

## Research Article

## Breastfeeding: Why We Still Need To Address This Universal Truth?

Dr. Shaina Chamotra<sup>1</sup>, Dr. Ankit Chaudhary\*<sup>2</sup>, Dr. Amit Sachdeva<sup>3</sup><sup>1</sup>Medical Officer Specialist (OBG), Community Health Centre Sullah, District Kangra (H.P.) India<sup>2</sup>District Program Officer, Hamirpur (H.P.) India<sup>3</sup>Senior Resident (Community Medicine), IGMC Shimla (H.P.) India**Article History**

Received: 20.07.2020

Accepted: 05.08.2020

Published: 20.08.2020

**Journal homepage:**<https://www.easpublisher.com/easjms>**Quick Response Code**

**Abstract:** Breastfeeding though a universal concept, still needs our due attention. Although the human milk is scientifically proven best for infants and is absolutely necessary for the human offspring, still there are many factors that prevent its universal usage. Each year a large number of infants and children die or suffer from complications, just because of the fact that they were robbed of such significant resource due to any valid or invalid reason. Whether ignorance, any pathology or any deliberate reason; there are many infants which are deprived of this vital resource. Reduction of infant and childhood mortality, prevention of developmental complications, prevention of maternal pathologies and many more are its advantages, which are proved beyond any reasonable doubt. Even where it is given, the exclusiveness is somewhere compromised. Despite many initiatives at the level of Government and many international agencies, the universal coverage of breastfeeding is still a dream concept. Despite the known advantages of human milk and exclusive breastfeeding, even in this modern era we still have to motivate masses for this natural act. It's the need of the hour we start understanding the dire emergency and start addressing breastfeeding as birthright of the infants. The concept of universal and sustainable health need to be based on core concepts of human nature and behavior; and breastfeeding is definitely one of them.

**Keywords:** Breastfeeding, Infant health, Maternal Health.

**Copyright @ 2020:** This is an open-access article distributed under the terms of the Creative Commons Attribution license which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use (Noncommercial, or CC-BY-NC) provided the original author and source are credited.

## INTRODUCTION

The phenomenon of lactation is a process characteristic of species of mammalian origin. It is the consequence of evolutionary forces leading to generation of nutrient delivery system, capable of supplying all essential nutrients in optimal amounts (Hinde, K., & German, J. B. 2012). Breastfeeding is one of the most effective and cheapest modes to ensure infant survival and the health beyond (WHO. 2020). Vast and enormous literature is available on advantages, benefits and significance of breast milk as well as breastfeed (Johnston, M. *et al.*, 2012; & Dieterich, C. M. *et al.*, 2013). In addition to survival, breastfeeding also supports neural development, enhances cognitive performance and is associated with improved educational achievement at later stages in life (UNICEF. 2020). Breastfeeding is a foundation of good nutrition and protects children against morbidity and mortality. Therefore it can be aptly concluded that breast milk and feed helps children in surviving, thriving and achieving global development and their full potential.

### Rationale

Breast milk is the ideal and gold standard food for infants. It is safe, clean and contains antibodies which help children in the fight against ailments and

sickness. Breast milk provides all the energy and nutrients in optimal amounts that the infant requires for the first months of life, and it continues to provide up to half or more of an infant's needs during the next half of the first year, and up to one third during the second year of life (WHO. 2020). Furthermore apart a critical source of nutrition, research has proved scientifically shows breastfeeding is not mere a readily available meal but also has significant and long term impact on cognition, behavior, and mental health in both mother and child (Raju, T.N. 2011). Breastfed children tend to perform better on intelligence tests, are less likely to be overweight or obese and less vulnerable to non communicable diseases such as diabetes later in life.<sup>7</sup> In addition, women who practice breastfeed have a reduced risk of breast and ovarian malignancies.<sup>2</sup> In a nut-shell, breast milk is a nutritionally complete, safe, affordable, acceptable resource package for baby with an additional benefits offered to mother as well. Breast milk offers a range of advantages in the form health, nutritional, immunologic, developmental, psychological, social, economic and environmental benefits (Anatolitou, F. 2012).

