

TEN LINKS FOR NURTURING THE FUTURE ACTION TOOL

Food Security

Penny Van Esterik

Persistence of hunger in a world of plenty

Food nourishes body and soul. But in a world that can produce enough food for everyone to have an adequate diet, hunger persists. An FAO report estimates that 841 million of the 4.4 billion people in developing countries are hungry (food-energy deficient), 20 per cent of the developing countries' total population (1). According to the UNDP Human Development Report 1998, well over a billion people are unable to meet their basic consumption needs. The 1998 State of the World's Children Report by UNICEF states that malnutrition contributes to nearly seven million child deaths every year. The report estimates that no less than half of all children under the age of five in South Asia and one-third of those in sub-Saharan Africa as well as millions of children in industrialised countries are malnourished. Malnourished children become intellectually impaired adults, and suffer from the consequences of a weakened immune system. The FAO report further states that some 190 million children are underweight, 230 million children are stunted and 50 million are wasted.

"The chronically undernourished are people with a low and insecure income, with limited assets, few marketable skills,

deficient purchasing power and a lack of powerful advocates. Hunger is debilitating; a manifestation of poverty, it is in itself a cause of poverty. Removing current hunger contributes both to eradicating poverty and towards food security. Food assistance to individuals with critical needs at special times in the life cycle (the newborn, infants and pregnant and lactating women) or at certain times of the year has significant positive impact on their food security in the long term." (2).

Food security

Food security for an individual means having enough food to maintain a healthy and productive life today and in the future. Communities enjoy food security when all individuals in all households have access to food, adequate in quantity and quality, affordable, acceptable, appropriate and readily available from local sources on a continuing basis.

Although food insecurity is caused primarily by poverty and lack of purchasing power, other factors interact to compound this problem, including unemployment, poor education, inadequate social supports (particularly child care), lack of affordable housing, lack of transportation to grocery stores or the market, high food prices, and lack of infor-

mation about food. People are hungry not because of inadequate food production, but because of inequitable distribution of food between and within countries and within households. Poverty and oppressive trade regulations contribute to inequitable distribution of food. Indeed, "food security is such an awesome challenge that humanity simply has to consider medical solutions - there is little point in anguishing today about adequacy of food supply unless we give attention equally to distribution of wealth, of access, of land, of seeds, and ultimately of control". (3)

Breastfeeding as food security

Despite the challenge in guaranteeing food security worldwide, food security for infants is not difficult to achieve. Breastfeeding plays an important role in making food security a reality for the 140 million babies born every year. There is no more readily available, affordable and nutritious food source for infants than breastmilk. Breastfeeding is the first food; it provides total food security for infants during the first six months of life. After six months, when other foods are gradually added to the infants diet, breastfeeding continues to provide the growing child with essential nutrients and energy, helping to prevent malnutrition and micronutrient deficiencies up to two years and beyond.

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ABOUT THE TEN LINKS

The World Alliance for Breastfeeding Action (WABA) invites you to join in the global campaign to nurture the future by protecting, promoting and supporting breastfeeding and sound infant and young child feeding. This is a series of 10 action tools on how to restore a breastfeeding culture and ensure the rights of women and children to food security.



The 10 links are:

- 1 Human Rights & Responsibilities
- 2 Food Security
- 3 Women's Empowerment
- 4 Community Participation
- 5 Baby-Friendly Cultures
- 6 Integrity
- 7 International Code
- 8 Capacity Building
- 9 Advocacy
- 10 Networking

WOMEN AND FOOD SECURITY

Food security cannot be realised until women are centrally included in the policy discussions about food as a human right and until food issues are analysed from a gender perspective. Elimination of all forms of discrimination against women is a necessary part of addressing food security, right to food and the right to be fed; reducing discrimination against women requires meeting women's need for food. One stumbling block to the realisation of the individual's right to food, however, is that it takes place within the context of households, often out of sight of those concerned with food policy and household food security. It also occurs within a culturally defined sexual division of labour and a set of gender assumptions.

Women have a special relationship to food. A woman's identity and sense of self is often based on her ability to feed her family. Women are providers of food to foetus and infant; their body nutrients feed their fetuses before birth and their breastmilk continues to nurture after birth. Most food work is women's work - from food production and acquisition through processing, preparation and serving in homes and factories.

As a basic part of self-identity, the right to food may become even more important to women under conditions of rapid social change and food insecurity. This source of power and identity may be lost when women lack access to food, when others take over from them the right to feed, and when efficiency is privileged over empowerment. Women do not necessarily lose this power when others share the labour and responsibility to make households food secure. But for women who are usually responsible for providing food for their families, the experience of being unable to feed their children is tantamount to torture (direct food deprivation is part of the definition of torture). (4). Therefore hunger and food insecurity must be considered as part of the violence women experience and explored as a violation of human rights (5).



