



World Breastfeeding Week 2001

# Information Age

# Breastfeeding

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This year's WBW theme, "Breastfeeding in the Information Age", stresses the importance of transforming and conveying the facts of breastfeeding via all the available forms of communication such as the Internet, radio, TV, video, newspapers, cartoons, story-telling, puppets, music, drama, role-play, flip charts, billboards and folk media.

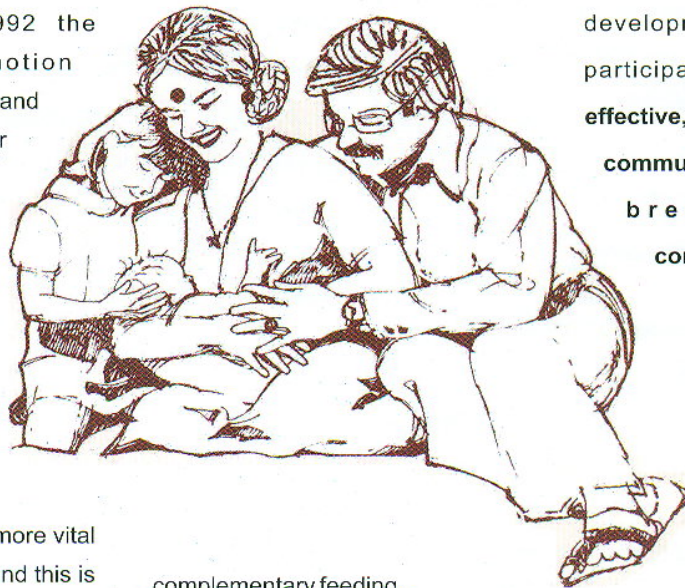
Each year, since 1992 the Breastfeeding Promotion Network of India (BPNI) and World Alliance for Breastfeeding Action (WABA) observe World Breastfeeding Week (WBW) between 1st and 7th August.

BPNI is commemorating its 10<sup>th</sup> anniversary this year and for a network like ours, there is nothing more vital than the communication, and this is what we plan to take on, in the year 2001, and to continue it to the year 2002.

### Need for the information on breastfeeding

In India, about 25 million babies are born each year. Ideally all should be

exclusively breastfed for the first six months but there are about 13 million 'dropouts' by three months of age and about 20 million 'dropouts' by the age of six months. One of the major reasons for this is the lack of accurate information with the people. So this year's theme is the most appropriate to reach people with **accurate and unbiased information** on breastfeeding and



complementary feeding.

### The new age

In this age of information, any thing occurring in one part of the world is instantly brought to the knowledge of the whole world. Newspapers, magazines, radio and TV broadcasts and now, the world wide web of INTERNET make this possible. It is indeed ironic that something so natural and beneficial as breastfeeding is being undermined by the illegal and

unscrupulous promotion of the bottle-feeding culture by manufacturers of infant formula, infant food products and feeding bottles for the sake of their private profits.

In the new millennium, to ensure healthy future for our young ones and to fulfill their rights to survival, development, protection and participation, we **emphasise effective, accurate and unbiased communication on exclusive breastfeeding and complementary feeding.**

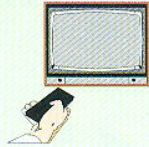
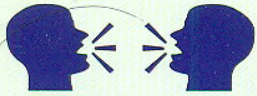
### The 'culture' of breastfeeding

#### *How it was threatened*

In most of our rural areas, the practice of breastfeeding is passed on through oral communication and by visual and family models observed in communities. Listening to the radio and the conversations in the family have been the main sources of the daily information of the people in those areas. Education and habits were used to be acquired through life experiences, observations and community activities. Then, came the age of Industrialization along with the promotion and marketing of

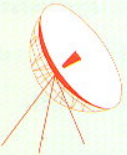
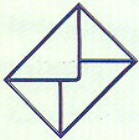


Celebrating 10 years of protection, promotion and support of breastfeeding



the breastmilk substitutes.