### Situation

Though it is a well known fact that breast milk and feeding prevent childhood illnesses, reduce

mortality and improve health; still large numbers of children are deprived of this gold standard liquid. It has been estimated that nearly 2 out of 3 infants are not exclusively breastfed for the recommended 6 months (WHO, 2020). Less than half of the world's newborns benefit from early breastfeeding. It has been estimated that optimal breastfeeding of infants under two years of age has the greatest potential impact on child survival of all preventive interventions (UNICEF, 2020). Inadequate breastfeeding rates result in economic losses of about USD 302 billion annually, representing 0.49% of the Global Gross National Income. Increasing breastfeeding could potentially prevent 823,000 annual deaths in children under five and 20,000 annual deaths from breast cancer (WHO, UNICEF, 2019).

### Determinants of Breastfeeding

Barriers to breastfeeding initiation include work-related issues such as demanding job and early return to work, personal preferences, having an unsupportive partner and family members, feeling of embarrassment, pain, and physical or medical comorbidities. Further breastfeeding is also determined by various range of factors such as income, education, nationality, race, ethnicity, region of residence, age, marital status, breastfeeding intent, gestational age, birth weight, mode of delivery and participation in the special nutrition program for women and children (James, D.C., & Dobson, B. 2005; Kimbro, R. T. 2006; Bentley, M. E. *et al.*, 2003; & Zaghoul, S. *et al.*, 2004). Breastfeeding support from health personnel or counselor, receipt of free formula packets in the hospital, have also been described as important influences on women's breastfeeding decisions (Hofvander, Y. 2003; & Khoury, A. J. *et al.*, 2005).

### Initiatives

Government in coordination with national and international agencies has framed and implemented various initiatives for the promotion of breastfeeding. Every year a breast feeding week with particular theme is observed globally. The theme of World Breastfeeding Week 2020 is "Support breastfeeding for a healthier planet" (WHO, UNICEF, 2020). In addition Government of India has also launched "Mother's Absolute Affection" programme with an attempt to bring undiluted and prioritized focus on promotion of breastfeeding and provision of counseling services for supporting breastfeeding through health systems (MAA (Mothers' Absolute Affection). 2020). There is also provision of Infant Milk Substitutes Act in Indian legislation by which Government of India regulates production, supply and distribution of infant milk substitutes, feeding bottles and infant foods for protection and promotion of breastfeeding (The Infant Milk Substitutes, 2020). Moreover various national and international agencies have framed and recommended breastfeeding guidelines for stressing upon exclusive breast feeding for first six months and continued

breastfeeding thereafter (CDC, 2020; WHO guidelines, 2020; & Tiwari, S. *et al.*, 2016).

## CONCLUSION

Despite so much focus on breast feeding and promotion by various agencies, the actual coverage of exclusive breastfeeding is far from acceptable. Whatever reasons whether valid or invalid may be there for non-feeding, they have to be addressed adequately. Though there has been vigorous drive for breastfeed promotion and numerous programs have been launched by the Government, it is the behaviour of actual acceptor that needs to be changed. Behaviour change regarding breast milk and feed should be done through the various modes such as incorporation of the issue into school curriculum, trainings and sensitisation of adolescent girls and expectant mothers and through online and one to one counseling sessions. Help lines can also be initiated to address the issue properly. Baby friendly hospitals like initiatives should be stressed upon more to encourage early and exclusive feeding. Field level health functionaries should also aid in strengthening of pro- breastfeeding campaign as they are in direct contacted with antenatal and nursing women. Milk substitutes should be promoted only for special and exclusively necessary conditions. A simple yet cost-effective measure like breastfeeding can prevent huge burden of childhood morbidity and mortality. Breastfeeding should be seen as a birth right of an infant and at no cost one should be deprived off it.

## REFERENCES

1. Anadolitou, F. (2012). Human milk benefits and breastfeeding. *Journal of Pediatric and Neonatal Individualized Medicine* 1(1), 11-18.
2. Bentley, M. E., Dee, D. L., & Jensen, J. L. (2003). Breastfeeding among low income, African-American women: power, beliefs and decision making. *The Journal of nutrition*, 133(1), 305S-309S.
3. CDC. (2020). Breastfeeding Guidelines and Recommendations. Available from: <https://www.cdc.gov/breastfeeding/recommendations/index.htm>. Last accessed on 29.06.2020
4. Dieterich, C. M., Felice, J. P., O'Sullivan, E., & Rasmussen, K. M. (2013). Breastfeeding and health outcomes for the mother-infant dyad. *Pediatric Clinics of North America*, 60(1), 31-48.
5. Hinde, K., & German, J. B. (2012). Food in an evolutionary context: insights from mother's milk. *Journal of the Science of Food and Agriculture*, 92(11), 2219-2223.
6. Hofvander, Y. (2003). Why women don't breastfeed: a national survey. *Acta Paediatr.* 92(11), 1243-1244
7. James, D.C., & Dobson, B. (2005). Position of the American Dietetic Association: Promoting and

