

2005 Progress Report on Breastfeeding: Ten Years after Beijing

Breastfeeding is about women, not just about food for babies. Breastfeeding is linked to women's status in society, their health, their economic development, and the realisation of their reproductive and sexual rights.

Internationally, there is clear recognition that breastfeeding plays a significant role in the health and development of women and children. The place of breastfeeding and human milk in the economic affairs of a family, a community, or a nation is also important, and is too often underestimated and undervalued.

Women's right to breastfeed is well protected and supported in many places. In others, the culture of breastfeeding struggles to survive or to regain ground lost because of commercial competition, poor health care knowledge and practices, poverty and the increasing work demands on women (especially in the context of fewer protective labour regulations due to globalization), the HIV pandemic, exploitative attitudes toward women's bodies, or the challenges that war and other emergencies pose to the survival and well-being of women.

Milestones achieved

- In 2002 WHO stated that "*inappropriate [infant and young child] feeding practices and their consequences are major obstacles to sustainable socioeconomic development and poverty reduction.*" The Global Strategy for Infant and Young Child Feeding, adopted by member states at the WHA in 2002, calls on every nation to develop a comprehensive national policy on infant and young child feeding. In the Global Strategy, thorough, agreed-on, evidence-based guidance for protecting, promoting, and supporting optimal infant and young child feeding¹ is now available to governments, NGOs, and all other sectors of society as a basis for policies, program development, and advocacy.
- Intersectoral national breastfeeding committees have been established in over 80 countries.
- More than 18,000 maternity facilities in 134 countries have been certified as meeting global criteria for breastfeeding support under the UNICEF/WHO Baby-Friendly Hospital Initiative.

¹ *Exclusive breastfeeding*: no other food or drink for the first six months, except for medicines and vitamin/mineral preparations where medically indicated; *complementary feeding*: continued breastfeeding with the addition of appropriate foods (not substitute milks) until the child's second birthday or beyond.

- 120 countries have taken some action on the International Code of Marketing of Breast-milk Substitutes. 27 have implemented the Code fully in law. In 33 more, most provisions are law.
- The International Labour Organization has stated, "*Maternity protection is a precondition of genuine equality of opportunity and treatment for men and women.*" Maternity Protection Convention 2000 #183 (C-183) expanded coverage for workers and established a woman's right to paid breastfeeding breaks in the workplace. In 2001, Convention 184 on Safety and Health in Agriculture (C-184) specifically mentioned the special needs of women concerning pregnancy, breastfeeding and reproductive health. Eleven countries have ratified C-183; five have ratified C-184.
- The Gender Task Force of the World Alliance for Breastfeeding Action has begun to implement gender sensitization and gender mainstreaming activities and training within the breastfeeding movement.

Current challenges

A few issues deserve particular mention.

HIV-AIDS

- Early AIDS research found that breastfeeding was a means of transmitting HIV. This finding has caused a massive diversion of resources away from breastfeeding programs in many countries. A more recent study that carefully defined breastfeeding indicates that HIV transmission in the first 6 months is no higher among infants who are exclusively breastfed than among infants who are artificially fed, while the mortality from other diseases is generally higher in the latter group. Exclusive breastfeeding may be the best option for many HIV-positive mothers where the safety and sustainability of replacement feeding is suboptimal. Further research is needed, using clearly defined infant feeding groups.
- The commonly used term "Mother-to-Child-Transmission" (MTCT), while biologically correct, would seem to lay too much blame on women. Both parents may be involved in transmitting HIV, so PTCT ("Parent to Child Transmission") is a more appropriate term.
- Child survival, exclusive breastfeeding at six months, and HIV-free survival rates should be the indicators for assessing the community impact of programs designed to reduce HIV infection of infants. If such programs result in increased feeding of replacement milks to children who are not at risk of HIV infection, those children may needlessly die from diarrhoea and malnutrition.

