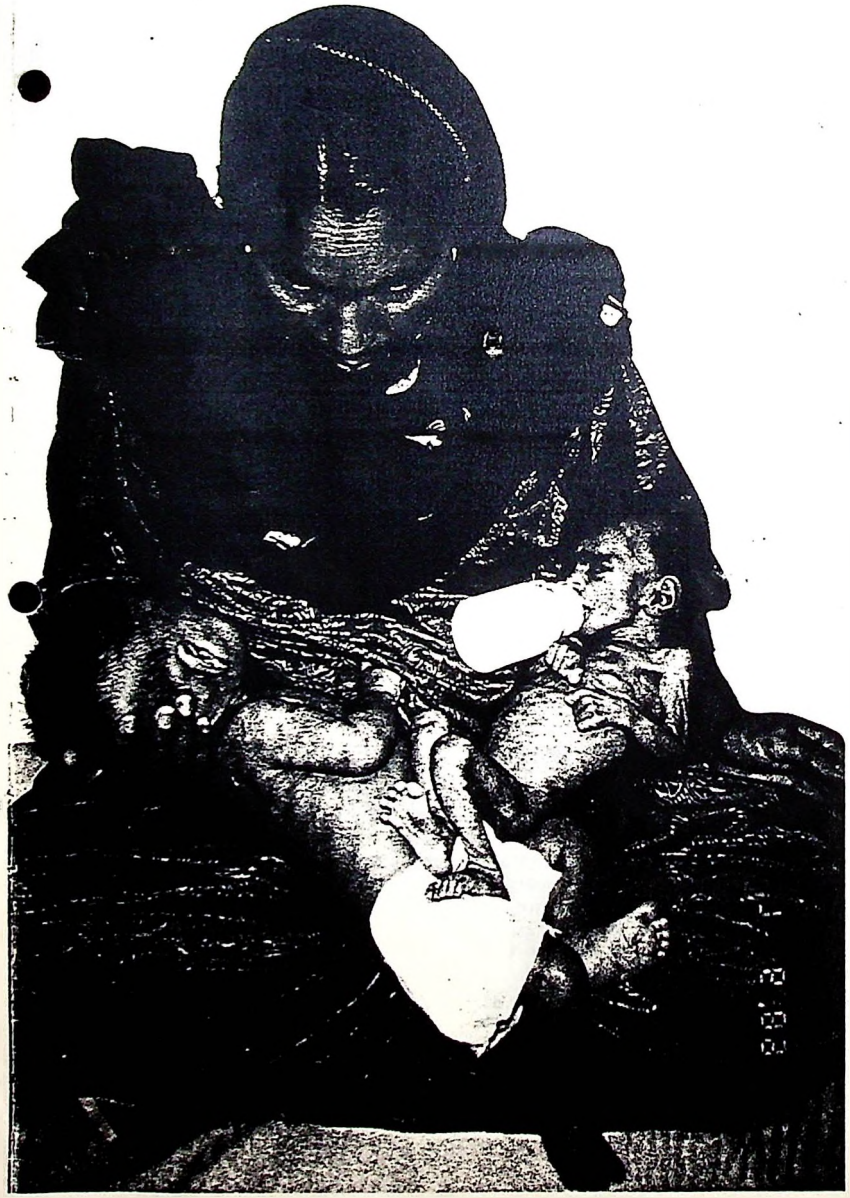
UNITED NATIONS NATIONS UNIES

ADMINISTRATIVE COMMITTEE ON COORDINATION – SUBCOMMITTEE ON NUTRITION

Extracts from: *May 1991*

SCN NEWS

A periodic review of developments in international nutrition
compiled from information available to the ACC/SCN



This picture tells two stories: most obviously, about the often fatal consequences of bottle-feeding; more profoundly, about the age-old bias in favour of the male. The child with the bottle is a girl – she died the next day. Her twin brother was breastfed. This woman was told by her mother-in-law that she didn't have enough milk for both her children, and so should breastfeed the boy. But almost certainly she could have fed both children herself, because the process of suckling induces the production of milk. However, even if she found that she could not produce sufficient milk – unlikely as that would be – a much better alternative to bottle-feeding would have been to find a wet-nurse. Ironically, this role has sometimes been taken by the grandmother. In most cultures, before the advent of bottle-feeding, wet-nursing was a common practice.