- supporting breastfeeding. American Dietetic Association. *J Am Diet Assoc.* 105(5), 810-818.
8. Johnston, M., Landers, S., Noble, L., Szucs, K., & Viehmann, L. (2012). Breastfeeding and the use of human milk. *Pediatrics*, 129(3), e827-e841.
  9. Khoury, A. J., Moazzem, S. W., Jarjoura, C. M., Carothers, C., & Hinton, A. (2005). Breast-feeding initiation in low-income women: Role of attitudes, support, and perceived control. *Women's Health Issues*, 15(2), 64-72.
  10. Kimbro, R. T. (2006). On-the-job moms: work and breastfeeding initiation and duration for a sample of low-income women. *Maternal and child health journal*, 10(1), 19-26.
  11. MAA (Mothers' Absolute Affection). (2020). Programme for Infant and Young Child Feeding. Available from: [https://www.nhp.gov.in/maa-\(mothers%E2%80%99-absolute-affection\)-programme-for-infant-and-young-child-feeding\\_pg#:~:text=MAA%20%2D%20%22Mothers%20Absolute%20Affection%22,supporting%20breastfeeding%20through%20health%20systems.](https://www.nhp.gov.in/maa-(mothers%E2%80%99-absolute-affection)-programme-for-infant-and-young-child-feeding_pg#:~:text=MAA%20%2D%20%22Mothers%20Absolute%20Affection%22,supporting%20breastfeeding%20through%20health%20systems.) Last accessed on 20.07.2020
  12. Raju, T.N. (2011). Breastfeeding is a dynamic biological process—not simply a meal at the breast. *Breastfeed Med.* 6, 257-259.
  13. The Infant Milk Substitutes. (2020). Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992. Available from: <http://legislative.gov.in/actsofparliamentfromtheyear/infant-milk-substitutes-feeding-bottles-and-infant-foods-regulation>. Last accessed on 23.07.2020
  14. Tiwari, S., Bharadva, K., Yadav, B., Malik, S., Gangal, P., Banapurmath, C. R., ... & Agrawal, R. K. (2016). Infant and young child feeding guidelines, 2016. *Indian pediatrics*, 53(8), 703-713.
  15. UNICEF. (2020). Breastfeeding. Available from: [https://www.unicef.org/nutrition/index\\_24824.html](https://www.unicef.org/nutrition/index_24824.html). Last accessed on: 22.07.2020
  16. WHO guidelines. (2020). Protecting, promoting and supporting Breastfeeding in Facilities providing maternity and newborn services. Available from: <https://apps.who.int/iris/bitstream/handle/10665/259386/9789241550086-eng.pdf?sequence=1> Last accessed on 03.07.2020
  17. WHO, UNICEF. (2019). Increasing commitment to breastfeeding through funding and improved policies and programmes: Global breastfeeding scorecard 2019. Available from: <https://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2019/en/#:~:text=Inadequate%20breastfeeding%20rates%20result%20in,annual%20deaths%20from%20breast%20cancer.> Last accessed on: 24.07.2020
  18. WHO, UNICEF. (2020). World Breastfeeding Week 2020 Message. Available from: <https://www.who.int/news-room/detail/31-07-2020-world-breastfeeding-week-2020-message>. Last accessed on 02.08.2020
  19. WHO. (2020). Breastfeeding. Available from: [https://www.who.int/health-topics/breastfeeding#tab=tab\\_1](https://www.who.int/health-topics/breastfeeding#tab=tab_1). Last accessed on: 22.07.2020 .
  20. Zaghoul, S., Harrison, G. G., Fendley, H. F., Pierce, R., & Morrissey, C. (2004). Correlates of breastfeeding initiation in southeast Arkansas. *Southern medical journal*, 97(5), 446-451.