- People moved from small cities to larger urban areas.
- Artificial baby milk were



introduced to the people who were gripped by these exposed urban influences.

- The mass communication industry led many households to own TV which resulted indirectly in the creation of new crazes, desires and models of behavior.

There was large-scale promotion and marketing of infant formula and foods through advertising in magazines, newspapers and television. The distribution of free



### USE OF INTERNET/ E-MAILS/ WEBSITE

In 1998, BPNI started using the Internet as a means to promote breastfeeding through its website ([www.bpni.org](http://www.bpni.org)), e-mails, etc. This enabled us to reach a large number of people. Thus, others could also utilise this means of communication to promote breastfeeding.

### USE OF TV/CABLE SERVICE

Television viewing has increased tremendously in past few years. We must strive to reach these TV audiences with our message promoting breastfeeding.

samples in hospitals and the planned promotional activities of the manufactures of breastmilk substitutes and infant food, aimed to convince certain segments of the medical profession to back this controversial practice. This resulted in disinformation, confusion, lack of confidence in breastmilk among both health professionals and mothers which brought doubts in the mind of mothers like:

- *Do I have enough milk?*
- *Why does the baby seem so thin?*

- *What about my body shape?*
- *How can I breastfeed after I go back to work?*

To change the mindset and reach people with accurate information, let us resolve to change history and make one more history.

Each one of us will use various available means of communications such as e-mail, internet etc. to reach all, especially the young, adolescents, and the newly-weds.

**Access to accurate information on breastfeeding and complementary feeding is the right of people.**

This brochure has been produced by BPNI with the support of DWCD, GOI and with assistance from UNICEF, India.

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Designed by Amit Dahiya

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The Breastfeeding Promotion Network of India (BPNI) is a registered, non-profit, independent national organization with international collaboration and works towards protecting, promoting, and supporting exclusive breastfeeding for first 6 months, and appropriate complementary feeding thereafter. BPNI is a network of individuals and organizations and is the Regional Focal Point for South Asia for the World Alliance for Breastfeeding Action (WABA) & Regional Coordinating Center of International Baby Food Action Network (IBFAN) for South Asia. BPNI does not accept funds or sponsorship of any kind from the companies producing infant milk substitutes, feeding bottles, related equipments, or infant foods (cereal foods).

# Infant Feeding Facts

A Factsheet



Exclusive breastfeeding during the first six months improves the nutritional status of young children and reduces morbidity and mortality. The timing and the type of complementary food and how the child is fed also have significant effects on the child's health, development and nutritional status.

Optimal practices in feeding of infants and young children include early initiation of breastfeeding and intake of colostrum; exclusive breastfeeding from birth to six months followed by the addition of mushy, semi-solid or solid complementary food drawn from the local diet, and continued breastfeeding for two years and beyond, plus increasing amounts of complementary food.

### Status of Infant Feeding Practices in India

Important information on feeding practices in India was provided by the National Family Health Survey (NFHS-2) conducted between 1998-99 and reported in October 2000. The NFHS-2 covered 26 states and the National Capital Territory of Delhi, comprising 99 percent of the total population of India. In all 89,777 ever-married women aged 15-49 years and 88,562 households were covered, using uniform questionnaires, sample designs and field procedures. Following is a summary of key breastfeeding practices according to NFHS-2.

#### Initiation of Breastfeeding

Initiation of breastfeeding immediately after childbirth is important because it benefits both the mother and the infant. As soon as the

infant starts suckling at the breast, the hormone oxytocin is released, resulting in uterine contractions that facilitate expulsion of the placenta and reduce the risk of bleeding immediately after birth. It is also recommended that the first breastmilk (colostrum) should be given to the child, because it provides natural immunity to the child. Fig. 1 shows the percentage of children initiating breastfeeding within one hour.