Globalisation and food security

Transnational infant formula companies are among the largest food and pharmaceutical corporations in the world. How do they affect food security? The Nestle boycott protesting the unethical marketing and promotion of breastmilk substitutes is a constant re-

minder of the vigilance necessary to protect breastfeeding, and the power of consumers to change corporate policy. Today, a small number of chemical, seed and food corporations control the world's food supply. Free trade is free for agribusiness and the chemical industries, but not for women and the poor.

Threats to breastfeeding include the increasing power of transnational corporations to control not just what we eat and feed our children, but even the governments we elect. These corporations threaten the two most important interaction cycles that support human existence:

1. the production of breastmilk and delivery to a newborn and the transfer of knowledge about breastfeeding from grandmother to mother to daughter.
2. the production of food from seed to plant and the transfer of knowledge about how to grow and prepare food in different locations and circumstances.

Just as farm women know how to preserve their own seeds for future harvests, so breastfeeding women preserve and transmit knowledge of breastfeeding. North American women came close to losing knowledge about breastfeeding, to de-skilling women so that there was nearly a lost generation who did not value breastfeeding or know how to manage lactation. Seeds and children both have to be nurtured to grow and reproduce. Nothing should break these self-reliant cycles of nurture. Yet both cycles are

under threat by some of the same processes - even the same corporations.

Consider the research on genetically engineered human proteins, which were bred into Herman, the first transgenic dairy bull, bio-engineered to carry a human gene for producing milk with a human protein. After protests from breastfeeding groups, the product was redefined as containing "modified lactoferrin to cure AIDS". Infant formula made from human protein bio-engineered in the milk of transgenic dairy cattle is certainly not human milk and far removed from breastfeeding. (7)

Imagine a world where everyone was dependent on multinational corporations - or worse, one giant corporation - for their seeds, medicines and food, including infant formula. And imagine that our governments permitted it because of their close relations with corporate power. Consider the inducements that companies would offer to end such self-sufficient practices as planting a garden with your own seeds or breastfeeding your baby. To share food and seed is normal practice for women; according to the new regimes that would be run by companies like Cargill and Monsanto, it would be a crime to share ideas or seeds. (8)

LIVING LUNCH

Breastmilk is a unique living substance. Imagine a menu changing to adapt to its surroundings. If there is a new infectious agent in baby's surroundings, breastmilk will provide antibodies to protect the baby. Breastmilk is like a menu that changes from feed to feed to meet a child's needs. For example, pre-term milk is specially suited to meet the needs of pre-term infants and changes in composition as infants grow.

"The composition of human milk changes during a single feeding and as lactation progresses while formulas remain uniform." (6)

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Essential Elements to Promote Breastfeeding as Food Security

Element 1: Raise Awareness about the health and nutritional benefits of breastfeeding

Breastfeeding can be promoted only when people understand its health and nutritional benefits. Awareness can be raised through various means, including newspaper articles; television programmes such as talk shows featuring local health activists and well-known paediatricians; organising community activities involving social organisations such as the Rotary and Lions Clubs; holding painting and essay competitions at schools; organising programmes for health workers and hospital staff, and presenting the issue at community fairs. Any breastfeeding awareness activity should include the following information:

BENEFITS FOR BABIES

Breastmilk gives growing children nutritious affordable food and helps protect against a variety of illnesses and infections such as diarrhoea, respiratory infections, ear infections and Sudden Infant Death Syndrome (SIDS). The incidence of diarrhoea, for example, may be from 3 to 14 times higher in bottle-fed children than in breastfed children. In addition, breastfed babies produce higher levels of antibodies in response to childhood immunisations.

- breastfeeding helps to prevent atopic eczema, food allergies, and respiratory allergies throughout childhood and adolescence.

- breastfed infants have been found to exhibit higher IQ scores at age seven to eight years than those artificially fed.
- breastfeeding strengthens the bonding relationship between mother and baby and helps with psychological development.

BENEFITS FOR WOMEN

Breastfeeding is a special pleasure for mothers and babies. There are also long-term benefits for breastfeeding mothers:

- breastfeeding reduces the risk of breast and ovarian cancers, anaemia and osteoporosis.
- the bonding enhanced by breastfeeding provides emotional benefits for mothers and children.
- breastfeeding women save food preparation time, as well as the time spent caring for sick children.
- exclusive breastfeeding enhances birth spacing, giving women more time to recover from childbirth, care for their newborn children and contribute to the food security of their households and communities.

