

NU119

PN-ACN-519



**Seminars on
Breastfeeding
for Child Survival**

November 1988

• Karachi • Peshawar • Lahore
• Multan • Muzaffarabad • Islamabad

AIMS

The objectives of the seminars are:



To sensitize health professionals and others to the importance of breastfeeding



To provide modern scientific information regarding breastfeeding and lactation management



To stimulate programme development for the promotion of breastfeeding

The Government of Pakistan, the Pakistan Paediatrics Association, USAID, and UNICEF are collaborating in a campaign to promote and protect exclusive breastfeeding. The decline in the extent and duration of breastfeeding in Pakistan is almost certainly a major cause of increased morbidity and mortality among infants who succumb to the combined effects of malnutrition and infection.

As part of this campaign, Breastfeeding for Child Survival Seminars are being held in six cities during the month of November. Drs. Derrick and Patrice Jelliffe, renowned authorities on infant nutrition and breastfeeding, and Dr. Audrey Naylor, director of a lactation management education programme, will be resource persons at the seminars.

The seminar programme will include lectures by the international guests, reports by local researchers, and group discussions. At the conclusion of the seminars, a national workshop will be held in Islamabad for the formulation of a plan of action.

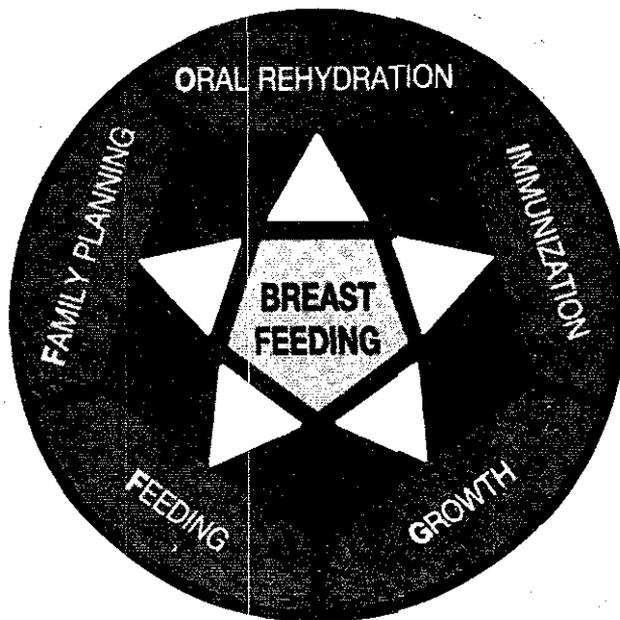
ITINERARY

	November 6-7	Avari Towers KARACHI
	November 9-10	Pearl-Continental Hotel PESHAWAR
	November 12-13	Fatima Jinnah Medical College LAHORE
	November 14-15	Nishtar Medical College MULTAN
	November 20	Parliament Building MUZAFFARABAD
	November 22-24	P.I.M.S., College of Nursing ISLAMABAD

BREASTFEEDING FOR CHILD SURVIVAL

Although it is generally agreed that breastfeeding should be a major component of child survival programmes, most agencies have focused their activities on oral rehydration therapy and immunization. Dr. Derrick Jelliffe, a leading authority on infant feeding, has remarked that "Equal attention needs to be given to all components of the child survival packet. This is *not* to disparage the great importance of ORT and EPI. In particular, *the need is for breastfeeding to be given full attention and adequate funding.* No other activity has such a wide range of effects. To give less than equal attention to breastfeeding than to other, more technologically appealing approaches would be a tragedy and a most serious loss."

Child survival depends upon adequate nutrient intake and the ability to resist or overcome infection. Breastmilk provides the best possible nutrients, increases a child's resistance to disease, and reduces exposure to infectious agents. Breastfeeding, by lengthening birth intervals, improves child survival rates. The relationship of breastfeeding to child survival is illustrated in the figure below.



GROWTH

Breastmilk is uniquely suited to babies. Breastmilk is easily digested and contains a perfect balance of proteins and other essential nutrients for normal infant growth.