"Use my picture if it will help", said the mother. "I don't want other people to make the same mistake."

Source: UNICEF.

Photo: Courtesy of Children's Hospital, Islamabad, Pakistan.

Reprinted with support from UNICEF

The Lesser Child

The photograph on our cover is horrifying. Another baby girl dies unnecessarily. The Department of Child Development, Government of India, with assistance from UNICEF, has produced a compelling account of the plight of "The Lesser Child".

"In a culture that idolizes sons and dreads the birth of a daughter, to be born female comes perilously close of being born less than human. Today the rejection of the unwanted girl can begin even before her birth: prenatal sex determination tests followed by quick abortions eliminate thousands of female foetuses before they can become daughters. Those girls who manage to survive till birth and beyond find that the dice is heavily loaded against them in a world that denies them equal access to food, health, care, education, employment and simple human dignity.

"Born into indifference and reared on neglect, the girl child is caught in a web of cultural practices and prejudices that divest her of her individuality and mould her into a submissive self-sacrificing daughter and wife. Her labour ensures the survival and well-being of her family but robs her not only of her childhood but also of her right to be free of hunger, ignorance, disease and poverty.

"We expect tommorrow's woman to become the pivot of social change and development. Yet today we deprive her of her rightful share of food, schooling, health care and employment, then marvel that she does not come running to get her children immunized, or when she refuses to send them to school or practice good nutrition, hygiene and birth control ... Unless the girl becomes a priority in health, nutrition and education policies, can there be Health for All by 2000, or universal elementary education, or social justice and equality? It is already late. But perhaps not too late."

A number of key statistics are used to illustrate the problem. The sex ratio (females per thousand males) is shown to have declined during this century, for example from 972 in 1901, 950 in 1931, and down to 933 in 1981; variation in the sex ratio between states is also illustrated, with a high value of 1032 in Kerala, dropping to below 800 even in some states (although migration may account for some of this, it clearly does not account for all). Anthropometric data also tell a sad tale: data quoted from one area show, for example, these differentials for growth retardation (adding mild, moderate, and severe). In infants, the prevalence among females was estimated at 79%, versus 43% in males – almost double; in one to two year olds, these figures became 86% compared with 63%; and preschoolers 72% against 65%. This also illustrates that the effects are particularly severe in the first year of life, and suggests that girls become relatively better able to look after themselves as they grow older. The morbidity patterns quoted, from rural Tamil Nadu, show much higher incidence of diseases such as respiratory infections among young girls; poignantly, the only condition in which boys are more affected than girls is dental caries, perhaps resulting from the observation made in "The Lesser Child" that "although there are great variations in feeding practices across the country, it is generally true that boys eat better than girls even in privileged families. Sons are more likely to be given milk, eggs, meat and fruit in their diet. As they grow older, boys spend part of their earnings on food and snacks while girls continue to eat the same unvaried diet at home."

The book, though short, makes the compelling point very clearly and repeatedly. But it continues to suggest that not only long term changes must be brought about, particularly through education, but that there are also programmes that can be effective now. "The glaring disparity between male and female infant mortality rates, if plotted on a map, shows a clear belt running across the north-western part of the country, with a few pockets elsewhere, and this is where immediate health and nutrition interventions must now focussed."

"The ICDS (Integrated Child Development Services) network is clearly one effective response to the problem of early neglect of young children. Through its immunization, nutritional supplementation and pre-school education components (which now reach ten million children) it can offset the discrimination a girl faces at home and can lay the foundation for healthy physical and mental development. But an urgent answer has to be found for meeting the needs of girls in the 6-14 year age-group, for this is when they have either dropped out of school or are too old for ICDS and are nobody's concern. They have to wait until they are 15, which is when they become another target group that the health system recognizes – "women in the reproductive age-group". Perhaps it is time to enlarge the scope of ICDS projects so that they can include girls between the ages of 6 and 14 years. This is an important period in a girl's life, when major biological, psychological and social changes take place. . . . repeated adolescent pregnancies, common in many parts of rural India, arrest this growth spurt and prevent full physical maturation of the girl, affecting not only her own health, but also the survival and development of her offspring."