BENEFITS FOR FAMILIES

Breastfeeding costs mothers and families very little, while artificial feeding can consume from 20% to 90% of household income, in addition to health costs of caring for sick children. It is not just mothers and babies that benefit from breastfeeding. The cost of just one tin of infant formula could deny the rest of the family nutritious food to keep them healthy. Why should the baby's siblings suffer when breastmilk, the best food, does not take cash from the family purse? Babies, their brothers and sisters, and adult relatives all benefit from breastfeeding.

MICRONUTRIENT DEFICIENCIES

Iron

Breastfeeding plays a major role in correcting life threatening nutritional deficiencies. Throughout the world, iron, iodine and vitamin A deficiencies plague millions of women and children. UNICEF and other groups have pledged to end these "hidden hungers" by the year 2000. The most common nutritional problem in the world is anaemia (iron deficiency) affecting mostly women of reproductive age, infants and children. Sixty per cent of women worldwide are anaemic, with most suffering from anaemia during pregnancy.

Anaemia leads to premature delivery, low birth-weight and low iron reserves resulting in sick mothers and sick babies. Although human milk has only a small amount (0.5-1mg/L) of iron, breastfed babies are rarely iron deficient because they easily absorb the iron in breastmilk. In contrast, the iron in iron-fortified infant formulas is less readily absorbed by the infant. Even anaemic mothers produce breastmilk that provides sufficient iron for their babies. It should be noted that the composition of complementary foods and their early introduction impairs the efficiency of iron absorption from breastmilk.

Iodine

About 1.5 billion people live in iodine deficient environments. Iodine deficiency disorders (IDD), result in goiters, and are the leading cause of preventable mental disabilities in the world today. There is some evidence that IDD contributes to growth retardation. Even mild iodine deficiency has been reported to reduce intelligence quotients by 10-15 points. Iodine deficiency in pregnant women can cause irreversible brain damage in the child. Children born to iodine deficient mothers experience learning difficulties and have delayed psychomotor development. Moreover, the level of iodine in the mother affects that in the breastmilk: if the mother is iodine deficient, her breastmilk will also be deficient and so will her child. Iodine deficiency in mothers can easily be corrected by providing them with iodized salt.

Vitamin A

Breastmilk is the best source of vitamin A for infants. Vitamin A deficiencies affect as many as 250 million children around the world. Vitamin A is important for the maintenance of good health and disease prevention. Consequences of vitamin A deficiency include increased severity of infections with associated deaths and night blindness. Severe deficiencies result in total blindness. Without breastmilk, newborns can maintain optimal vitamin A nutrition for no more than a few weeks. Vitamin A deficiency is rare among breastfed infants. Even malnourished mothers' breastmilk protects against vitamin A deficiency during the first six months of exclusive breastfeeding. However, vitamin A levels in breastmilk are influenced by a mother's diet and nutritional status. It is therefore important that breastfeeding mothers have plenty of vitamin A rich foods.

Element 2: Promote the use of nutritionally appropriate locally-available complementary foods

Breastfeeding is the basis of food security for infants, but at around six months of age, most babies need other foods to complement breastmilk. The first year of life is a critical period of growth. Babies require frequent feeding with small amounts of soft, energy-dense foods, followed by finger foods, and other locally-available family foods. Such foods include bananas, maize, rice and millet, depending on local foods. Complementary foods must be rich in energy and nutrients, clean and safe, soft and easily digestible, easily available, easy to prepare and cheap for the family. Porridges and other bulky foods must be enriched by adding some oil or fat, a little-protein-rich food, energy-rich food, and vegetables or fruits that are rich in micronutrients.

Babies and growing children do not need expensive processed baby foods. A combination of breastfeeding and family foods can provide all the nutrients that children need at an affordable cost. Commercial complementary foods are expensive and can be inferior in quality to locally-available foods. *Cerelac*, for instance, cost seventeen times more than local vitamin-enriched maize meal in Swaziland. Advertising promotes the idea that commercial and imported foods are the best, just as promotional practices encourage the widespread and damaging myth of adapted cow's milk as a miracle food, a belief more beneficial to milk companies than infants.

Widespread commercial promotion of processed complementary foods has also fostered the idea that such foods should be introduced when the baby reaches four months of age, and in many cases much earlier. Not only does this affect the family budget by encouraging the purchase of foods when breastmilk alone is still superior, but early complementary feeding also poses risks to the infant's health. In 1986, the World Health Assembly warned in Resolution 39.28 that

"any food or drink given before complementary feeding is nutritionally required may interfere with the initiation or maintenance of breastfeeding and therefore should neither be promoted nor encouraged for use by infants during this time."

The 1994 World Health Assembly Resolution 47.5 urges Member States to "foster appropriate complementary feeding practices from the age of about six months, emphasising continued breastfeeding and frequent feeding with safe and adequate amounts of local foods."