#### Exclusive Breastfeeding

Children who receive nothing but breastmilk during the first six months are defined as being exclusively breastfed. The introduction of supplementary food before six months of age may put infants at the risk of malnutrition, because other liquids and solid food are nutritionally inferior to breastmilk. Consumption of liquids and solid or mushy food at an early age also increases children's exposure to pathogens and consequently puts them at a greater risk of getting diarrhoea. Fig. 2 shows that only 55% babies of less than 4 months of age are exclusively breastfed in India which falls rapidly from 1st month onward.

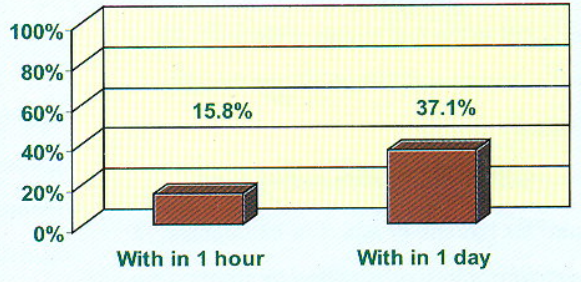


Fig.1 Initiation fo breastfeeding

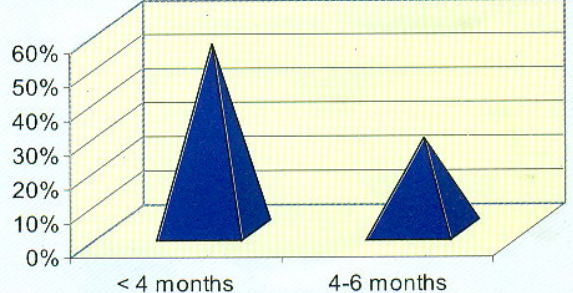
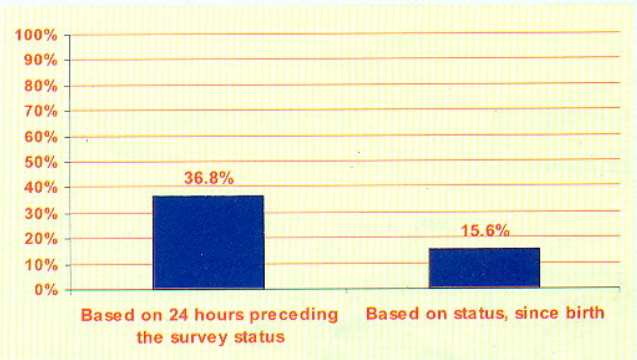


Fig. 2 Exclusive breastfeeding (NFHS-2)

It is important to investigate exclusive breastfeeding carefully as it has a bearing on child health, development and nutrition. The data from the Multiple Indicator Cluster Survey, 2000 (MICS II), from UNICEF, India shows very clearly the difference between the two ways of asking about exclusive breastfeeding (Fig. 3). When asked, if they had provided other liquids or solids in the past



Multiple Indicator Survey, 2000 (MICS II), UNICEF, India Country Office

Fig. 3: Exclusive breastfeeding

24 hours, 36.8% of them said that they did not. However, when asked about the exclusive breastfeeding since birth, the number was merely 15%. (Fig. 3)

### Breastmilk and supplements

The proportion of children receiving both breastmilk and supplements increases from 10% in the first month of life to 49.4% after 6 months and 81% at 12 months. (Fig. 4, NFHS-2)

### Introduction of complementary food

From six months of age, the introduction of complementary food is critical for meeting the protein, energy, and micro-nutrient needs of the children. However, in India, the introduction of complementary food is delayed for a substantial proportion of children. Only 24% of breastfeeding children



Fig. 4 Receiving supplements

who are 6 months old consume solid or mushy food. This proportion rises to only 46 percent at 9 months of age. Even at 12 months of age, more than one quarter of breastfeeding children did not eat any solid or mushy food in the day or the night before the interview. (Fig. 5)