> *"Through a haze of heat and pain, Sushma hears the dai mutter 'Another daughter' and bursts into uncontrollable sobs. Throughout her third pregnancy she has fasted and prayed for a son. Burdened by the guilt of having two daughters, she has supplicated every deity she knows, praying to Shiva, to Santoshi Mata, even walking to the outskirts of the village to prostrate herself at the grave of the Pir Baba. Now the sound of her mother-in-law's wailing fills the air ..."*
>
> Source: "The Lesser Child", p. 4.

OPERATIONAL TARGETS (Proposed in the Innocenti Declaration).

All governments by the year 1995 should have:

- appointed a national breastfeeding coordinator of appropriate authority, and established a multisectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organizations, and health professional associations;
- ensured 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 "Protecting, promoting and supporting breast-feeding: the special role of maternity services";
- taken action to give effect to the principles and aim of all Articles of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions in their entirety; and
- enacted imaginative legislation protecting the breastfeeding rights of working women and established means for its enforcement.

We also call upon international organizations to:

- draw up action strategies for protecting, promoting and supporting breastfeeding, including global monitoring and evaluation of their strategies;
- support national situation analyses and surveys and the development of national goals and targets for action; and
- encourage and support national authorities in planning, implementing, monitoring and evaluating their breastfeeding policies.

Ten steps to successful breast-feeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breast-feeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breast-feeding.
4. Help mothers initiate breast-feeding within a half-hour of birth.
5. Show mothers how to breast-feed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless *medically* indicated.
7. Practise rooming-in — allow mothers and infants to remain together — 24 hours a day.
8. Encourage breast-feeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breast-feeding infants.
10. Foster the establishment of breast-feeding support groups and refer mothers to them on discharge from the hospital or clinic.

Source: "Protecting, Promoting and Supporting Breast-Feeding – The special role of maternity services." A Joint WHO/UNICEF Statement. WHO, Geneva, 1989.

The Special Role of Maternity Services

A Joint WHO/UNICEF Statement entitled "Protecting, Promoting and Supporting Breast-feeding, The special role of maternity services", lays out ten steps for maternity services; the Foreword by the Heads of the two agencies stresses their universal relevance.

Foreword

In our world of diversity and contrast, we believe that this statement on the role of maternity services in promoting breastfeeding is striking for its universal relevance. The principles affirmed here apply *anywhere* maternity services are offered, irrespective of such labels as "developed" and "developing", "North" and "South", "modern" and "traditional". And the health professionals and other workers responsible for these services are well placed to apply them by providing the leadership needed to sustain, or if necessary re-establish, a "breast-feeding culture".

While discoveries are still being made about the many benefits of breast milk and breast-feeding, few today would openly contest the maxim "breast is best". Yet slogans, however accurate, are no substitute for action. That is why we invite all those concerned with providing maternity services to study this statement to see how they are helping or hindering breast-feeding. Are they encouraging and supporting mothers in every possible way? We urge them, wherever they might be, to ensure that their services are fully mobilized to this end and thereby to bear witness to the unequalled excellence of breast-feeding for infants and mothers alike.

Hiroshi Nakajima, M.D., Ph.D.
Director-General
World Health Organization

James P. Grant
Executive Director
United Nations
Children's Fund

Facts for Life

Of the many publications available emphasizing the importance of breastfeeding, one of the most accessible is "Facts for Life" sponsored by UNICEF, WHO and UNESCO in partnership with many of the world's leading medical and children's organizations. Here are some specific messages on this topic.

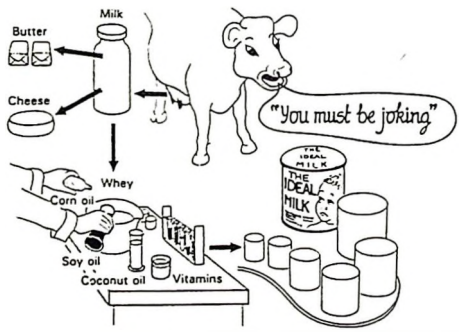
What every family and community has a right to know about breastfeeding

Babies fed on breastmilk have fewer illnesses and less malnutrition than babies that are fed on other foods. Bottlefeeding, especially in poor communities, is therefore a serious threat to the lives and health of millions of children.

Source: "Facts for Life: A Communication Challenge." UNICEF, WHO and UNESCO, 1989.