The Assembly's 1996 Resolution 49.15 urged member states "to ensure that complementary foods are not marketed for or used in ways that undermine exclusive and sustained breastfeeding." (9)

The following action ideas for promoting the use of locally-available complementary foods may be adopted at community levels:

1. Exchange recipes for complementary foods.
2. Research and publicise information on nutritionally appropriate, locally

available complementary foods and recipes.

3. Supply food banks with materials on complementary foods and breastfeeding. Provide information about community support for breastfeeding mothers, such as breastfeeding clinics and mother support groups.
4. Establish partnerships with women's income generating projects for the production of indigenous complementary foods. Such a project will have three-fold benefits:
 - a) it will give groups the opportunity to raise awareness among women's groups about the benefits of breastfeeding, the proper timing of the introduction of complementary foods and the use of indigenous foods as a measure towards food security;
 - b) it will provide women with income-generating projects enabling them to be self-sufficient; and
 - c) it will enable mothers to have easy access to locally produced, culturally appropriate complementary foods for their babies at low cost.

CASE STUDY: ARUGAAN'S EARTH-FRIENDLY CHILD CARE PROGRAMME "WHAT YOU EAT IS WHAT YOU ARE"

ARUGAAN in the Philippines has a child-friendly creche centred on an integrated three-pronged programme of natural foods, health care and early childhood education. Most of its activities concern food provision for children aged 6 months to 2 years. Soft foods are given every one to two

hours in small amounts appropriate to the needs of babies and young children. Fresh foods are prepared daily. The menu is based on the required dietary allowance (RDA) recommended by the Philippine Food and Nutrition Research Institute (FNRI). The RDA is based on scientific studies of Philippine tropical foods.

The food policy at the creche aims for optimum nutrition for the child. The best food for nutrition and medicine can be derived from natural and local indigenous foods appropriate to the climate, environment and culture. ARUGAAN tries to revive sound traditional food knowledge and practices. Losing one's traditional cuisine means losing one's culture and identity. The best way to start right is to start with the young child before they have a chance to develop food biases, which are often brought about by commercial influences and perpetuated by practices of the parents. In ARUGAAN, it is our responsibility to share our food policy and information on indigenous foods that heal and nourish with the parents through counselling and seminars.

Consistent with our food policy, there is no junk or processed foods nor dairy products in the child's diet. The first food introduced to the infant is breastmilk. Philippine law allows a two months maternity leave with pay. Two-month-old babies enrolled in ARUGAAN are breastfed during their mother's break time or given the option to be wet nursed or cup-fed with expressed mother's milk. At the age of 6 months they are fed natural complementary foods every hour or two in small amounts. As the babies' young

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organs and digestive system are still immature, they need soft foods and broth.

It is very important to be sensitive to the special needs of young children especially the time and frequency that food is given. Meal times should not be patterned after those of adults. For instance, a baby's lunch time would be at 11 a.m. instead of 12 noon and their dinner time is at 5-6 p.m. Young children can not tell us when they are hungry and thus express it through fussiness or crying. Busy mothers often switch to "fast-food" and infant formula. The child loses its appetite, is deprived of quality food, and risks developing allergies as a result of the dairy products. In ARUGAAN, we avoid foods that are considered food allergens such as cow's milk.

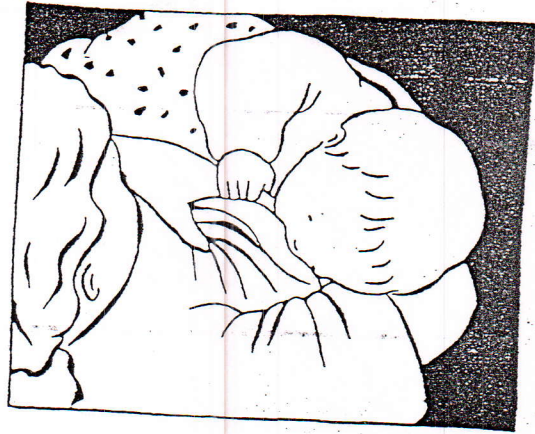
Preventive medicine is part of our health care programme. Dairy products contribute to many children's illnesses such as colds, coughs, asthma, eczema, and diarrhoea. Secondly, all dairy products can cause allergies. Milk is a mucous forming food and many milk consumers suffer from frequent colds, coughs and asthma. Respiratory ailments, diarrhoea and skin allergies are among the most common ailments of Filipino children. According to government statistics, one out of five Filipino children suffer from asthma. Milk consumption exacerbates this condition. While these facts are known, they are seldom mentioned by doctors, government and obviously never in the advertisements of milk companies. Sellers give no warning about the consequences of consuming dairy products.

