Editorial

PRESENT DAY CONCEPTS ON PROMOTION OF BREASTFEEDING IN INDIA

"1.3 million deaths could be prevented each year if babies were exclusively breastfed for the first four to six months, followed by appropriate complementary feeding (in addition to breastfeeding) for at least the first year of life" (1).

It is now universally accepted that exclusive breastfeeding in the first four to six months and extended breastfeeding in the second year of life, not only saves lives but also saves money for the family and the nation. For instance, it is estimated that the cost for bottle-feeding a 3-month-old infant for a month comes to Rs 450/-. Besides that, bottle-feeding pollutes our air, water and land; wastes resources; creates disposal problems and adds to an increase in population. As a national resource, value of mother's milk amounts to Rs 6,500 crores, value for diarrhea protection by breastfeeding comes to Rs 176 crores and value for fertility control amounts to Rs 495 crores giving a total annual saving of Rs 7,171 crores to our nation(2). Unfortunately, the duration of breastfeeding—particularly the period of *exclusive* breastfeeding is on the decline. However, many successful projects in India and elsewhere have shown that such a decline can be halted(3).

Is There a Need for Promotion of Breastfeeding in India?

Three studies published over a period of nine years have shown that there was a threat to traditional breastfeeding practices in India(4-6). The first study showed that 22-36% of infants in the rural environs of Bombay, Madras and Calcutta were receiving commercial milk foods (CM). A higher percentage of infants of the urban poor received CM and/or commercial cereal foods than infants of the rural poor. More children born in hospitals, private or government, received CM and health personnel had advised CM to even poor families. The *first breastfeed* in these hospitals was mostly given 24-72 hours after the delivery. Of the 'very poor' families (a monthly income of less than Rs 300/-), 9-37% and 21-26% 'poor families' (a monthly income between Rs 300-500) were using CM. Many poor families were spending more than 10% of their meagre earnings on commercial infant foods. They were over-diluting CM and were feeding it in unhygienic ways. This was reflected in a higher prevalence of severe grades of, malnutrition in these children compared to those who were exclusively breastfed. The percentage of *exclusively* breastfed infants at the end of the fourth month had touched a low figure of 35% in Calcutta, 45% in Madras and 66% in Bombay. In another study Walia *et al.* showed that over a period of 10 years there was an overall decline in the duration of breastfeeding from 71% in 1974 to 48.4% in 1984 amongst mothers who breastfed their infants till one year. Use of milk supplements within one month of birth rose alarmingly from 0 to 25% in the illiterate group and from 7 to 58.5% in the educated group

of mothers(5). In a recent study of infant feeding practices among 10,374 infants, the results showed that initiation of breastfeeding was delayed in nearly half beyond 24 hours, prevalence of *exclusive* breastfeeding was only 42% during the first month falling to 20% by 4 months and 10% by 6 months. One third of infants started receiving bottle feeds during first month. This number rose to 48% by 2 months and over 60% by 6 months of age(6).

Our policy makers and health professionals must take serious note of the above studies. Gopalan has rightly stressed that the substitution of breastfeeding by bottle-feeding with vast sections of our population still afflicted with poverty, illiteracy and poor sanitation, could prove truly catastrophic(4). Shanti Ghosh had also warned that "In urban areas the bottle is fast replacing the breast with disastrous results"(7).

Efforts at Promotion of Breastfeeding in India During the Last Five Years

The last five years have seen a good deal of activity in the promotion of breast feeding.

Official Recommendations on Breastfeeding by a Professional Body

In 1988, the Indian Academy of Pediatrics (IAP) as a part of its policy to promote breastfeeding, published very clear-cut *recommendations on breastfeeding(8).* They emphasized the importance of giving only colostrum in the immediate newborn period, *exclusive* breastfeeding in the first four to six months and *extended* breastfeeding in the second year of life. Importance of providing *adequate calories to lactating mothers* was also highlighted.

Training for Breastfeeding Management

Campaigns to promote breastfeeding through the media are not very effective in the absence of skilled interpersonal support to the breastfeeding mother for which very few health workers are adequately trained. To fill-up this lacuna, the IAP joined hands with obstetricians, nurses and consumer advocates and with the help of UNICEF, organized a series of courses on *Human Lactation Management Training (HLMT).* These courses helped in the emergence of a team of over 50 committed breastfeeding advocates, formation of the Breastfeeding Promotion Network of India (BPNI) and publication of a practical book on breastfeeding(2). The HLMT courses are now being conducted by BPNI in different parts of the country. Those who have undertaken the training have realized that theoretical knowledge about the subject was not enough and that communication and practical skills like proper positioning of the baby on the breast and counselling of the mother and close relatives play a key role in helping mothers with problems like sore nipples or "not enough milk". For instance, many mothers add a bottle-feed on the basis of a wrong assumption that they were not producing enough milk. Breastfeeding failure in such mothers can be prevented by telling them that if a baby getting exclusive breastfeeding (no water) urinates at least 6 times in 24 hours with a colorless or light yellow urine, we can be sure that the baby is getting enough breastmilk(2).

