

## What can YOU do to promote, protect and support breastfeeding in relation to the MDGs?

Work as a team: identify your allies and team-mates, set common goals, identify roles, prepare training programmes as needed, cater for individual needs, prepare your strategy, carry out your plan, evaluate your progress, have back up plans, celebrate successes and appraise afterwards to learn lessons for follow-up actions.

### Join forces

- Find out who your potential allies are.
- Link up with other groups working on Human Rights, sustainable development, environment/climate change, gender, conditions at work (e.g. Trade Unions) etc.
- Find out what your common agenda could be.

### Prepare

- Prepare yourself and your team.
- Find out what the situation regarding breastfeeding is in your area (village/town/city/state/country/region).
- Use existing databases, surveys, surveillance data, interview women, health workers etc.
- Analyse the gaps and understand the challenges.



### Set goals and plan for action

Here are some ideas for action depending on which level you work at:

#### Home and community level actions:

- Develop a campaign to bring young people and grandparents in your community on board with breastfeeding and infant/child nutrition issues. What issues would attract these generations?
- Write letters to your local decision-makers and employers asking them how they are promoting, protecting and supporting breastfeeding concretely.
- Mother support groups can organise theme days inviting other civil society groups to join in. Why not link up with other groups interested in food and nutrition issues or chronic diseases such as obesity, diabetes and hypertension which breastfeeding helps to prevent.
- Join a peer counselling group. Educate yourself and empower others!



#### Healthcare actions:

- Organise training sessions/seminars for healthcare staff at all levels.
- Promote the Expanded BFHI and Mother Friendly care in health care facilities in your area.
- Ensure that there are policies to curb the influence of industry in hospitals, research etc.
- Work with humanitarian assistance agencies to ensure that breastfeeding is protected and supported in refugee camps and amongst other vulnerable populations e.g. HIV/AIDS affected communities.
- Involve the local media, sending a press release on the WBW 2014 theme.



#### Workplace actions:

- Promote improvement in maternity protection legislation and policies in line with ILO Convention C 183.
- Develop mother-friendly workplaces by advocating for breastfeeding breaks, workplace crèches, and breastfeeding/breastmilk expression facilities at the workplace.
- Work with Trade Unions and informal sector associations on expanding the scope of maternity protection to other sectors where women work e.g. the informal sector, migrant workers, agricultural workers etc.

#### Youth actions

- Schools and Youth Groups can learn more about the MDGs and breastfeeding through theme days.
- Conduct plays/theatre and multimedia projects on breastfeeding and the MDGs.
- Write stories and poetry celebrating breastfeeding.
- Organise photo contests to illustrate situations where breastfeeding is really a team effort.
- Mobilise the public using flashmobs and other creative activities/happenings related to breastfeeding.

#### International and National actions

- Carry out national assessments of the status of IYCF policies and practice using WBTi tool and other tools.
- Conduct research/surveys in your community to find out which barriers exist against breastfeeding.
- Organise national seminars to advocate for changes in legislation and key breastfeeding programs.
- Advocate for stronger policies on breastfeeding.
- Monitor the Code in your community.
- Work with International NGOs and platforms on a common agenda that includes breastfeeding and IYCF beyond 2015.

## Want to know more about the MDGs?

- Read more about the MDG Countdown and challenges faced here: <http://www.countdown2015mnch.org/documents/2012Report/2012-Complete.pdf>
- Lessons can be learned from the regions and countries that have made progress. See which countries these are here: <http://www.countdown2015mnch.org/reports-and-articles/2013-report>
- Target the 68 countries in the regions (sub-Saharan Africa and Southern Asia) which are not on-track. See which countries these are here: <http://www.countdown2015mnch.org/country-profiles>