In tropical islands like the Philippines, dairy products

such as milk and cheese are not part of our indigenous food system. These products are imported from countries with temperate climates. The dairy industry cannot thrive in hot climates. Tropical foods from the sea and land are sufficient to provide nutrients such as calcium, protein and all micronutrients. Our culture and traditions can provide the time-tested nutritional and medicinal foods for survival.

At the ARUGAAN creche and training centre, we have been able to develop good eating habits and food is given in a happy environment. Play is integrated with the giving of food. We base our activities on interactive dynamic between the child and caregiver, and on the curriculum for the month. The learning process emphasises the stimulation of the five senses of the child. For example, if the syllabic sound for the week is ba, be, bi, bo, bu, the food recipes for the week will include foods that complement the learning sounds such as the vegetable "balatong" (string beans) and banana. Part activity at the table is to feel the texture of soft and hard of the balatong and banana to enhance the sense of touch. The children cut the foods with their hands into short and long pieces and separate the sizes as well as count pieces. Then they smell the different scents and taste them ripe, unripe and cooked. Learning through play is easy while they eat frequently in small amounts. Thus by the end of the day, the children would have consumed more than what the RDA states and learned about foods at the same time.

Source: Arugaan, Manila, Philippines.



Element 3: Work with governments to recognize the important contribution of breastfeeding to the food security of the nation, including saving foreign exchange

Breastfeeding is essential to solving the problems of hunger. In most communities, there are households and individuals who do not have enough to eat, and experience hunger on a regular basis. Governments need to be convinced that breastfeeding should be promoted as part of a country's food security plan. Breastmilk provides total food security for infants and enables families to spend what little they have on feeding the rest of the family rather than on buying infant formula and commercial complementary foods.

Breastfeeding is important insurance when families face food shortages. It is ironic that in North America, children born in low-income families are the least likely to be breastfed. There are many factors accounting for this anomaly, but the availability of free or low-cost infant formula combined with a lower emphasis on breastfeeding promotion in welfare programmes and charities is an important one. Moreover, some commu-

nities provide food banks or charitable supplies of free food to help feed hungry families. When those food banks distribute occasional free tins of infant formula, they perpetuate poverty by creating a dependence on infant formula. Mothers receive one tin, and after a while, find that they have stopped lactating (and the tin may well be out of date, mislabelled or dented). Why should low-income families start their children off at a disadvantage when the best food is available to them? Other food banks view the promotion of breastfeeding as the best way to increase food security and decrease demand for inadequate, unreliable and expensive commercial baby milks. Cost of breastmilk substitutes can take between 20-90 % of household income, in addition to the costs of caring for sick children.

Advocates of breastfeeding should alert governments and the public to the huge savings resulting from increased breastfeeding. Households save, employers save, health care systems save and nations save. In the developing world, over 250 million metric tons of breastmilk is consumed annually. Most countries ignore this important food source in calculating the nation's food supply.



ACTION IDEAS

1 Involve the Ministry of Agriculture and Trade in discussions on breastfeeding as a food security issue and determine if their policies and actions complement those of the Ministry of Health, especially if the latter already has a strong national breastfeeding policy.

2 Assist governments to include breastmilk in its food balance sheets and to support breastfeeding as an act towards ensuring national food security. By giving value to breastmilk, a government is moving one more step towards recognising women's important contribution to food security.

Element 4: Learn how to Protect Breastfeeding in Emergency Situations

According to the WHO, every year for the last century some 150 million people worldwide have been affected by some type of emergency. They may be natural or human-induced calamities such as drought, floods, earthquakes, famine, epidemics, agricultural or ecological catastrophes, wars, civil unrest and severe political and economic decline.

In such situations, breastfeeding takes on an even greater importance as mothers and babies are often the most vulnerable victims. Yet, in most disaster situations, when food is lacking, milk is frequently requested or donated in various forms for distribution to affected populations. It has been found that use of these milk products, especially for infants, can result in suffering and loss of chil-

Policy of the United Nations High Commission for Refugees (UNHCR) Related to the Acceptance, Distribution and Use of Milk Products in Feeding Programmes in Refugee Settings - Adopted July 1989