Influencing Maternity Home Practices Related to Breastfeeding: The Baby-Friendly Hospital Initiative

Recently, India joined the world community in taking the so called baby-friendly

hospital initiative (BFHT). This is a global effort with hospitals to provide support to the mother before, during and after delivery so that she has a joyful breastfeeding experience. These hospitals must fully practice all ten of the "Ten Steps to Successful Breastfeeding" given in a joint WHO/ UNICEF document(9). These hospitals are given public recognition and are given a plaque that they can put by their front entrance designating them as 'baby-friendly'. Country level guidelines for achieving baby-friendly hospital status have been developed. Assisted by the Government, UNICEF and WHO, a National Task Force has been formed with representatives from Indian Medical Association, associations of Obstetricians, Pediatricians, Nurses and Hospital Administrators, BPNI and Association for Consumers Action on Safety and Health (ACASH). The Task Force has realized the important role of training the health workers and others in breastfeeding management and is taking necessary steps in that direction.

Research in Related Fields

Promoters of breastfeeding have realized that mere emotions are not enough. It is important to provide well researched evidence to the public, policy makers and health professionals. In this connection, the last few years have seen some important *research* work on the importance of exclusive breastfeeding and problems associated with breastfeeding. The work of Sachdev *et al.* has convincingly shown that a baby needs exclusive breastfeeding in the first four months of life and that water supplementation is not required for maintaining hydration status even under hot and dry conditions. Water supplementation is not only unnecessary but it may also be hazardous in situations where water is often contaminated by enteropathogens. Moreover, water supplementation can reduce breast milk output and also lead to premature termination of breastfeeding(10,ll). Treatment of inverted nipples using a disposable syringe is a very practical approach dealt with by Kesaree *et al.* (12). Seven out of 8 mothers with inverted nipples were helped to breastfeed their infants with the assistance of a simple device made from a 10 ml disposable syringe. On follow-up, these mothers were able to sustain adequate breastfeeding. In connection with the growth pattern of exclusively breastfed children in early infancy, the recent data of Phatak is important (personal communication). It seems clear that in the past, the growth data often used as reference levels in early infancy have been based on bottle-fed babies receiving high solute formulas and early semisolids in Europe and the United States some decades ago. It is now being increasingly recognized that breastfed babies whose intake is not restricted, grow rapidly initially and then may slow normally at about 3 or 4 months. It must be realized that much so-called 'faltering' in the second trimester is a part of a normal growth curve for some breastfed babies and has been rightly labelled as "pseudo-faltering"(3). Regarding advances in our knowledge about the basic biology of breastmilk, and the physiological control of breastfeeding and of breastmilk supply, an excellent review article illustrates that many past and current problems of breastfeeding are largely of iatrogenic origin, the products of imposing arbitrary rules for breastfeeding management(13).

Support for Working Mothers for Breastfeeding

The Haryana Government and the

Punjab Government now grant six months maternity leave to their employees. The IAP, as per resolution of its general body, has recommended the same for all employed mothers. A union leader in Bombay signed an agreement with two industrial houses to grant one month suckling leave to the women employees besides the three months maternity leave due to them. The 1993 World Breastfeeding Week (August 1-7) spearheaded by the World Alliance for Breastfeeding Action (WABA) rightly decided to focus on supporting women working at home or outside so that they could conveniently breastfeed.

Integrating Breastfeeding Promotion in other Programmes

Of late, we have seen inclusion of breastfeeding in certain other programmes in India like "Essentials of Primary Newborn Care", "Control of Diarrheal Diseases", "Safe Motherhood" and "Contraceptive Technology". This is a healthy trend for promoting breastfeeding within other programmes.

Bill for Baby Foods and Feeding Bottles

On 29th December 1992, "The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Bill, 1992" received the assent of the President of India and has been gazetted on the 30th December, 1992. The Bill which has now become an Act enjoins the health authorities to encourage and protect breastfeeding and also prescribes several measures to control the marketing and promotion of infant milk substitutes, feeding bottles, teats and infant foods.

Strategy for the Coming Years

The existing realities dictate that successful breastfeeding is to be protected in our traditional rural communities. Promotion is needed in other areas by means of support and assistance. Exclusive breastfeeding is essential upto 4-6 months with supplementation after that age while breastfeeding is continued in the second year of life. Nutrition of the mother has to be attended to and support for women working at home and outside is urgently needed. For all this to materialize, a three pronged strategy directed towards policy makers, professional colleagues and the public is suggested.

Expectations from the Government and Policy Makers

There is an urgent need for having a *National Breastfeeding Committee.* The Indian Government is a signatory to the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding. This was produced and adopted by policy makers from Governments and U.N. Agencies, meeting at Innocenti, Italy between 30th July and 1st August, 1990. By signing this document, our Government agreed that by the year 1995, we shall have appointed a national breastfeeding coordinator of appropriate authority and established a national breastfeeding committee with membership from relevant Government Departments and non-government organizations. The declaration envisages that a national system for monitoring the attainment of certain targets shall be established and indicators, such as the prevalence of exclusive breastfeeding at the age of 4 months, should be developed. The Government should ensure that every facility providing maternity services fully practises all ten of the Ten Steps *to* Successful Breastfeeding set out in the joint WHO/UNICEF

statement(9). The breastfeeding rights of working women should be protected by appropriate legislation and marketing practices of infant food manufacturers and feeding bottles should be regulated.