Commercial influences that interfere with optimal infant feeding

A woman breastfeeds in her private life, away from the commercial marketplace, yet the marketplace continually threatens to interfere. Implementation and enforcement of the International Code have been slow, and infant food companies still compete to entice families and health workers to use products that displace breastfeeding. When markets open to new trading partners, protection for breastfeeding is seldom in place. Pooled, pasteurized human donor milk has not received the attention it deserves as the best alternative when a child's own mother's milk is not available. Dozens of the unique factors in human milk have been patented, raising the possibility that synthetic milk components might be marketed, by-passing women as the original source. Disruption of breastfeeding by commercial interests should be regarded not only as unethical marketing, but as a violation of the child's right to the highest attainable standard of health.

Biomonitoring the environment by testing human milk

When toxins are found in human milk, it is an indication that everyone in the community is being exposed. Chemical contaminants affect the reproductive functions of men and women before conception. Babies are exposed from the moment they are conceived. When authorities announce results of milk monitoring programs, they should communicate in a way that does not undermine women's confidence in their milk, nor make fathers and health professionals doubt the value of breastfeeding. Nothing else that parents can feed their children aids development and builds the immune system like human milk. By breastfeeding, parents partially offset a baby's inadvertent exposure to toxins in the womb.

Lack of acknowledgement of the economic value of breastfeeding

The lack of recognition of the economic value of breastfeeding reflects the lack of recognition by nations and the international community of women's reproductive, caring, and nurturing work. This work, if counted, would contribute substantially to a nation's GDP. Women's production of human milk in Mali, if assigned the modest value of \$1 US per litre, would equal 5% of the GDP. Human milk banks in Europe charge up to 60 Euros per litre. Only in Norway is women's contribution to the food supply officially acknowledged. It is time nations recognized the value of breastfeeding and banked human donor milk in terms of food, health protection, and prevention.

Forward looking strategies

The Global Strategy on Infant and Young Child Feeding provides an excellent framework for moving ahead with the development of national strategies on infant and young child feeding. From a broader development approach the Millennium Development Goals also provide a framework for strengthening global advocacy to improve the health and well-being of women and children.

Breastfeeding: a cross-cutting issue in the Millennium Development Goals

- Breastfeeding provides a safe and secure food source (MDG#1, *eradicate hunger*).
- Optimal feeding gives the best start in life for infants and young children, both girls and boys (MDG#3, *gender equality*).
- Recently published research shows that achieving optimal infant feeding world-wide would *reduce under-five mortality* (MDG#4) by 19%, far more than any other intervention.
- Breastfeeding plays a major part in safe childbearing and aids in child-spacing. It contributes to women's health by reducing blood loss, anaemia, and the risk of breast and ovarian cancer (MDG#5, *improve maternal health*).
- Breastfeeding helps the child's developing immune system to resist infections such as diarrhoea (MDG#6, *combat disease*).
- Unlike replacement products, breastfeeding is an *environmentally sustainable* source of food for infants and young children (MDG#7).
- The Global Strategy clearly delineates roles for all stakeholders in its implementation (MDG#8, *partnership for development*).

Breastfeeding has a key role in reaching seven of the eight Millennium Development Goals (MDGs). Therefore, we call on international and national programs to monitor the rate of exclusive breastfeeding at six months as an indicator of progress toward the MDGs.

Breastfeeding and Gender Equality

Lactation is the final stage in a woman's cycle of conception, pregnancy, birthing, recovery, and nourishing a child. Therefore, we believe that breastfeeding outcomes can be an indicator of a woman's quality of life throughout childbearing. Does she get adequate food and rest, good health care, maternity protection at work? Is she free from violence and discrimination? Support for breastfeeding demands that we pay attention to the well-being of the woman behind the breasts. Conditions that promote gender equality are also conditions that support women in breastfeeding.

A statement for CSW, March, 2005, from

International Baby Food Action Network (IBFAN), <http://www.ibfan.org/>

International Lactation Consultant Association (ILCA), <http://www.ilca.org/>

La Leche League International (LLL), <http://www.lalecheleague.org/>

National Alliance for Breastfeeding Advocacy--(NABA-REAL), <http://www.naba-breastfeeding.org/>

World Alliance for Breastfeeding Action (WABA), <http://www.waba.org.my/>

Wellstart International, <http://www.wellstart.org>