Breastmilk alone is the best possible food and drink for a baby in the first four-to-six months of life.

* From the moment of birth up to the age of four-to-six months, breastmilk is all the food and drink a baby needs. It is the best food a child will ever have. All substitutes, including cow's milk, milk-powder solutions, and cereal gruels, are inferior.
* Even in hot, dry climates, breastmilk contains sufficient water for a young baby's needs. Additional water or sugary drinks are not needed to quench the baby's thirst.
* Breastmilk helps to protect the baby against diarrhoea, coughs and colds, and other common illnesses. The protection is greatest when breastmilk alone is given to the baby during the first four-to-six months.
* Other foods and drinks are necessary when a baby reaches the age of four-to-six months. Until the age of nine or ten months, the baby should be breastfed before other foods are given. Breastfeeding should continue well into the second year of life – and for longer if possible.
* Frequent breastfeeding, both day and night, helps to delay the return of menstruation and so helps to postpone the next pregnancy. But breastfeeding, on its own, is not a reliable method of family planning.



Source: Reproduced from "My Name is Today" (1986), TALC, P.O. Box 49, St Albans, Herts AL1 4AX, U.K.

Bottlefeeding can lead to serious illness and death.

* Cow's milk, milk-powder solutions, maize gruel and other infant foods given by bottle do not give babies any special protection against diarrhoea, coughs and colds and other diseases.
* Bottlefeeding can cause illesses such as diarrhoea unless the water is boiled and the bottle and teat are sterilized in boiling water before each feed. The more often a child is ill, the more likely it is that he or she will become malnourished. That is why, in a community without clean drinking water, a bottlefed baby is 25 times more likely to die of diarrhoea than a baby fed exclusively on breastmilk for the first four-to-six months.
* The best food for a baby who, for whatever reason, cannot be breastfed, is milk squeezed from the mother's breast. It should be given in a cup that has been sterilized in boiling water. Cups are safer than bottles and teats because they are easier to keep clean.
* The best food for any baby whose own mother's milk is not available is the breastmilk of another mother.
* If non-human milk has to be used, it should be given from a clean cup rather than a bottle. Milk-powder solutions should be prepared using water that has been brought to the boil and then cooled.
* Cow's milk or milk-powder solution can cause poor growth if too much water is added in order to make it go further.
* Cow's milk or milk-powder solutions go bad if left to stand at room temperature for a few hours. Breastmilk can be stored for at least 8 hours at room temperature without going bad.
* In low-income communities, the cost of cow's milk or powdered milk, plus bottles, teats and the fuel for boiling water, can be 25–50% of a family's income.

Source: Facts for Life – A Communication Challenge." UNICEF, WHO and UNESCO, 1989.

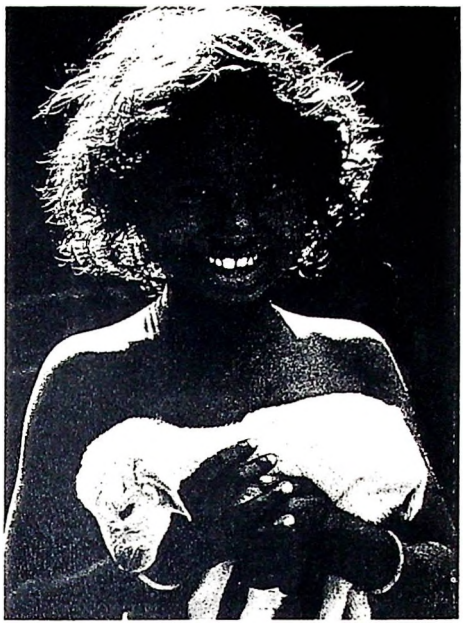
Recent Results – *"Water supplementation in exclusively breastfed infants in the tropics"*
This study from India, published in the Lancet on 20 April, showed that even in the heat, the breastfed infants studied were better off without any additional water (or anything else). "Our findings show that exclusively breastfed infants can adequately maintain water homoeostasis during summer months under the environmental conditions studied. Water supplementation is unnecessary and offers no additional advantage for maintaining hydration status", the authors state. "Among the potential hazards of water supplementation in the developing world, diarrhoea secondary to enteropathogen contamination and premature termination of breastfeeding are well documented. Our study also provides evidence of diminished breastmilk intake in infants receiving supplemental water."