The Government must, therefore, fulfil its commitment and set up the national breastfeeding committee and a coordinator to head it. The committee should draw up a plan for next five years with the help of communication experts. Lessons should be drawn from the recent immunization drive. A promotional kit with course material including a film, transparencies and slides may be developed. This committee should be different from the task force mentioned earlier. In fact the person heading the task force should be an important member of the national breastfeeding committee.

Following the lead taken up by the Haryana and Punjab Governments, the Government of India should take a policy decision to grant 6 months maternity leave for all employees. Private organizations should at least grant this leave for 4 months.

The Government should how ensure that the Bill enacted by it for the regulation of marketing of infant formula, feeding bottles and infant foods is strictly enforced. The Minister who had moved the Bill had promised to call a meeting of those interested in adequate implementation of the Bill. Such a meeting must be called. Lately, some of the manufacturers of these products have started giving large donations to certain professional bodies. Some influential members of these organizations refuse to see the point that industry does not spend its shareholders' money without any profit motive. Should we as individuals and as members of such bodies, do some soul-searching about these issues?

Role of Health Workers

Health workers have a key role in promoting breastfeeding.

Unfortunately, many textbooks contain *conflicting advice* on breastfeeding. The national breastfeeding committee mentioned above should review available material on the subject, especially textbooks for nurses, undergraduate medical students, pediatricians, obstetricians and students of nutrition and home science. Recommendations on breastfeeding by international and national academic organizations should be publicized more widely. Information on infant feeding should be provided by the National Committee and not left to the formula industry for the latter may have a vested interest in promoting their products. Books that provide accurate and supportive information on breastfeeding should be given free or*at a subsidized price to the health professionals. A breastfeeding promotional kit referred above should be made freely available to the right individuals and institutions. The kit could also include model articles and scripts for general public for use on radio and television.

It is now being increasingly recognized that many health professionals support breastfeeding but quite a few are not equipped fully to motivate or support a mother who has doubts or has a breastfeeding problem. For this, more and more HLMT courses for *training of health professionals* are urgently needed. We should also have a lactation training centre for reference and for training in cities where local initiative exists.

The Government of India has issued directives to all hospitals for ensuring

maternity practices conducive to breastfeeding. Health professionals should cooperate with the Government to have *explicit policies.* Such policies can be used effectively by breastfeeding proponents to put pressure on hospitals which are either not aware or are simply not concerned enough to put the instructions into practice.

It is essential to have *personal commitment* before changing any unfavorable situation. Inspirational speeches of committed giants like Sir William Osier and introspective persons like Joseph C. Maroon should be popularized among young students and doctors(14,15).

There is a need for *a national documentation centre* for appropriate infant and young feeding practices. Organizations like BPNI could be supported by the national breastfeeding committee to develop such a centre.

The Indian Council of Medical Research (ICMR) encourages *research* on important issues like breastfeeding. More and more academic institutions should collaborate with ICMR in this direction. Teachers could also encourage post-graduates to take up related subjects for their dissertations. Those in private practice could also collaborate in meaningful research with academic institutions by providing the required data from the field.

Use of Mass Media to Promote Breastfeeding

Breastfeeding promotion through the mass media is currently hampered by lack of adequate funding for campaigns and failure to use mass media effectively. Gains in improving exclusive and sustained breastfeeding practices will depend upon a rigorous application of a social marketing approach focused on the mother and people around her. Customized messages on radio, television, buses, train placards, women's magazines and even movie magazines should be developed. Vague messages must be avoided. New normative behavior takes time to build. A one-time campaign cannot be expected to bring about profound changes in a society's norms. Long term planning and financing is, therefore, of particular importance for breastfeeding(16). A communication expert's help may be sought to devise programmes based on a PERT plan (Programme, Evaluation and Review Technique).

In the rural areas and urban slums, the need is to protect breastfeeding and encourage the use of colostrum for the newborn and home-made soft foods between 4 and 6 months of age. We must make all efforts to improve the diet of nursing mothers in order to sustain their health and nutrition. The urban elite need guidance to register for delivery in hospitals which are baby-friendly. The first two weeks after delivery are crucial for success or failure of breastfeeding. This is the period when mothers are more likely to develop engorgement of breasts or soreness of nipples due to poor positioning of the baby at breast. During this time, many mothers start getting doubts about whether or not they were producing enough milk for the baby. Also, those who are employed outside home are often advised wrongly to start a bottle for the baby to get used to the same. Such mothers need to be convinced that use of even one bottle may mean the end of a successful breastfeeding experience in majority of the cases.

Finally, we believe that all women want

to give the best to their babies. We agree with Gopalan that they will normally wish to breastfeed their infants for as long as feasible, because of the emotional satisfaction they would derive therefrom; but they should not be faced with the agonizing choice of either pursuing their interests and vocations or of breastfeeding their infants. We need to evolve a policy which will enable them to do both(4).

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Note:

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-Editor