#### Further Reading:

- WHO/UNICEF, Global Strategy for Infant and Young Child Feeding, WHO, Geneva, 2003. See: [http://www.who.int/nutrition/publications/gi\\_infant\\_feeding\\_text\\_eng.pdf](http://www.who.int/nutrition/publications/gi_infant_feeding_text_eng.pdf)
- WHO, UNICEF, AED and United States Agency for International Development, 'Learning from Large-scale Community-based Programmes to Improve Breastfeeding Practices', Report of 10-country case study, WHO, Geneva, 2008. See: <http://www.who.int/nutrition/publications/infantfeeding/9789241597371/en/>
- UNICEF and Academy for Educational Development (AED), Infant and Young Child Feeding Programme Review: Consolidated report of six-country programme review, UNICEF, New York, 2010. See: [http://www.unicef.org/nutrition/files/IYCF\\_review\\_6\\_country\\_consolidated\\_report\\_Sept\\_2010.pdf](http://www.unicef.org/nutrition/files/IYCF_review_6_country_consolidated_report_Sept_2010.pdf)
- United Nations. The Millennium Development Goals Report 2012, United Nations, New York 2012. See: <http://www.un.org/millenniumgoals/pdf/MDG%20Report%202012.pdf>
- UNICEF Landscape Analysis, 2013. See: [http://www.unicef.org/eapn/breastfeeding\\_on\\_worldwide\\_agenda.pdf](http://www.unicef.org/eapn/breastfeeding_on_worldwide_agenda.pdf)
- "The status of policy and programmes on infant and young child feeding in 40 countries", article by IBFAN, published in the journal 'Health Policy and Planning' 2013 available at: <http://heapol.oxfordjournals.org/content/28/3/279.full.pdf>
- "Protection, Promotion, and Support and Global Trends in Breastfeeding", Chessa K. Lutter and Ardythe L. Morrow, in 'Advances in Nutrition' 2012, available at: <http://advances.nutrition.org/content/4/2/213.full.pdf+html>
- PAHO WBW 2012 concept document available at: [http://www.worldbreastfeedingconference.org/images/128/WorldBreastfeedingWeek\\_Eng.pdf](http://www.worldbreastfeedingconference.org/images/128/WorldBreastfeedingWeek_Eng.pdf)
- See WABA's 'The Earth - Our Mother - is in crisis!' poster which stresses how 'Over 20 years of evidence has shown how infant formula production, packaging and use are adding to this crisis!' at: <http://www.waba.org.my/pdf/rio20poster-2012.pdf>; and <http://www.waba.org.my/images/mother-earth-a4.jpg>

#### Learn more about the following:

- Convention on the Rights of the Child: <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>
- Convention on the Elimination of All Forms of Discrimination Against Women: <http://www.un.org/womenwatch/daw/cedaw/>
- International Labour Organisation Convention 183 (C183) Maternity Protection Convention, 2000 (No. 183): [http://www.ilo.org/dyn/normlex/en/?p=NORMLEXPUB:12100:0:NO:P12100\\_ILO\\_CODE:C183](http://www.ilo.org/dyn/normlex/en/?p=NORMLEXPUB:12100:0:NO:P12100_ILO_CODE:C183)
- International Code of Marketing of Breastmilk Substitutes: <http://www.who.int/nutrition/publications/infantfeeding/9241541601/en/> and <http://ibfan.org/the-full-code>
- World Breastfeeding Trends Initiative (WBTi): <http://www.worldbreastfeedingtrends.org/>
- WHO/UNICEF Baby-friendly Hospital Initiative: <http://www.who.int/nutrition/topics/bfhi/en/>

## WBW Coordinating & Distributing Centres

#### OVERALL COORDINATION

**WABA Secretariat**  
P O Box 1200, 10850 Penang, Malaysia  
Fax: 60-4-657 2655, [waba@waba.org.my](mailto:waba@waba.org.my)  
[www.waba.org.my](http://www.waba.org.my)  
[www.worldbreastfeedingweek.org](http://www.worldbreastfeedingweek.org)

#### AFRICA

**IBFAN Africa**  
P O Box 781, Mbabane, Swaziland  
Fax: 268-40 40546, [ibfansw@realnet.co.sz](mailto:ibfansw@realnet.co.sz)

#### IBFAN Afrique

Cite Ouaga 2000, 01 BP 1776,  
Ouagadougou 01, Burkina Faso  
Fax: 226-50-374163, [ibfanfan@fasonet.bf](mailto:ibfanfan@fasonet.bf)

