

Why Maternity Entitlements?

Food, Health, Care for the Mother: Optimal health, development and survival of the Child

The World Health Organization (WHO) and UNICEF jointly developed the *Global Strategy for Infant and Young Child Feeding*, which recognizes that all infants should be exclusively breastfed for the first six months followed by introduction of appropriate complementary feeding along with continued breastfeeding for two years or beyond. Importance of maternal health and nutritional status is underlined for providing critical care to their infants and young children. This is true for ALL mothers whether they go out to work or at home.

In India IMR is around 65 and NMR is around 40 per thousand, which is unacceptable, one fourth of total child deaths in the world are in India, approximately 24 lacs and 2/3rd die during first year. Talking of nutrition state, about 12% babies are under weight by the time they are six months, and 37% by they are 12 months. These findings make first year most critical. Much of the brain about 50-60% develops below one year, and then about 30-35% during 2-3 years.

According to child survival series (*Jones et al. LANCET 2003; 362:65-71*), promotion of exclusive breastfeeding for first six months and continued breastfeeding for 6-11 months is the single most effective intervention that reduces U-5 child mortality by 13-15 percent if its coverage was increased to 90%. Most recent scientific evidence (March 30,2006) (*Pediatrics, 2006; 117; 380-386*) has shown for the first time that by starting to breastfeed within one hour after birth would reduce 22% neonatal deaths occurring after day 1. Babies that were fed only on breastmilk during first months were four times less likely to die than those who were also fed other milk or solids. This confirms the health benefits of exclusive breastfeeding in the first month and the evidence is compelling to make it happen for ALL babies in India and other developing countries. In spite of the benefits of this nature and scale, only 15% babies start breastfeeding within an hour in India and about

40% babies are exclusively breastfed during first six months.

Evidence is compelling enough to ask for breastfeeding support during 1st hour of birth as an entitlement. It could be done through incentives or by any other method. As in other cases of development for example of airports, Government of India may like to raise through a "special tax" to ensure this right to feeding of little ones.

What exactly women need?

Women themselves should be healthy and well nourished, to be successful in breastfeeding. They have the right to their good nutrition, and health. They need support during pregnancy, and lactation, whether they work inside homes or outside.

Women to succeed in breastfeeding need accurate information during pregnancy, assistance and support at time of birth for initiating early, counseling to maintain exclusive breastfeeding for the first 6 months, answers to their questions, solution to their problems like sore nipples, mastitis, engorgement (which is substantial number about 13% women and they tend to give up, and in a recent study in IMNCI district it was found that 62% women faced some "feeding problems" which were treated with help: these problems are entirely PREVENTABLE)), counseling for adequate complementary feeding at 6 months, counseling for infant feeding options for HIV positive mothers. Breastfeeding education will help prevent problems and women will succeed in breastfeeding. Many women don't have access to accurate information, for instance on the benefits and management of breastfeeding, and are easily misled by aggressive marketing of baby milk companies that influence health workers decisions and breastfeeding practices. Because of lack of confidence, most women feel they don't have enough milk, and resort to top feeding. Remedy is building their confidence, which is a skillful act. Enabling environment that values and respects her decision to breastfeed is

required. But all too often a woman's decision to breastfeed is derailed by economic necessity that forces her to take up a job with no maternity protection—no paid maternity leave, no breastfeeding breaks at work, no job protection. Even where maternity legislation exists, it may not be properly implemented.

Most employed mothers require a modification of the conditions under which they work if they are to reach the goal of recommended six months of exclusive breastfeeding and continued breastfeeding until two years and beyond. It is important to realize that breastfeeding is the final stage in a women's reproductive cycle and as such, it is not just a "feeding option", but also an intrinsic part of maternity protection at work. A woman needs to be able to give quality time to her child without having to worry about whether she will lose her job and her source of income. Efforts are needed at grass root level, with the goal of raising the awareness of women, their families and their communities about ways to support women to combine breastfeeding and work. Child bearing & Breastfeeding are an integral part of the reproductive cycle as well as vital social function that women can provide. Ensuring maternity entitlements and making women aware of their rights helps the mother to pass on the benefits to her child. Exclusive breastfeeding is first natural immunization, ensure health and survival, provides critical interaction with the baby that leads to enhanced brain development and is thus an issue of human development and its sustainability. For the mother herself, it helps in birth spacing, rapid return of normal weight and reduction in anemia, and less likely hood of breast and ovarian cancer.

Studies have revealed that it is possible to reach high level of Exclusive breastfeeding but through multiple contacts and counseling by trained workers who are trained at least three days in infant and young child feeding counseling. Because this has never been taught to them. This could be through

establishing 'Breastfeeding support centers' at a 5000 population level that covers about 200 pregnant and lactating women and run by a skilled worker. Every health facility public or private should have one. ASHA and AWWs should be trained in skills for at least 3 days.

Economics also supports this, in India, if an increase in exclusive breastfeeding prevented only one episode of diarrhea per child per year, the money saved would exceed the national budget for child health. Lactation amenorrhea (delay of menses) is far the top contraceptive in the country, with a value equal to nearly half the budget for the national family planning program.

As is the emerging global consensus there is an urgent need to Reposition ICDS, as true women and child development program, food supplies may be shifted to 3 years and above children and may be handled by Education department along with Mid Day meals. The WCD run ICDS and MOHFW run National Rural Health Mission (NRHM) –RCH-II should ensure breastfeeding support and education by declaring national strategy for breastfeeding. **"One-hour breastfeeding support"** at birth should become an entitlement; and the Supreme Court may like to expand its ambit of order on 'Right to food' by including this to prevent any 'disruption of feeding of children'. Maternity leave should be enhanced to six months in public and private sector, and mechanisms to ensure this leave for unorganized labor and housewives may also be defined.

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