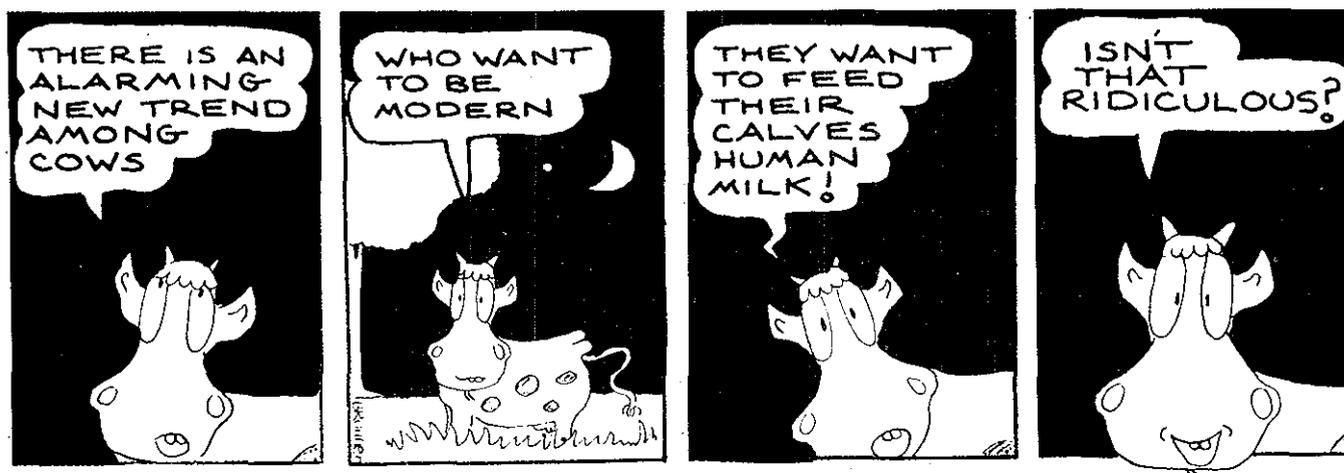
Virtually all women can breast-feed. Immediate, frequent, and exclusive breastfeeding coupled with support and encouragement result in successful establishment of lactation.

The overwhelming majority of Pakistani mothers do initiate breastfeeding. Most studies cite figures on the proportion of women initiating breastfeeding and the average total duration of breastfeeding. Estimates from national fertility surveys of total duration of breastfeeding in Pakistan range from 14 months to 22 months. These national figures have led to optimistic estimates of breastfeeding prevalence and, in turn, to complacency.

Hidden in the figures are feeding patterns or trends within certain populations. Those studies which have examined breastfeeding patterns indicate that in some areas of the country, breastmilk substitutes, particularly animal milks, are introduced at an early age.

In a study of 900 infants in Faisalabad, over fifty percent of infants from the high and medium socio-economic groups and over forty percent from the lower socio-economic group were bottle-fed or breast and bottle-fed by the age of three months. (Nagra and Gilani, 1987) In a study of 285 infants in and around Lahore, only twelve percent were exclusively breastfed (no breastmilk substitutes, water, or other foods) at two months of age. (Hanson et al., 1986)

Early supplementation with water, animal milks, or infant formula interferes with breastmilk production. Supplementation also increases the risk of infections from harmful contaminants present in the food or feeding bottle. A WHO review of 35 studies from 19 countries found that infants under six months of age who were not breastfed had a 3.5–5 times greater risk of diarrhoeal disease than those who were exclusively breastfed. A hospital study of 108 Pakistani children who died from diarrhoea and malnutrition showed that 70 percent of the infants were bottle-fed. (Khan, Majid, Ramzan)



▼ IMMUNIZATION

Breastmilk has anti-infective properties which help to protect the infant against gastro-intestinal and other infections as well as certain allergies. Breastfed babies have fewer respiratory and ear infections than bottle-fed babies.

Colostrum, the yellowish fluid secreted the first days after birth, contains high concentrations of protein and provides immunological protection for the first critical weeks of a child's life. In Pakistan many women believe that colostrum is harmful for babies. In various parts of the country, forty percent or more of the women wait until the third day postpartum to initiate breastfeeding. In an evaluation of 108 trained birth attendants from Sind, Punjab, and NWFP, only 57 percent said that breastfeeding should be initiated on the first day. (UNICEF, 1986) Delayed initiation of breastfeeding deprives a child of his or her first immunization and risks exposing the baby to contaminants in the first foods that are fed to the infant.

▼ FEEDING

During early infancy, breastmilk meets all of the baby's nutritional requirements, provided that breastfeeding is exclusive, frequent, and of sufficient duration. Between the fourth and sixth months, complementary foods such as bananas and homemade porridges should be introduced with breastmilk continuing as an important source of proteins and other nutrients.

Complementary foods should be given with a cup and spoon, not a bottle. Studies indicate that

many children in Pakistan are introduced to semi-solid foods long past the recommended age of four to six months. This delay is detrimental to infant health and growth.

▼ FAMILY PLANNING

Extended intervals between births reduce infant mortality rates and allow for maternal recovery. Prolonged and intense breastfeeding suppresses the return of ovulation. In his analysis of the Pakistan Fertility Survey, demographer Iqbal Shah concludes that "the length of breastfeeding is the single most powerful variable in explaining fertility." Women who breastfed 8 months or less had 7.8 children compared to 5.8 children for women who breastfed for 27 months or longer. It has been estimated that if breastfeeding declined sufficiently to reduce postpartum infertility from the current 9.5 months to 3.0 months, contraceptive use would have to increase from the present level of 11.8 percent to 60 percent if the current fertility rate (already one of the highest in the world) is to remain the same.