#### ASIA

**WABA Secretariat**  
(See address under OVERALL COORDINATION)

#### SOUTH ASIA

**Breastfeeding Promotion Network of India (BPNI)**  
BP-33, Pitampura, Delhi 110 034, India  
Fax: 91-11-2734 3606, [bpni.india@gmail.com](mailto:bpni.india@gmail.com)

#### EUROPE

**Baby Milk Action**  
34 Trumpington Street, Cambridge  
CB2 1QY, UK Fax: 44-1223-464 417  
[info@babymilkaction.org](mailto:info@babymilkaction.org)

#### IBFAN-GIFA

Avenue de la Paix 11, 1202 Geneva,  
Switzerland  
Fax: 41-22-798 4443, [info@gifa.org](mailto:info@gifa.org)

#### Aktionsgruppe

**Babynahrung Ev (AGB)**  
Untere Maschstrasse 21  
D-37073 Göttingen, Germany  
Fax: 49-551-531 035, [info@babynahrung.org](mailto:info@babynahrung.org)

#### LATIN AMERICA

**CEFEMINA**  
Apartado 5355, 1000 San Jose, Costa Rica  
Fax: 506-224 3986  
[cefemina@racsa.co.cr](mailto:cefemina@racsa.co.cr)

#### IBFAN Brasil

Rua Carlos Gomes, 1513,  
Sala 02 Jd. Carlos Gomes  
Jundiai-SP-Brasil.  
CEP: 13215-021  
Tel/Fax: (11) 4522 5658  
[coordenabifan@terra.com.br](mailto:coordenabifan@terra.com.br)

#### NORTH AMERICA

**LLL International**  
957 N. Plum Grove Road  
Schaumburg, IL 60173-4808, USA  
Fax: 847-969 0460, [lllhq@llli.org](mailto:lllhq@llli.org)  
[www.llli.org](http://www.llli.org)

#### INFAC Canada

522 Colborne Street, London, Ontario,  
Canada, N6B 2T5  
Fax: 1-416-591 9355  
[info@infactcanada.ca](mailto:info@infactcanada.ca)  
[www.infactcanada.ca](http://www.infactcanada.ca)

#### PACIFIC

**Australian Breastfeeding Association (ABA)**  
P O Box 4000, Glen Iris,  
VIC 3146, Australia  
Fax: 61-3-9885 0866  
[info@breastfeeding.asn.au](mailto:info@breastfeeding.asn.au)  
[www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

#### Development Officer PINDA

c/o Christine Quested  
Nutrition Centre Health Department  
Private Mail Bag, Apia, Western Samoa  
Fax: 685-218 70  
[christineQ@health.gov.ws](mailto:christineQ@health.gov.ws)

#### Your local contact:

**SPONSORSHIP:** WABA does not accept sponsorship of any kind from companies producing breastmilk substitutes, related equipment and complementary foods. WABA encourages all participants of World Breastfeeding Week to respect and follow this ethical stance.

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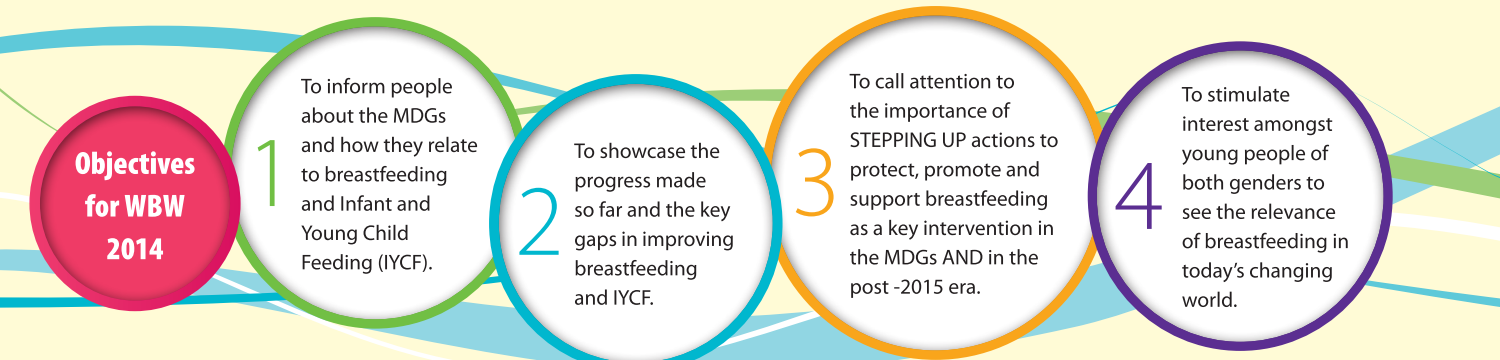
World Breastfeeding Week is coordinated by the World Alliance for Breastfeeding Action (WABA), a global network of individuals and organisations concerned with the protection, promotion and support of breastfeeding worldwide based on the Innocenti Declarations, the Ten Links for Nurturing the Future and the WHO/UNICEF Global Strategy for Infant and Young Child Feeding. WABA Core Partners are the Academy of Breastfeeding Medicine (ABM), International Baby Food Action Network (IBFAN), International Lactation Consultant Association (ILCA), La Leche League International (LLL), and Wellstart International. WABA is in consultative status with UNICEF and an NGO in Special Consultative Status with the Economic and Social Council of the United Nations.