Everyone's Concern

Although the book is specific to India, the issue extends far wider. Indeed, the same thoughts are exactly right for many other places, whatever the child's gender. The book finishes like this.

"An integrated and holistic approach to the girl-child's development is essential for the creation of a new environment in which she can be valued and nurtured. Our search for brave new efforts to give the girl-child her due, to allow her to evolve to her full potential, involves a process of social mobilization that will make her everyone's concern: the media, the family and the community, as well as government and voluntary agencies. By supplementing formal schooling with non-formal education that conforms to local needs and constraints; by enlarging the ambit of child development programmes with the creation of new channels to reach adolescent and pre-adolescent girls; by reinforcing constitutional mandates through widespread awareness of the rights of girls: these are only some of the ways in which we can empower the girl child to enter the mainstream of economic and social activity. And help her to walk out of the maze of neglect in which she has been lost for centuries."

Source: "The Lesser Child", Dept. of Women and Child Development, Ministry of Human Resource Development, Govt. of India, with assistance from UNICEF.



Breastfeeding — More Important than Ever

The benefits of breastfeeding and dangers of bottle-feeding as two sides of a complex set of issues are constantly becoming better understood. Breastfeeding is well known to reduce exposure to pathogens in the environment, to give protection by immunization, to provide anti-bacterial and anti-viral substances, and to supply the correct mix and density of nutrients; it also has very little direct cost. Bottle feeding, in contrast, tends to be contaminated, non-ideal in terms of nutrients, and not affordable to many families in poor societies.

New knowledge expands our realization of the sophisticated meshing of the newborn infant's needs and the mother's ability to provide for them — not only to nourish but to protect[1]. A continuity has evolved to bridge the gap between the safety of the womb and the shock of post-natal life, when the gut suddenly replaces the placenta as an interface with the world. The immature infant gut is adapted to the nutrition and protection of breast milk. Antibodies from colostrum and then breastmilk protect the gut and provide some immunity against other infections. Antibiotic activity in breast milk proteins is being shown to be selective against precisely certain of the harmful bacteria that cause infantile diarrhoea. The protein of breast milk is tailor-made to the infant's needs, and is quite innocuous unlike many non-human proteins. The hazards of sudden exposure of the fragile gut to foreign materials is now being realized. The gut matures in the first few months — the recommendation for 4–6 months' exclusive breastfeeding is no accident.

But before this time, researchers are beginning to realize just how vulnerable the infant gut is, and protection by excluding everything but breast milk is of crucial importance — for preventing contamination with pathogens and exclusion of foreign materials.

The story goes on. The natural effect of suckling itself in delaying the resumption of fertility is better understood — protecting the infant from displacement by a new pregnancy, and the mother's health from excessive reproductive stress.

This process needs to be fostered throughout the world. "It is still true to say that the artificial feeding of our infants has been the largest uncontrolled clinical experiment in human history[2]." Here we highlight a number of recent summaries from the UN system on these issues, mainly compiled from material in *SCN News*. The first is known as the "Innocenti Declaration". This is followed by the recommended steps for maternity services, from WHO and UNICEF. Messages from "Facts for Life" (information was distributed with *SCN News No. 4*) are then extracted, giving succinct guidance on breastfeeding, and clear warnings on bottle feeding. The next item emphasizes relations between population and nutrition issues (from the SCN's recent symposium, article forthcoming in next *SCN News*), in particular the congruence of interests centred on breastfeeding. This extract, printed with support from UNICEF, aims to bring together some pertinent material to help promote and protect breastfeeding practices.

1. For a recent review see: "*Infant Feeding: the Physiological Basis*" Suppl. to Bull. WHO **67**, 1989, edited by J. Akre; reviewed in *SCN News No. 6* p.56–7.
2. Minchin, M. *Birth* **14**, 25–34 (1987).

The Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding

The Innocenti Declaration on the protection, promotion and support of breastfeeding (cited below) was produced and adopted by participants at the WHO/UNICEF policymakers' meeting on "Breastfeeding in the 1990s: A Global Initiative" co-sponsored by the United States Agency for International Development (USAID) and the Swedish International Development Authority (SIDA), held at the Spedale degli Innocenti, Florence, Italy, on 30 July – 1 August 1990. The Declaration follows. Proposed operational targets are in the box opposite.