1. UNHCR will accept, supply and distribute donations of milk products only if they can be used under strict control and in hygienic conditions, e.g. in a supervised environment for on-the-spot consumption.
2. UNHCR will accept, supply and distribute milk products only when received in a dry form. UNHCR will not accept liquid or semi-liquid products including evaporated or condensed milk.
3. UNHCR will accept, supply and distribute dry skim milk (DSM) only if it has been fortified with vitamin A.
4. UNHCR supports the principle that in general ration programmes protein sources such as pulses, meat or fish are preferred to dried skim milk. UNHCR notes that DSM pre-mixed centrally with cereal flour and sugar is useful for young children especially if prepared with oil.
5. UNHCR will advocate the distribution of dried milk in a take-away form only if it has been previously mixed with a suitable cereal flour, and only when culturally acceptable. The sole exception to this may be where milk forms an essential part of the traditional diet (e.g. nomadic populations) and can be used safely.
6. UNHCR will support the policy of the World Health Organization concerning safe and appropriate infant and young child feeding, in particular by protecting, promoting, and supporting breastfeeding and encouraging the timely and correct use of complementary foods in refugee settings.
7. UNHCR will discourage the distribution and use of breastmilk substitutes in refugee settings. When such substitutes are absolutely necessary, they will be provided together with clear instructions for safe mixing, and for feeding with a cup and a spoon.
8. UNHCR will take all possible steps to actively discourage the distribution and use of infant feeding bottles and artificial teats in refugee settings.
9. UNHCR will advocate that when donations of DSM are supplied to refugee programmes, the specified donors will be approached for cash contributions to be specifically earmarked for operational costs of projects to ensure the safe use of this commodity.

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dren's lives and must be strictly controlled. Several international agencies have developed guidelines for the use of donated breastmilk substitutes in emergency situations. One example is the policy developed by the United Nations High Commission for Refugees (UNHCR) (see box).

CASE STUDY - HUMAN MILK BANKING

The Lokmanya Tilak Hospital is a major general hospital in the city of Bombay, in India and is attached to a teaching institution. An average of 5000 to 6000 babies are delivered here each year, of which 30 to 40 per cent are high risk. In addition, about 1000 to 1500 babies are referred from peripheral hospitals for special care. In the past decade, since it adopted the policy of feeding all infants born or transferred here exclusively on mother's milk, the hospital has witnessed a substantial decline in the morbidity and mortality rates in high risk newborns.

In 1989, the hospital established a milk bank, financed by a private donor at an approximate cost US \$10,000. The annual recurring expenditure inclusive of salaries is US\$ 3000. The average collection of milk per year is 470,000 cc and about 1500 to 2000 babies are fed each year on banked human milk.

The bank is located in the Department of Paediatrics and has an attached laboratory. The microbiology laboratory is on the floor above, and the neonatal unit is situated in the adjacent building, about 80 metres away from the milk bank. The bank is equipped with two freezers for storing the milk at -20 degrees C, two re-



frigerators, a shaker waterbath and a geyser for heat treating the milk, and a generator for running the freezers in case of power failure. Other equipment includes a number of manual breast pumps, two electric breast pumps, stainless steel containers for milk expression and storage and thermometers for monitoring temperatures of freezers and the water bath.

The milk bank is managed by the members of departments of Neonatology, Obstetrics, Microbiology, and Social Work. The work involves managing the bank, monitoring bacteriological surveillance, heat treating the milk, maintaining records, and conducting research projects. The team includes lactation management nurses and an attendant. The nurses are responsible for counselling mothers, and for collecting and pooling the milk.

In striking contrast to milk banks in the West, milk donations are made in hospital. All

human milk samples are routinely pasteurised so as to ensure safety against HIV and other viruses. By and large, the mothers are from the lower socio-economic strata; lack of education and absence of facilities at home necessitate that donors be mothers admitted to the post natal care (PNC) wards and mothers being followed up in the postnatal clinics. There are essentially two types of donors- 1) mothers admitted to the PNC wards who are expressing milk to feed their own pre-term or sick babies in the Neonatal Intensive Care Unit (NICU), the surplus of this milk is then banked; and, 2) mothers with excess milk who are willing to donate. There are specific guidelines for selection of donors.

Expectant mothers and mothers in the PNC wards are familiarised with the concept of milk donation through ongoing education and motivation. This helps them to overcome any inhibitions they

might have about milk donation or the use of donor milk for their babies if necessary.

Banking of human milk serves to ensure a continuous supply of safe human milk for all babies born or transferred to this hospital, including sick and pre-term babies and thus reduces infection rates in hospitalised babies. Frequent expression of breastmilk by mothers whose babies are unable to suckle helps maintain lactation. This in turn reduces the babies' long term morbidity and mortality. Moreover emphasis on the use of human milk, either mother's own or banked milk, has a positive influence on breastfeeding practices in the hospital itself and the community as a whole, thus improving breastfeeding rates.