# BREASTFEEDING: A Winning Goal *for Life!*



## Welcome to World Breastfeeding Week 2014!

The Millennium Development Goals (MDGs) were set by governments and the United Nations (UN) to gauge progress in fighting poverty and promoting healthy and sustainable development in a comprehensive way by 2015. This year's World Breastfeeding Week (WBW) theme responds to the current MDG countdown process by asserting the importance of increasing and sustaining the protection, promotion and support of breastfeeding in the post 2015 agenda, and engaging as many groups, and people of various ages as possible. Wherever your community may be, progress can be made AND sustained. For this to happen you need to be prepared, set goals and targets, join forces and ACT! Protect, Promote and Support breastfeeding... it is a worthwhile goal ... and it saves lives!!



## How is BREASTFEEDING linked to the MDGs?

By protecting, promoting and supporting breastfeeding YOU can contribute to each of the MDGs in a substantial way. Exclusive breastfeeding and adequate complementary feeding are key interventions for improving child survival, potentially saving the lives of about 20% of children under five. Let's find out how breastfeeding is linked to each of the Millennium Development Goals.

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Join Us & Take Action NOW!

[www.worldbreastfeedingweek.org](http://www.worldbreastfeedingweek.org)

**WABA • World Breastfeeding Week • 1-7 August 2014**



**GOAL 1** **Eradicate extreme poverty and hunger**

Exclusive breastfeeding, and continued breastfeeding for two years and beyond, provide high quality nutrients and adequate energy, and can help prevent hunger and malnutrition. Breastfeeding is a natural and low-cost way of feeding babies and children. It is affordable for everyone and does not burden household budgets compared to artificial feeding.

**GOAL 2** **Achieve universal primary education**

Breastfeeding and adequate complementary feeding are fundamentals for readiness to learn. Breastfeeding and good quality complementary foods significantly contribute to mental and cognitive development, and thus promote learning.

**GOAL 3** **Promote gender equality and empower women**

Breastfeeding is the great equaliser, giving every child a fair and best start in life. Most differences in growth between sexes begin as complementary foods are added into the diet, and gender preference begins to act on feeding decisions. Breastfeeding is uniquely a right of women and they should be supported by society to breastfeed optimally.

**GOAL 4** **Reduce child mortality**

Infant mortality could be readily reduced by about 13% with improved breastfeeding practices alone, and 6% with improved complementary feeding. In addition, about 50-60% of under-5 mortality is linked to malnutrition, due to inadequate complementary foods and feeding following on poor breastfeeding practices.

**GOAL 5** **Improve maternal health**

Breastfeeding is associated with decreased maternal postpartum blood loss, breast cancer, ovarian cancer, endometrial cancer, and the likelihood of bone loss post-menopause. Breastfeeding also contributes to contraception and child spacing, reducing maternal risks of pregnancies too close together, for example anaemia.

**GOAL 6** **Combat HIV/AIDS, malaria and other diseases**

Exclusive breastfeeding together with antiretroviral therapy for mothers and babies can significantly reduce the transmission of HIV from mother to child. More importantly, breastfeeding reduces the death rate in babies exposed to HIV, thus increasing the rate of HIV-free survival.