"RECOGNISING that

Breastfeeding is a unique process that:

- provides ideal nutrition for infants and contributes to their healthy growth and development;
- reduces incidence and severity of infectious diseases, thereby lowering infant morbidity and mortality;
- contributes to women's health by reducing the risk of breast and ovarian cancer, and by increasing the spacing between pregnancies;
- provides social and economic benefits to the family and the nation;
- provides most women with a sense of satisfaction when successfully carried out; and that

Recent research has found that:

- these benefits increase with increased exclusiveness[1] of breastfeeding during the first six months of life, and thereafter with increased duration of breastfeeding with complementary foods, and
- programme interventions can result in positive changes in breastfeeding behaviour;

"WE THEREFORE DECLARE that

As a global goal for optimal maternal and child health and nutrition, all women should be enabled to practise exclusive breastfeeding and all infants should be fed exclusively on breast milk from birth to 4–6 months of age. Thereafter, children should continue to be breastfed, while receiving appropriate and adequate complementary foods, for up to two years of age or beyond. This child-feeding ideal is to be achieved by creating an appropriate environment of awareness and support so that women can breastfeed in this manner.

Attainment of the goal requires, in many countries, the reinforcement of a "breastfeeding culture" and its vigorous defence against incursions of a "bottle-feeding culture." This requires commitment and advocacy for social mobilization, utilizing to the full the prestige and authority of acknowledged leaders of society in all walks of life.

Efforts should be made to increase women's confidence in their ability to breastfeed. Such empowerment involves the removal of constraints and influences that manipulate perceptions and behaviour towards breastfeeding, often by subtle and indirect means. This requires sensitivity, continued vigilance, and a responsive and comprehensive communications strategy involving all media and addressed to all levels of society. Furthermore, obstacles to breastfeeding within the health system, the workplace and the community must be eliminated.

Measures should be taken to ensure that women are adequately nourished for their optimal health and that of their families. Furthermore, ensuring that all women also have access to family planning information and services allows them to sustain breastfeeding and avoid shortened birth intervals that may compromise their health and nutritional status, and that of their children.

All governments should develop national breastfeeding policies and set appropriate national targets for the 1990s. They should establish a national system for monitoring the attainment of their targets, and they should develop indicators such as the prevalence of exclusively breastfed infants at discharge from maternity services, and the prevalence of exclusively breastfed infants at four months of age.

National authorities are further urged to integrate their breastfeeding policies into their overall health and development policies. In so doing they should reinforce all actions that protect, promote and support breastfeeding within complementary programmes such as prenatal and perinatal care, nutrition, family planning services, and prevention and treatment of common maternal and childhood diseases. All healthcare staff should be trained in the skills necessary to implement these breastfeeding policies. **"**

1. Exclusive breastfeeding means that no other drink or food is given to the infant; the infant should feed frequently and for unrestricted periods.

"Nutrition and Population"

The ACC/SCN held a symposium on "Nutrition and Population" at its annual session, hosted this year by UNFPA in New York, on 25–26 February 1991. The SCN, with representatives of all concerned UN agencies and with participation of bilateral donors, approved a statement on the issues including the following.

"Breastfeeding provides one link between nutrition and family planning with mutually beneficial effects at the level of the individual mother and child. Exclusive breastfeeding for 4–6 months is advised. Lactational amenorrhoea, prolonged by breastfeeding, is of great benefit through increasing birth intervals. There is an opportunity at this time for counselling on modern family planning methods, in particular those deemed most appropriate for lactating women.

"At an individual level, the health and nutritional status of the *mother* (particularly the adolescent mother) is a fundamental concern, in term of her nutritional resources, reproductive and productive roles and family planning needs. Increasing the length of birth intervals will reduce the likelihood of cumulative reproductive stress in the mother and improve her ability to adequately care for her child. The individual *child* too will benefit from birth spacing and maternal health through more adequate feeding and care practices.

"These are major reasons why family planning and nutrition services and information should be integrated. Programmatic considerations as to how to bring this about, in terms of policy formulation, programme planning, training and the support of community level initiatives present several challenges.