▼ ORAL REHYDRATION

Breastfeeding helps in the prevention of diarrhoea and in its management when diarrhoeal episodes do occur. Breastfeeding should be part of oral rehydration therapy. In some parts of the country, 10 to 35 percent of the mothers are reported to have stopped breastfeeding during diarrhoeal episodes. This practice deprives a child of nutrients and fluid and interferes with breastmilk production.

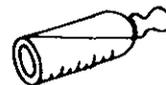
THE ECONOMICS OF BREASTFEEDING

In addition to the health, contraceptive, and psychological benefits of breastfeeding, economic benefits accrue to the family and nation.

Dr. K. A. Abbas, paediatrician at the Pakistan Institute of Medical Sciences, calculated that a baby who is breastfed for two years receives an average of 374 litres of breastmilk. A non-breastfed child requires 437 litres of cow's milk at a cost of around Rs. 125 per month. The cost of feeding a child with infant formula is around Rs. 280 per month.

Drawbacks of the bottle:

Breast feeding is nutritious, safe, inexpensive, and helps protect infants against disease.



Bottle feeding with powdered milk can cause malnutrition and ill-health because:



Parents may not be able to read the instructions on the tin.



They may not be able to afford enough of the milk powder and may over-dilute it.



So the baby can become malnourished and vulnerable to disease.



The water which is used to mix the milk powder may not be safe.



Parents often cannot sterilize the feeding bottle and baby may drink in germs.

In 1987-88 the Government of Pakistan spent Rs. 169 million in foreign exchange for the purchase of infant milk. Added to this figure should be the cost of imported feeding bottles and teats and the cost to the health care system of treating bottle-fed babies suffering from diarrhoea and malnutrition.

Under the 1988–89 import policy, no quotas are placed on the import of infant formula. This unrestricted trade policy undermines Pakistan's efforts toward economic independence and self-reliance. At least fourteen manufacturers are marketing over forty brands of infant formula in Pakistan. Unrestrained private profit appears to be at odds with public health.

BREASTFEEDING PROMOTION

The Breastfeeding for Child Survival Seminars provide a unique opportunity for health professionals, educators, community leaders, and government officials to identify programmes for the promotion and protection of breastfeeding. Breastfeeding programmes in other countries have focused on legislative measures, medical curricula, training programmes, promotional materials, media campaigns, research activities, mothers' support groups, hospital practices, etc. The task at hand is to devise appropriate programmes for Pakistan.

In the design of these programmes, there is a danger of viewing women as child bearers, lactating mothers, and child care providers. For example, women are advised to get an adequate diet in order to prevent low birth weights and to produce sufficient breastmilk. The focus is on the needs of the child rather than on the mother's own physical requirements. Programmes to promote breastfeeding should be concerned about the mother's well being as well as the child's.

A doctor once remarked that "In general, paediatricians swear by breastfeeding. It is simply that quite a few have not yet taken it on as a firm commitment. And that is where the difference lies." The Peshawar Declaration, printed below, is a pledge by doctors to promote and protect breastfeeding in Pakistan.

PESHAWAR DECLARATION

The Peshawar Declaration is a recommendation adopted by the 9th Biennial International Paediatric Conference on March 23, 1988. Printed below is the preamble to the declaration and a summary of ten major points for application under normal circumstances.

Aware that bottle-feeding in Pakistan is increasing rapidly and may soon reach the rural areas;

Conscious that bottle-feeding is a major cause of infant diarrhoea and infant mortality;

Recognizing that any kind of promotion of infant milks and feeding bottles severely undermines support for breastfeeding;

Therefore, we the undersigned paediatricians, fully subscribe to the following declaration of ethics and urge obstetricians, gynaecologists and general practitioners of Pakistan to do likewise.

1. **Breastfeeding information, support, and assistance** to all mothers
2. **Immediate initiation** of breastfeeding
3. **No prelacteal foods**; only breastmilk for newborns, including low birth weight babies
4. **No separation** of mothers and babies in postpartum wards
5. **Demand feeding** with no restriction on frequency or duration
6. **Introduction of complementary foods** between 4–6 months
7. **No bottles, teats, or pacifiers** in hospital wards
8. **No gifts or free samples** of infant formula, bottles, or teats accepted by doctors
9. **No prescriptions or recommendations of infant formula** by medical personnel
10. **No promotion of infant formula in health care facilities** through posters, advertising, or free samples to mothers

WORD OF THANKS

At the 1988 Paediatrics Conference in Peshawar, a National Steering Committee on Breast-feeding was established. A sub-committee was appointed to plan the seminars and design research studies that could provide information on infant feeding practices for discussion at the seminars. Special words of thanks are to be extended to the research coordinators and the interviewers who participated in the studies.

The National Committee is also appreciative of the assistance provided by the provincial nutrition coordinators, hosting medical colleges, chapters of the Pakistan Paediatrics Association, and regional UNICEF and USAID offices.



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