant improvement in 5 rounds of assessment since 2005. India scored a meager 44/100 in 2015 and 45/100 in 2018. Sri Lanka score 88/100 in 2016. Fig. 1 shows why Sri Lanka is ahead of India. Sri Lanka has 6 parameters coded in Green while India has none. Similarly, India has 3 parameters in Red and Sri Lanka has none. This is why Sri Lanka has maintained high rates of exclusive breastfeeding and complementary feeding.

Fig. 1: India vs Sri Lanka on 10 WBTi parameters



TARGETS FOR INDIA AND ITS STATES

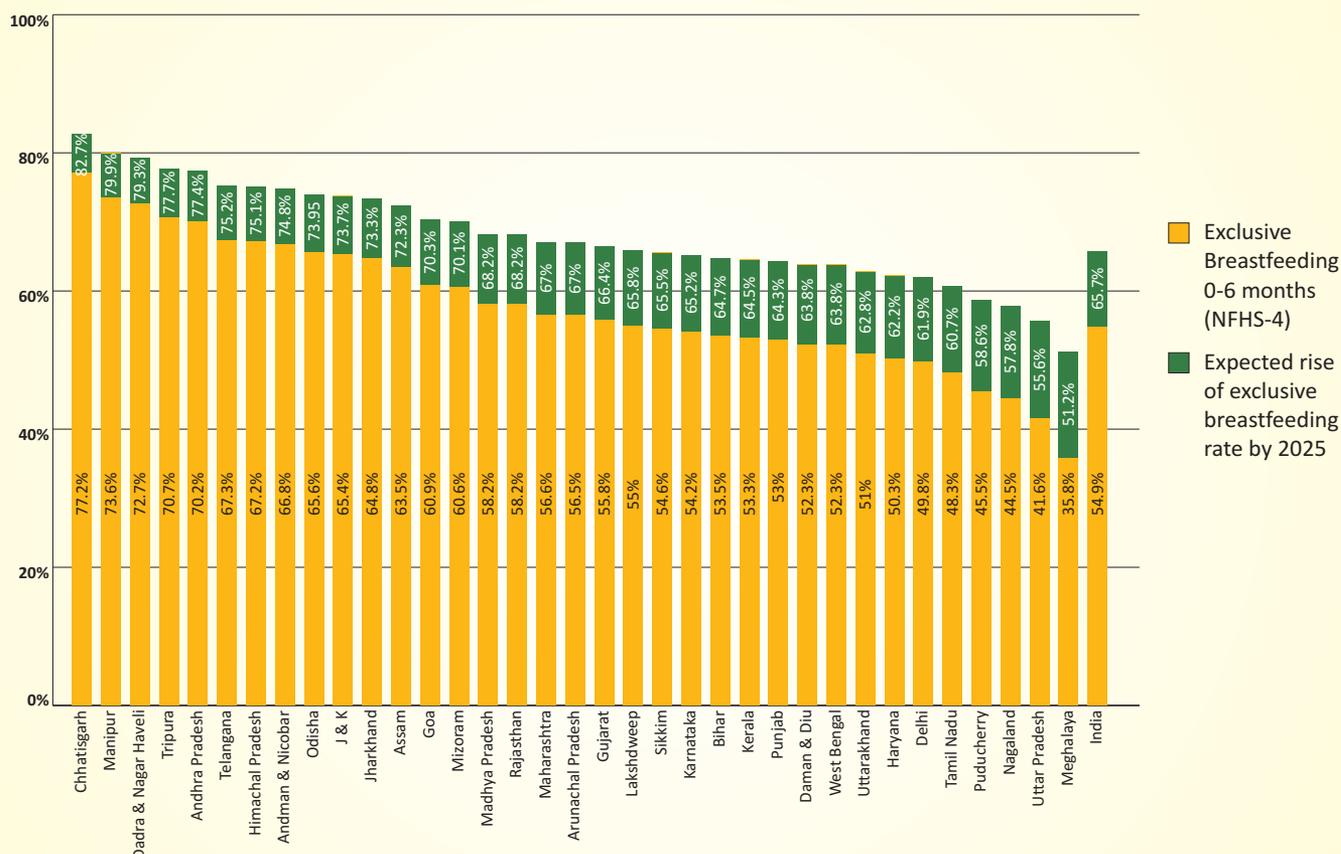
In 2012, the World Health Assembly Resolution 65.6 endorsed a Comprehensive implementation plan on maternal, infant and young child nutrition², which specified six global nutrition targets for 2025³. The aim of the fifth target is to increase the rate of exclusive breastfeeding in the first 6 months up from 38% in 2012 to at least 50% by 2025. WHO provided a tool⁴ to set country targets. Based on the WHO tool Fig. 2 calculates India's statewise expected rise to achieve these global targets by 2025.