These include the following:

- appropriate training of health and family planning workers; the motivation to support and counsel women should emerge from common goals;
- reconciling programmatic priorities of agencies that differ in their support for the concept and practice of integrated breastfeeding and family planning strategies;
- recognition of constraints on exclusive breastfeeding due to competing demands on women's time, misinformation and other factors, hence the need for appropriate programmatic support to enable women to practise breastfeeding;
- resource mobilisation to provide relevant information, education and communications to promote the practice of breastfeeding and the adoption of contraceptives, including research on beliefs and obstacles to family planning and infant feeding."

From: "If Queen Victoria had known about LAM"
An editorial with this title in the Lancet (Vol 337, pp 703–4, March 23 1991) starts by explaining the important role of breastfeeding in child spacing, and notes that what Queen Victoria, who had 9 children ". . . failed to grasp was that, by putting every one of her babies to a wet-nurse the day it was born, she was destroying the role of breastfeeding in the spacing of pregnancies". Recent research clarifies why: ". . . In examining the proximate determinants of natural fertility, Bongaarts found that lactation-induced amenorrhoea was the single most important variable determining fertility". This has led to recommendations on family planning. "A consensus meeting sponsored by the World Health Organization, Rockefeller Foundation, and US Agency for International Development in Bellagio, Italy, on the contraceptive effect of lactation [concluded] that if a woman feeds her child on demand for up to 6 months after delivery and has not menstruated, then she has only a 2% chance of conceiving – a "failure" rate similar to that of most modern methods of reversible contraception".

The International Code of Marketing of Breast-Milk Substitutes: 10 years later

On 21 May 1981, by resolution WHA34.22, the Thirty-fourth World Health Assembly adopted the International Code of Marketing of Breast-Milk Substitutes in the form of a recommendation, in the sense of Article 23 of the WHO Constitution. A synthesis of action taken in countries from 1981–90, from information available to WHO, is given in the WHO document "The International Code of Marketing of Breast-Milk Substitutes: Synthesis of Reports on Action Taken (1981–1990)", WHO/MCH/NUT/90.1, issued in English, French and Spanish, which may be obtained from the Nutrition Unit, WHO Geneva. The intention in synthesizing all the information is to provide an overall picture of the steps that more than 150 countries and territories have taken during the last decade – individually, and in some cases collectively, through regional and interregional forums – to give effect to the principles and aims of the International Code.

Many non-governmental and other organizations have responded to the responsibility put forward in the Code (Article 11.4) for implementation and monitoring. The International Baby Food Action Network (IBFAN) is a coalition of more than 140 citizen groups in 70 developing and industrialized nations. The network promotes optimum child feeding practices world-wide and monitors compliance with the International Code of Marketing of Breast-Milk Substitutes, which it helped to develop. IBFAN regularly informs WHO of the activities of its affiliates in support of appropriate infant and young child feeding practices, including research, social support for women, breast-feeding promotion, and implementation of the International Code. The 1991 State-of-the-Code by Country – IBFAN's survey of measures taken by governments to implement its provisions – shows the position ten years after the Code was adopted by the World Health Assembly in May 1981. A booklet "Protecting Infant Health: A Health Workers' Guide to the International Code of Marketing of Breast-Milk Substitutes" is now available, from the International Organization of Consumers Unions (IOCU was a founding member of IBFAN), in 16 languages (Address: PO Box 1045, 10830 Penang, Malaysia).
(Sources: WHO/MCH/NUT/90.1; UNICEF)

Some quotes

"From the standpoint of nutritional needs, physiological maturation, and immunological safety the provision of foods other than breast milk before about four months of age is unnecessary and may also be harmful. On the other hand, many infants require some complementary feeding by about six months of age. There are a number of well known disadvantages and risks involved in too early complementary feeding, including interference with the infant's feeding behaviour, reduced breast-milk production, decreased iron absorption from breast milk, increased risk of infections and allergy in infants, and increased risk of a new pregnancy."
Source: "Infant Feeding: The Physiological Basis" Supplement to volume 67, 1989, of the Bulletin of the WHO. Edited by James Akre p.55.

