Breastfeeding – A 3D experience

The theme for the 2011 World Breastfeeding Week is the slogan “Talk to Me! Breastfeeding - a 3D experience”. Supporting breastfeeding is conventionally viewed from the perspective of time (starting from pregnancy through till complementary feeding is initiated) and place (counseling mothers at home/community or at health facilities). Yet, this approach has had little impact on achieving our goals for breastfeeding. The National Family Health Survey-3 for India observed that only a quarter of live born newborns were breastfed within an hour of their birth, almost 60 per cent received pre-lacteal feeds, exclusive breastfeeding rate at 6 months was just under 30 per cent with a median duration of exclusive breastfeeding of 3.7 months and predominant breastfeeding of 6.4 months1. Breastfeeding is a public health issue and could have large impact on several of our MDG goals. Optimal and exclusive breastfeeding in early infancy enables children to grow better and is a step towards reducing child undernutrition (MDG-1: hunger and poverty)2; it also empowers women to be in control of their reproductive life (MDG-3: gender equality); it is an important strategy for reducing child mortality (MDG-4: reduce child mortality)3; early initiation of breastfeeding reduces maternal risk of post-partum haemorrhage and breastfeeding reduces the risk of ovarian and breast cancer (MDG-5: maternal health). The children in India and several other developing regions of the world are having a poor start to life. The lack of impact of our ongoing efforts on achieving the desired breastfeeding practices is the missing third dimension – Communication! Breastfeeding practices are influenced by several factors such as rural/urban residence, maternal education, place of delivery, wealth index, ethnicity and so on. Sharing our knowledge and experience about breastfeeding across regions, generations, cultures and gender would enable a wider reach. How do we reach out to all of them? That is our challenge.

Breastfeeding advocacy must involve groups that traditionally were considered as less interested such as youth and men folk. Reaching out to the next generation of youth could play a pivotal role in bringing about breastfeeding related behavioural changes within communities. Breastfeeding issues must in some way get integral with school and university curricula. Communicating with youth and getting them interested in the subject would need innovative approaches that should allow individual creative ideas to emerge. It could happen through the fine arts (breastfeeding themes through painting dance or plays) or through story-telling sessions or through interactive computer sessions or even using the play station platform; all these could be effective communication aids to promote messages related to breastfeeding. Youth group meetings could be a good platform to allow the young minds to debate breastfeeding issues and find new messages and methods to communicate with their community groups.

Grandmothers and the elder women folk at home were often viewed as custodians of good child rearing traditions. However, in a changing society of nuclear families, young unsupported couples working hard to eke a living with little time for child care and the onslaught of media offering the “milk formula” as quick panacea to their worries and sorrows of infant feeding, can’t find the traditional custodians who have slowly been pushed into oblivion. Grandmothers and the elder women folk need to be brought back to the forefront
as active advocacy agents for breastfeeding, especially to support and encourage young mothers to breastfeed their children. This would necessitate that we include them in our communication agenda and update them with the most current breastfeeding messages.

It is vital that we create communication channels within and between various stake-holders and create a critical mass of people who are adequately informed so that information on breastfeeding can be accessed and enhanced. The modern electronic media offer us a great opportunity to achieve this critical mass of “informed people”. It is a platform where mothers, fathers, students, academics and health care providers can be brought together to share experiences, dispel myths and enhance knowledge regarding breastfeeding. Anecdotal instances of use of these channels from India and the Cameroon are available, but greater momentum needs to be created to use the electronic media effectively for promoting and supporting breastfeeding. Facebook and blogs can be an excellent platform to share information and help mothers and young parents connect.

Communications all around should reassure mothers that they are not alone in their efforts to successfully breastfeed their infants. The feeling that they have the support of all people around them should encourage and empower mothers to successfully breastfeed their children and give them a good start to life.

Siddarth Ramji
Department of Pediatrics
Maulana Azad Medical College
New Delhi 110 002, India
siddarthramji@gmail.com

References
1. International Institute for Population Sciences (IIPS) and Macro International. National Family Health Survey (NFHS3), 2005-06: India, vol. I. Mumbai: IIPS; 2007.
2. Black RE, Allen LH, Bhutta ZA, Caulfield LE, de Onis M, Ezzati M, et al. Maternal and child undernutrition: global and regional exposures and health consequences. *Lancet* 2008; 371: 243-60.
3. Black RE, Cousens S, Johnson HL, Lawn JE, Ruden I, Bassari DG, et al. Global regional and national causes of child mortality 2008: a systematic analysis. *Lancet* 2010; 375: 1969-87.