and, especially emotional support, breastfeeding would be seen as part of the physiological continuum. These women would always choose to breastfeed their babies as long as they are provided with the emotional support and the necessary tools to do so. So now in my work with breastfeeding, I first promote the welfare of women and mothers. I believe that most efforts have been focused on the welfare of babies and their nutritional benefit, and not sufficiently on mothers and their emotional states, or their bodies and their decisions.

As a breastfeeding activist, I also now focus on supporting better laws and practices that promote and support community activism, women's rights and training opportunities. My work with mothers now is quite different. I respect their decisions, their freedom and right to decide for themselves and their babies. I have chosen to become a midwife because it is not easy to

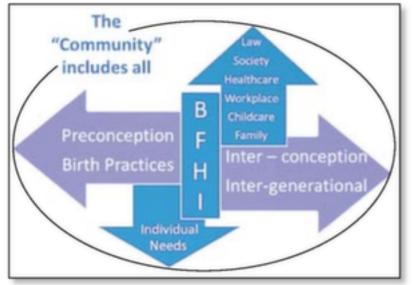
convince healthcare professionals and change the medical system that is dysfunctional. As a midwife I can make small but significant changes by working directly with women, mothers and families.

Most of the work I am doing draws on the 10 Steps of the International Mother/Baby Childbirth Initiative – IMBCI. This tool allows me to support breastfeeding, while treating women with dignity and respect. This means avoiding unnecessary interventions and the use of potentially harmful procedures and practices, while promoting wellness and multidisciplinary care.

Based on what I have learned from WABA, being part of the YOUth Initiative and from the gender training. I now have a strong desire to work for the empowerment of women and girls, so that breastfeeding becomes a women's right to be respected and not to be imposed upon women, as this would disempower them. This is a perspective of gender equality from the new generation.

- Viana Maza, member of WABA YOUth Initiative

Illustration developed based on the discussion and original drawing form 2002 WABA meeting in Arusha, Tanzania.



Expanded Baby-Friendly Hospital Initiative (E-BFHI) or Community-BFHI

The Baby-Friendly Hospital Initiative (BFHI) originated to transform hospital practices to make them more conducive to support optimal breastfeeding, was obviously insufficient from a long-term global perspective, as many mothers do not give birth in hospitals. Even for those that do, the period of staying at the hospital is limited, such that ongoing support from the wider community is essential to ensure a sustained baby-friendly environment. To this end, the Expanded BFHI model was developed by UNICEF and WHO, instigated by pioneers such as Dr Miriam Labbok.

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