Source: Dr. Armida Fernandez, Head of Neonatology Department, Lokmanya Tilak Municipal Hospital, Sion, Mumbai (Bombay), India

Element 5: Establish partnerships with groups working on food security

Breastfeeding is hardly ever considered to be an issue relevant to food security by food and development groups and those working on eliminating hunger. If these groups recognized breastmilk as the first food for all human beings, there would be a much larger and stronger network of individuals and groups working on protecting, promoting and supporting breastfeeding.

Breastfeeding groups should seek out food and agriculture groups in their countries to ensure that breastfeeding is recognised as the first food and promoted in food security discussions and national plans. WABA partici-

pated in the 1996 World Food Summit to introduce the issue and to ensure that recommendations supportive of breastfeeding for national food security were included in the Action Plan. Working together with other groups can help to implement the recommendations of the World Food Summit and enhance mutual cooperation among the diverse groups regarding the Rome Declaration on Food Security.

Breastfeeding groups are encouraged to join food and hunger campaigns such as the Safe Food Campaign organised by the Pesticide Action Network, World Food Day and others and raise awareness about the relationship of breastfeeding to food security. In exchange, breastfeeding advocates can learn from these groups about the broader perspectives of how globalisation and free trade influence optimal infant and young child feeding. It is also useful to explain to groups working on sustainable production and agriculture that breastfeeding is the best example of a sustainable food system. From its production and distribution to its consumption and disposal, breastfeeding is much more ecologically sound than artificial feeding.

Element 6: Ensure that mothers have adequate nutrition. Educate families on maternal nutrition and the need for equitable food distribution

As the producers of this special food, breastfeeding mothers need a supportive environment, including having their health and nutritional needs met. Breastfeeding mothers need to increase their caloric

intake and take special care of themselves when they are the source of food and care for their children.

"... human lactation is remarkably resistant to acute caloric insufficiency and appears only to be compromised by severe and long-term starvation. However, when the maternal diet is inadequate, the mother's own nutritional status will suffer. There is therefore no reason to modify the traditional view of human lactation as a risk period in which special attention should be given to the maternal diet." (11)

Mothers and infants can both meet their nutritional needs in culturally appropriate ways. That is, the needs of both can be satisfied from regular household meals. While a lactating mother with a breastfeeding toddler in Canada might introduce complementary foods such as cereal and vegetables from the household at six months of age, in Thailand, a mother might introduce rice, bananas and fish. A Canadian mother might be interested in losing weight after giving birth and

so might simply drink more liquids than usual in addition to her regular meals, and add a peanut butter sandwich as an extra snack in the afternoon after breastfeeding. A Thai mother might eat rice with her family with more vegetables and meat from the side dishes, and drink a special herbal tonic drink several times during the day.

It is important that breastfeeding mothers understand that although they and their infants will be healthier when the mother eats well, it is not necessary that she eat expensive or large quantities of foods such as meat, fish,



cheese and eggs. Unfortunately, glossy booklets and posters produced by baby food manufacturers and passed on to mothers through the health care system give this impression. Such messages lead women to conclude that they are too poorly nourished to breastfeed because for most of them, this type of diet is just not possible.

In some communities and households, girls are given less to eat, even less breastmilk, than boys. When girls and women are fed least and last, their rights to food are being violated. Even in North America where chronic malnutrition is not common, girls are expected to eat less and show less interest and pleasure in eating. Young women need to be healthy and well-nourished before they begin their reproductive life. Despite their deep involvement in food production, processing and preparation, women are often the least involved in making decisions that affect food policy. (12) Concerned groups need to find ways to educate families and society on the importance of maternal nutrition and nutrition of girls and women in general.

THE RIGHT TO FOOD: INTERNATIONAL AGREEMENTS AND DECLARATIONS

Convention on the Rights of the Child: Article 24 and Article 27

The International Covenant on Economic, Social, and Cultural Rights (ICESCR): Article 11

The World Declaration and Plan of Action of the International Conference on Nutrition (ICN): Clauses 34 a to g relate specially to the promotion of breastfeeding.

The Rome Declaration on World Food and World Food Summit Plan of Action (1996): Objective 1.4 of the Rome Declaration included two actions in support of breastfeeding:

- Enact legislation and establish institutional structures that provide opportunities for youth and enhance the special contribution that women can make to ensuring family and child nutrition with due emphasis on the importance of breastfeeding for infants.
- Give special attention to promoting and protecting the interests and needs of the child, particularly the girl child, in food security programmes, consistent with the World Summit for Children, and Convention on the Rights of the Child

2. FOOD SECURITY

9



Element 7: Recognise and Use International Instruments to Advocate for Food Security

In 1974, at the end of the World Food Conference in Rome, the governments of the world proclaimed: "that within a decade no child will go to bed hungry, that no family will fear for its next day's bread, and that no human being's future and capacities will be stunted by malnutrition" (14).