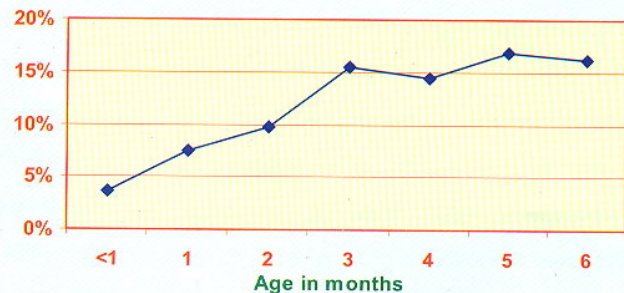


Fig. 6 Using bottle with a nipple

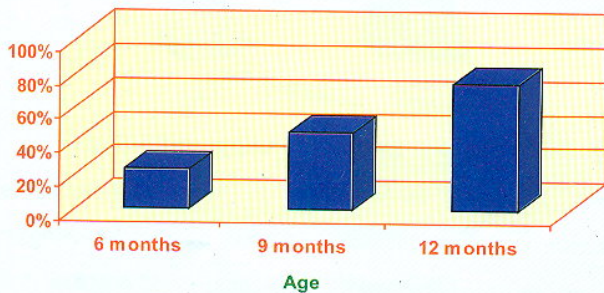


Fig. 5 Introduction of complementary food

### Bottle-feeding

Bottle-feeding has a direct effect on the mother's exposure to the risk of pregnancy because the period of amenorrhoea may be shortened when breastfeeding is reduced or replaced by bottle-feeding. As it is often difficult to sterilize the bottle



Celebrating 10 years of protection, promotion and support of breastfeeding

"Poor infant feeding practices and their consequences are one of the world's major problems and a serious obstacle to social and economic development. Being to a great extent a manmade problem, it must be considered a reproach to our science and technology and our social and economic structures, and a blot on our so-called development achievements. It is not only a problem of the developing world. It occurs in many parts of the developed world as well".

Statement from the Joint WHO/UNICEF Meeting on Infant and Young Child Feeding (WHO, 1979).

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Issued in public interest by



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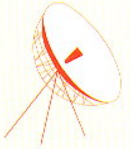
# Action Ideas



Ask local Doordarshan to allocate free space in TV for the breastfeeding messages.



Use the local cable TV channels to air messages on breastfeeding.



Send e-mails, with core information on exclusive breastfeeding and complementary feeding to all your contacts.

Translate the core information on exclusive breastfeeding and complementary feeding locally and send it to your friends



Hold a press conference and invite local experts to address it. Ask the media to broadcast or print free public service announcements about the hazards of artificial feeding and the 'core information on exclusive breastfeeding and complementary feeding'.

Write to newspapers with a letter as to why you think the breastfeeding and complementary feeding issue is very important. Illustrate your arguments with a case study. Ask them for free space to print 'Core information'



Contact schools to stimulate debates, writing essays on the theme "Breastfeeding in the Information Age"

Conduct public meetings to inform and disseminate 'core information on exclusive breastfeeding and complementary feeding'.



Talk to office colleagues and transmit 'Core information on exclusive breastfeeding and complementary feeding'.

Initiate a help-line/phone-line to answer questions on infant feeding.



Conduct, folk dances and street plays on breastfeeding and complementary feeding.





# on Exclusive Breastfeeding and Complementary Feeding

## Core information to ensure proper dietary intake and good state of nutrition in children.

*It is recommended that exclusive breastfeeding should continue for first six months and thereafter complementary food along with continued frequent breastfeeding. Women should be supported in their decision to do so. Following Q & A on this topic would help each and every one to know accurately about exclusive breastfeeding and complementary feeding of infants and young children.*

**Q What is exclusive breastfeeding and how long it should be practiced?**

**A** Exclusive breastfeeding means when a baby receives only breastmilk and no other food or drink, not even water, allowing drops, syrups (vitamins, minerals, medicines), and is fed frequently and unrestrictedly. WHO, UNICEF and all other experts on infant feeding recommend that exclusive breastfeeding should continue for first 6 months.