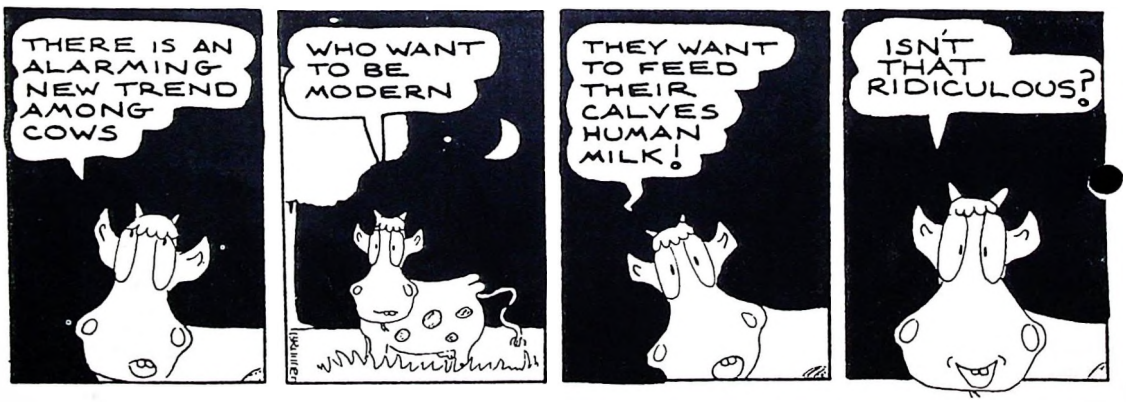
"Yesterday, merely because mothers were not effectively empowered with the knowledge, were not adequately motivated and not adequately supported to breastfeed, 3 to 4,000 infants and young children died. Today 3 to 4,000 died; 30 days ago another 3 to 4,000 died."
Source: James P. Grant, Executive Director of UNICEF, in Opening Statement to the WHO/UNICEF Policymakers Meeting on "Breastfeeding in the 1990s: A Global Initiative", Florence, 30 July 1990.

"As many as 4–5 million children die every year and many more suffer nutritional consequences of diarrhoeal diseases even with all the advances in knowledge and technology during the last three decades . . . There can be no doubt in any of our minds that breastfeeding directly reduces diarrhoea mortality and morbidity in the young infant . . ."
Source: Dr Hiroshi Nakajima, Director-General of WHO (Press release WHO/49, Dec. 1988)

"Promoting breastfeeding while countries undergo change will allow women to retain valuable traditional practices while adopting important western ones, such as modern forms of contraception, institutionalized births and employment outside the home. Promoting breastfeeding will also contribute to the effectiveness of family planning programs and allow those programs to work in concert with health and nutrition efforts. Projects with fertility limitation goals should therefore include breastfeeding promotion programs as complements to other services."
Source: Alan Berg and Susan Brems, "The Case for Promoting Breastfeeding in Projects to Limit Fertility", World Bank Technical Paper No. 102, 1989.

"Even under conditions of extreme malnutrition, a lactating mother will continue to produce adequate milk for the baby, if necessary consuming her own body tissue; in some developing countries women lose weight during lactation. Sadly, those women who are least prepared for the nutritional stresses of lactation are also those who have the fewest choices. As a result of poverty, they are in no position to purchase or use milk formula in any safe manner . . . *and failure to breastfeed can be near a death sentence for the infant* . . . far more attention needs to be paid to the possibility of giving supplementary food to lactating mothers and to the adequate nutrition of young women around the age of puberty. Extra food for the mother can cost as little as one tenth the cost of artificial food for the baby."
Source: Lancet, 337, 703 (1991)

"Breastfeeding should be promoted in the context of health and well being of the woman."
Source: Dr Nafis Sadik, UNFPA Executive Director, in Opening Statement to the WHO/UNICEF Policymakers Meeting on "Breastfeeding in the 1990s: A Global Initiative", Florence, 30 July 1990.



The ACC/SCN is the focal point for harmonizing the policies and activities in nutrition of the United Nations system. The UN members of the SCN are FAO, IAEA, World Bank, IFAD, ILO, UN, UNDP, UNEP, UNESCO, UNFPA, UNHCR, UNICEF, UNRISD, UNU, WFC, WFP and WHO.

SCN News aims to provide information useful for those concerned with international nutrition. Publication of items in *SCN News* (and in this issue which is mainly extracts) does not imply endorsement of views given, nor necessarily the official positions taken, by the ACC/SCN and its member agencies. The status of quotes and other material is generally indicated in the text and/or sources.