The right to food was first articulated in the Universal Declaration of Human Rights (1948). Article 25(1) asserts that "everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food..." The right was reaffirmed in two major binding International agreements, The International Covenant on Economic, Social, and Cultural Rights (ICESCR) (1976) and the Convention on the Rights of the Child (1990). Article 11 of the ICESCR states that "The States Parties to the present Covenant rec-

ognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing..." and also recognizes "the fundamental right of everyone to be free from hunger..."

In the Convention on the Rights of the Child (CRC), two articles address the issue of nutrition. Article 24 says that "States parties recognize the right of the child to the enjoyment of the highest attainable standard of health..." and shall take appropriate measures "to combat disease and malnutrition... through the provision of adequate nutritious foods, clean drinking water, and health care." The Article also states that States Parties shall take appropriate measures "to ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition [and] the advantages of breastfeeding..."

The primary obligations to respect, protect, facilitate and

fulfill internationally recognized human rights, fall on the states that have ratified the conventions. An important part of international advocacy work is working from existing international agreements and declarations. These tools are important resources. The [box] identifies key international instruments that breastfeeding and food advocates can use in lobbying their governments to ensure food security and more specifically, a mother's right to breastfeed as essential to fulfilling the child's right to adequate food and the highest attainable standard of health.

The Right to Food: International Agreements and Declarations

Convention on the Rights of the Child: Article 24 and Article 27

The International Covenant on Economic, Social, and Cultural Rights (ICESCR): Article 11

The World Declaration and Plan of Action of the International Conference on Nutrition (ICN): Clauses 34 a to g relate specially to the promotion of breastfeeding.

The Rome Declaration on World Food and World Food Summit Plan of Action (1996): Objective 1.4 of the Rome Declaration included two actions in support of breastfeeding:

a) **Enact legislation** and establish institutional structures that provide opportunities for youth and enhance the special contribution that women can make to ensuring family and child nutrition with due emphasis on the importance of breastfeeding for infants.

b) Give special attention to promoting and protecting the interests and needs of the child, particularly the girl child, in food security programmes, consistent with the World Summit for Children, and Convention on the Rights of the Child

Essential Actions to Ensure Food Security

1. Boycott the products of food corporations that put profits ahead of reducing hunger.
2. Recognise breastfeeding as a food security issue.
3. Encourage hunger campaigns to pay special attention to the needs of breastfeeding mothers and babies.
4. Participate in World Food Day activities on 16th October each year.
6. Highlight women's role as key nurturers of the world and the importance of breastfeeding as providing food security.
7. Work with relevant government agencies, workers' unions and employers' association to ensure that working women's rights, especially lactating mothers are protected, and that the minimum ILO maternity entitlements are met.

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Useful Addresses

- ARUGAAN, c/o University of the Philippines,
PO Box 231, Diliman, Quezon City, Philippines.
Tel. (63-2) 426 3918, Fax: (63-2) 922 5189.
E-mail: arugaan@csi.com.ph
- Consumers International,
5-1 Wisma WIM, 7 Jalan Abang Haji Openg,
Taman Tun Dr Ismail, 60000 Kuala Lumpur, Malaysia.
Tel: (60-3) 7726 1599, Fax: (60-3) 7726 8599,
E-mail: ciroap@pc.jaring.my
- Pesticide Action Network - Asia and the Pacific,
P.O.Box 1170, 10850 Penang, Malaysia.
Tel. (60-4) 657 0271, Fax: (60-4) 657 7445.
E-mail: panap@panap.po.my
- World Alliance for Nutrition and Human Rights,
Department of Political Science
University of Hawaii, Honolulu, Hawaii 96822-2281, USA.
Fax: 1-808-956 6877
e-mail: kent@hawaii.edu
Contact Person: George Kent, Coordinator

Written by Penny Van Esterik and reviewed by Sarojeni R. Rengam, Pesticide Action Network Asia-Pacific



The World Alliance for Breastfeeding Action (WABA) is a global alliance of networks and organisations such as IBFAN, LLLI and ILCA, and individuals, to protect, promote and support breastfeeding. WABA acts on the Innocenti Declaration and works in close liaison with the United Nations Children's Fund (UNICEF).

The World Alliance for Breastfeeding Action (WABA) invites you to join in the global campaign to nurture the future by protecting, promoting and supporting breastfeeding and sound infant and young child feeding. This is a series of 10 action tools on how to restore a breastfeeding culture and ensure the rights of women and children to food security.

For more information, please contact: WABA, PO Box 1200, Penang 10850, Malaysia.
Tel: 604-658 4816 Fax: 604-657 2655 Email: secr@waba.po.my
Websites: www.waba.org.br and www.waba.org.my