**GOAL 7** **Ensure environmental sustainability**

Breastfeeding entails less waste when compared to formula production involving the dairy, pharmaceutical, plastics and aluminum industries, and reduces the use of firewood and fossil fuels in the home. With breastfeeding we have a healthy, viable, non-polluting, non-resource intensive, sustainable and natural source of nutrition and sustenance.

**GOAL 8** **Develop a global partnership for development**

The Global Strategy for Infant and Young Child Feeding (GSIYCF) fosters multi-sectoral collaboration, and can build upon various partnerships for support of development through breastfeeding and complementary feeding programs.

**Some facts about the MDGs**

- The MDGs aim to fight poverty and promote healthy and sustainable development.
- In 2000, world leaders came together at the United Nations Headquarters in New York to develop a plan agreed by all the world's countries and leading development institutions.
- They committed their countries to reduce extreme poverty and set up eight MDGs.
- MDGs 4, 5 and 6 are the health MDGs.
- In 2015 the MDGs are meant to be achieved by governments. The process leading to 2015 is called the Countdown to 2015. Read more about the Countdown to 2015 here (<http://www.countdown2015mnch.org/>)

**Where are we today?**

Although much progress has taken place, there is still a lot of "unfinished business" that require urgent attention by governments now. Here are some examples.

- Poverty has decreased, but 1 in 8 people still go to bed hungry.
- Under nutrition continues to affect about a quarter of all children globally.
- Overweight/Obesity, the other form of malnutrition, is becoming more common and the risk is greater with artificial feeding.
- In the last 2 decades, child mortality has gone down by about 40%, but still almost 7 million children under five die each year, mainly from preventable diseases.
- Progress in achieving the various MDG goals is slow, and there are large disparities between regions.
- Although the overall rate of under-five mortality has declined, the proportion of neonatal deaths (during the first month of life) is increasing.
- Maternal mortality has declined from 400 per 100,000 live births in 1990 to 210 in 2010.
- Only half of all pregnant women in developing regions (especially sub-Saharan Africa) receive the recommended minimum of 4 antenatal care visits.

**Governor Babatunde Fashola of Lagos State appealed to mothers to embrace exclusive breastfeeding and family planning to reduce the high rate of infant mortality in Nigeria. He said that mothers had a role to play in the reduction of infant mortality in the country. "Six months exclusive breastfeeding and adequate child spacing will help babies to grow healthy and fulfil their purpose in life... Breastfeeding is key to the survival of a child; it promotes the child's health and brain development." Prof. Adewale Oke, the Chief Medical Director of Lagos State University Teaching Hospital (LASUTH) in Ikeja, said Nigeria had the second highest neonatal mortality rate in the world. The rate could be reduced through adequate baby care such as exclusive breastfeeding, immunisation and healthy lifestyle. He urged fathers to encourage their wives to make the breastfeeding process succeed. **Source:** 'Nigeria: Fashola Tasks Mothers On Family Planning', 15 April 2014, see: <http://allafrica.com/stories/201404160145.html>**

**What lessons have we learned from the Health MDGs?**

Reaching a goal can be challenging, sometimes we achieve our goals and sometimes we do not. Nonetheless the process provides us with an opportunity to learn a lesson or two. Here are some of the lessons learned from the health MDGs over the decades.

**Successes**

- More high-level discussions have taken place (Raised the political profile)
- More grassroots organisations are involved (Mobilised civil society)
- More money is made available for health (Increased development aid for health)
- Health outcomes are improving (Considerable improvement in health outcomes in low and middle-income countries)

**Shortcomings**

- The gap between rich and poor is increasing (Lack of focus on equity)
- A Human Rights based approach is missing
- The MDG process is a top-down process
- It encouraged quick-fix technical approaches and focussed only on communicable diseases
- There was a more fragmented approach to health, and between other development sectors (e.g. environment, climate change, poverty, education, gender equality)

Let's take these lessons to heart and see how BREASTFEEDING can help push the MDG and post 2015 agenda forward.

**BREASTFEEDING helps save lives and is good for mothers' health too!**

**What the experts recommend**

- Initiate breastfeeding within one hour of birth.
- Exclusive breastfeeding for the first 6 months of life.
- Continued breastfeeding for 2 years or beyond with adequate complementary feeding from 6 months of age.