Analysis of NFHS-4 reveals that out of 101 aspirational districts data on percentage of newborns beginning early breastfeeding within one hour is available in 96 districts, out of which 70 are below 50%, 26 districts are between 49.1-89% and none above 89%.

India requires state and district level action to achieve these targets.

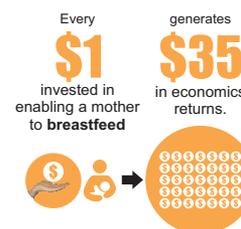


Fig. 2: India and statewise target for 2025 on exclusive breastfeeding rates (BPNI analysis)



ACTION IDEAS TO ADDRESS BARRIERS

To remove the barriers women face, action has to take place at home, health facilities and at workplaces. Therefore everyone has a role to play. The Global Breastfeeding *Collective* has laid out an investment case for breastfeeding and infant and young child feeding based on the economic returns as well as health and development benefits. One of the key recommendation made is increased funding that goes to strengthen policies and programmes.



WHAT CAN CENTRAL GOVERNMENT DO?

- Develop a Plan of action with dedicated funds to address the barriers (MOHFW, MWCD and Niti Aayog organise a national workshop).
- Both health and WCD ministries should appoint a full time officer for coordination.
- Dedicate funds 4.7 US \$/Rs. 315 per child born required for implementing IMS Act, skilled counselling, improving hospital practices, capacity building and monitoring. (recommended by World Bank/WHO/ UNICEF)
- Create a scheme (may be called Prime Ministers' Stanpaan Suraksha aur Samvardhan Yojna) with dedicated budget for breastfeeding/IYCF interventions on a 50-50 sharing basis with the States.
- National Nutrition Council should monitor the plan every six months.
- National IYCF Steering committee should supervise and review the state plans every six months.



DISTRICT ADMINISTRATION

- In line with the state action, develop district specific plan to address the barriers.
- Implement the Lalitpur model in each district to scale up breastfeeding and IYCF counseling.
- Monitor the process and outcomes regularly. District level health authority should monitor and implement the IMS Act with annual reports and take action against the violators.

HEALTH FACILITIES/HEALTH PROFESSIONALS

- Appoint lactation counsellors with adequate training to support women from pregnancy to 2 years.
- Avoid the use of infant formula in health facilities unless it is medically indicated.⁶
- Refuse to accept any benefits or sponsorship from baby feeding and allied industry.

WHAT CAN STATE GOVERNMENTS DO?

- Set up a State group to assess and report on policies and programmes.
- Develop plans to implement the IMS Act and authorise officers under section 21(c) of the Act.
- Ensure proper implementation of Maternity Benefit Act 2017 and IMS Act. Also, generate awareness among people about them.
- Ensure the implementation of the Mothers' Absolute Affection (MAA) Programme/10 steps to successful breastfeeding in both public and private maternity facilities.
- Appoint lactation support counsellors in the health facilities.
- Organise community support and skilled counseling through strengthening of block level service.⁵
- Issue a notification to health facilities to avoid the use of infant formula unless it is medically indicated.
- Appoint a full time officer to coordinate this work.



CIVIL SOCIETY

- Analyse the local situation and document gaps in policy and programmes.
- Create awareness among people on policies and programmes.
- Support the government in removing barriers.
- Launch a call for action to reach out to the policy makers, programme managers and media.

FAMILY

- Value and support breastfeeding at home.
- Demand required services from health and other sectors.

EMPLOYERS

- All employers should implement the Maternity Benefit Act 2017 in letter & spirit, along with provision of creches & facility of expressing breastmilk. CSR initiative may be directed towards this activity.

POLICY FRAMEWORKS FOR ACTION



IMS Act 1992 and
Amendment Act 2003



The Maternity Benefit
Act 2017



NATIONAL
NUTRITION
COUNCIL



सही पोषण - देश रोशन



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About BPNI

BPNI is a 26 years old registered, independent, non-profit, national organisation that works towards protecting, promoting and supporting breastfeeding and appropriate complementary feeding of infants and young children. BPNI works through advocacy, social mobilization, information sharing, education, research, training and monitoring the company compliance with the IMS Act. BPNI is the Regional Coordinating Office for International Baby Food Action Network (IBFAN) Asia. BPNI also serves as the global secretariat for World Breastfeeding Trends Initiative (WBTI) programme.

BPNI's Ethical Policy

BPNI does not accept funds or any support from the companies manufacturing baby foods, feeding bottles or infant feeding related equipments. BPNI does not associate with organizations having conflicts of Interest.

Acknowledgements

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