**Q Why we should not give water to babies being exclusively breastfed?**

**A** Infants exclusively breastfed for first six months grow well and need nothing else. If water is also given along with breastfeeding it leads to less desire for the baby to suckle and thereby decline in the production of breastmilk and that is also likely to be contaminated.

**Q When should breastfeeding be started?**

**A** As soon as possible after the baby is born, within half an hour of birth. Babies should be breastfed as often and when they show interest. No other feed should be given before initiating breastfeeding, as it is likely to delay breastfeeding and the newborn baby is more likely to be sick.

**Q Why start breastfeeding so early?**

**A** Because newborn is often wide awake and alert at birth, and if put to the breast sucks very vigorously during first 30 to 60 minutes. Colostrum, the first yellowish secretion from the breast is ideal for the baby. It contains substances which protect the baby from infection from germs and is like a vaccine. An early start promotes emotional bonding with mother and the baby becomes emotionally strong when she/he grows up.

**Q How mother's milk can be increased?**

**A** Mother's milk is available to the babies on 'demand and supply principle', and is produced depending upon how much a baby needs. It depends on how frequently and how much the baby suckles on the breast. When mothers feel that their babies are not getting enough milk and they want to increase their own milk supply, it is very helpful to offer breastfeeding more frequently. More suckling will produce more milk in a few days.

**Q What is 'continued breastfeeding' and how long it should be given?**

**A** After six months of age, the child should be given complementary food along with continued frequent breastfeeding upto the age of two years and beyond.

**Q When should babies be given complementary food (additional food)?**

**A** After 6 months of age along with frequent breastfeeding. Family food should be started after 6 months and gradually increased to 4-5 times in a day.

**Q Why complementary food should not be given early or late?**

**A** If additional food is started early, it is dangerous, as the risk of baby getting diarrhoea (loose-motions) is nearly 3 to 13 times more because complementary food may not be as clean as breastmilk. Early start also makes the child to take less breastmilk. Thus, it becomes difficult to meet the nutritional needs of the child. Starting late is also dangerous because a child does not get extra food needed to fill the energy and nutrition gap, child may grow slow and the risk of malnutrition increases.

**Q What should be the type of complementary foods (additional foods)?**

**A** Foods given to the baby **should not be thin and watery** but should be like a gruel/kheer of higher nutritional value. Food prepared at home is the best and ideally suited to baby's needs. Cereals with added oil, pulses, lentils, cereals with added milk and mashed vegetables for the vegetarian family and meat, eggs and fish for the non-vegetarian family make good combination of foods. It is important to give enough food i.e., infants of 6-9 months need 2 Katories of food a day and from 9-12 months they need 2 ½ Katories of food a day.

**Q How complementary food should be given?**

**A** Giving family food helps adapting to family practices. Babies should be allowed to make attempt to feed themselves near the end of the first year, but they will still need help and encouragement in eating through the 2nd year. Babies are allowed to eat themselves to help develop coordination and physical development and parents /caregivers should interact with them to tell new concepts and words while feeding, as this helps in the better mental development of the child.

**Q What if a mother works outside home?**

**A** Mothers working outside home can continue these optimum infant and young child feeding practices if fully supported by the family and community. Adequate maternity leave, facilities for breastfeeding breaks for feeding and expressing milk, and nearby childcare (creche) facilities are helpful. Mothers can combine work with breastfeeding by expressing breastmilk whenever child is not with her or breastfeeding frequently when baby is with her. When they join work after leave, they should continue to breastfeed, before leaving for work and when they are back at home and at night.

**Breastfeeding is the right of mothers and babies. Support it!**



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