**To think about:**

- What are the main causes of death among children in your country? What are the underlying reasons for these?
- What percentage of infants in your country is enabled to initiate breastfeeding within one hour of birth, and to breastfeed exclusively for 6 months? How has this changed in the last 10 years?
- What are the main barriers to exclusive breastfeeding in your work sector? Are there any workplaces taking actions to make it easier for working women to continue breastfeeding once they return to work?
- Whether or not mothers breastfeed their babies, and how and whether they are able to provide safe and adequate complementary foods is strongly influenced by socio- economic factors, commercial and cultural pressures, and conditions and contexts in which they live, including emergencies and chronic health crises.



**So what is needed and why?**

Achieving the Millennium Development Goals (MDGs 4 and 5 especially) requires more early, exclusive and continued breastfeeding. Breastfeeding needs to be protected, promoted and supported by ALL. We need to build on the successes and address the shortcomings of the MDG process. **For each shortcoming let's have a response, a breastfeeding response!**

- **Lack of equity?** Focus on protecting and supporting breastfeeding in the most VULNERABLE groups in society.
- **No bottom-up approach?** Involve GRASSROOTS and people-centered policy and programme initiatives in breastfeeding protection, promotion and support.
- **Lack of human rights focus?** Use HUMAN RIGHTS FRAMEWORKS to protect, promote and support breastfeeding.
- **Lacks integration into other development sectors?** Link breastfeeding to the LARGER DEVELOPMENT ISSUES e.g. poverty, gender and environment/climate change.

- **Protection** means ensuring that women and their families receive scientifically factual information and support that is independent of vested business-interests, for example from the baby food industry and/or professionals. Implementing and monitoring the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions will help protect breastfeeding.
- **Promotion** means informing and raising awareness of the importance of breastfeeding and mobilizing people to take action. World Breastfeeding Week is an example of mass awareness raising and promotion of breastfeeding.
- **Support** means providing access to information, skilled clinical help and counselling, and practical and emotional backing to mothers to enable them to initiate, manage and sustain breastfeeding wherever they are. Maternity protection entitlements can help working mothers continue breastfeeding.

**How Breastfeeding Saves Lives....**

**Exclusive breastfeeding (only breastmilk, nothing else) in the first 6 months is especially important as:**

- 11-13% of all the deaths in children (under 5 years of age) could be prevented if they were exclusively breastfed for 6 months.
- Another 6% of under-5 deaths could be prevented with adequate, safe and timely complementary feeding. Infants who are not breastfed have a seven-times and five-times higher risk of dying from diarrhoea and pneumonia respectively, compared with infants who are exclusively breastfed.
- UNICEF's State of the World's Children Report 2012 highlights that only 37% of the 134.6 million infants born worldwide were exclusively breastfed in the first 6 months. This leaves almost 85 million babies whose chances of survival and healthy development have been compromised.
- Similarly, only 60% of infants started complementary feeding between 6-9 months of age. This means that millions of babies had either been given complementary foods too early or too late.
- Breastfeeding has been shown repeatedly to be the single most effective way to prevent infant death. It plays a major role in children's health and development, and significantly benefits the health of mothers.
- Early and exclusive breastfeeding improves newborn care and reduces neonatal mortality, which contributes to the majority of infant deaths.

**Linking to the larger development issues**

**Poverty and Breastfeeding**

Breastfeeding protection, promotion and support are important in fighting poverty, which is the first MDG. Breastfeeding reduces the effects of extreme poverty by offering safe and sustainable food and nutrition, health and emotional security to the weakest and most helpless members of the population, infants and young children. Breastfeeding costs much less than breastmilk substitutes for example infant formula, which can consume more than two thirds of a household income. In addition to the formula, a mother needs bottles, teats, equipment and fuel to sterilize, and also, transportation and medical costs when her child becomes ill.

**Questions: How much does it cost to provide infant formula for six months in your country? Is breastfeeding part of the food security agenda in your country?**

**Breastfeeding is a Human Rights issue**

Breastfeeding support and protection are so important that they are enshrined in several Human Rights instruments. The Convention on the Rights of the Child (CRC) spells out the right of the child to the highest attainable standard of health, for which breastfeeding is the foundation. This places an obligation on the Government and society as a whole to create favourable conditions, and to remove obstacles to breastfeeding, including all forms of promotion of breastmilk substitutes, bottles and teats, as provided for in the International Code of Marketing of Breastmilk Substitutes (The International Code) and subsequent relevant World Health Assembly (WHA) Resolutions. In terms of protecting the breastfeeding rights of women, The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) requires Governments to "ensure that family education includes a proper understanding of maternity as a social function ...". This includes protecting women against dismissal on the grounds of pregnancy or of maternity leave, and ensuring that women have access to appropriate services in connection with pregnancy, confinement and the post-natal period, including "adequate nutrition during pregnancy and lactation." Hence the human rights framework provides us with an opportunity to approach governments and suggest practical measures they should be adopting to fulfill their obligations under these human rights instruments. The relevant Treaty Bodies that oversee the implementation of the Conventions (the Committees for the CRC and CEDAW) can also be engaged to ensure that they monitor progress on the implementation of the breastfeeding rights of mothers and babies, and make appropriate recommendations when government action is insufficient.

**Questions: Has government action been sufficient in your country or community to protect, respect and fulfil the breastfeeding rights of mothers and their babies, and if not, what is missing?**

**And a Sustainable Environmental issue**

Linked to future generations is the issue of climate change due to unsustainable industrial, agricultural and lifestyle practices. Youth and grandparents also need to be involved in the protection, promotion and support of breastfeeding. They ARE focused on the needs of future generations. Breastfeeding offers a "green" alternative, and Governments and policy-makers must be convinced to take adequate measures to reduce the rate of bottle-feeding based on the negative impact on the environment of artificial feeding and the positive effect of breastfeeding.

**Questions: What efforts have been made by the government and other agencies in your country to consider breastfeeding as a green alternative? Is your government fully implementing the International Code on the Marketing of Breastmilk substitutes?**

**Gender and Breastfeeding**

The field of international health and nutrition is recognizing that gender dynamics are a major social determinant of health and nutrition outcomes and have an impact on the MDG's. Gender refers to the socially constructed differences and relations between men and women, which are learned, and not biological. These vary widely among societies and cultures, and change over time. The term 'gender' is used to characterize the differing traits of masculine and feminine. These traits affect the roles, responsibilities, constraints, opportunities, and needs of women and men in all areas of life and in any given social context. It has been shown that gender inequalities, and the coercion and violence that maintain gender inequalities, have a direct impact on maternal depression, and maternal care practices as well as infant and maternal mortality rates. It has a direct impact on breastfeeding practices within households. Fathers have a direct role in supporting breastfeeding within households and in public spaces.

**Questions: What are ways a father can support the mother to have confidence to exclusively breastfeed for 6 months and continue breastfeeding for 2 years or beyond? In what ways can grandmothers link with their daughters and daughters-in-law to support breastfeeding?**

**Comprehensive frameworks for action**

A comprehensive international policy framework to enable optimal breastfeeding is already in place, the Global Strategy on Infant and Young Child Feeding (GSIYCF-WHA Res. 55:25 of 2002). The GSIYCF is rooted in several international policy instruments, and is accompanied by programmatic guidance and implementation tools. However, there has been a lack of international commitment to provide the human and material resources necessary for widespread implementation of this policy framework. Furthermore, many initiatives addressing IYCF are industry funded and as such create a potential for conflict of interest. Read more about Conflict of Interest here <http://www.ibfan.org/art/538-1.pdf>

The World Breastfeeding Trends Initiative (WBTi) report from 51 countries documents the gaps in 10 areas of policies and programmes for implementation of the GSIYCF. None of the 51 countries have fully implemented the Global Strategy. The averages score ranges from 2.56 for Infant Feeding during Emergencies to 7.21 for Implementation of the International Code. WBTi country reports have been used by WHO as a source of information for the report 'Country implementation of the international code of marketing of breast-milk substitutes: status report 2011', (available at: [http://apps.who.int/iris/bitstream/10665/85621/1/9789241505987\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/85621/1/9789241505987_eng.pdf)).

