

## Education, Policy and 'Me Too' Movement for Worldwide Exclusive Breast Feeding Campaign

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**Received:** November 30, 2018; **Published:** January 07, 2019

“Despite the benefits of breastfeeding, 1 in 5 babies in high-income countries are not breastfed at all, compared to just 1 in 25 in low-and-middle-income countries”.....UNICEF Press Release on 10<sup>th</sup> May 2018, on the eve of Mother’s Day.

The questions like why there is no substantial increase in exclusive breast feeding (EBF) rates cross the word? Secondly, what are the socio-economic and demographic circumstances for a 'ME TOO' like worldwide 'NO BREAST FEED' kind of modern societal trend prevailing in developed as well developing countries? It's axiomatic that mothers of almost every mammalian animal have been breastfeeding since ancient times. Perhaps, this might be the only practice which does not relate with any other factor, other than the natural instinct of 'mother's love'. We are in the 21<sup>st</sup> century and thinking of what has gone wrong with this natural instinct of 'mother's love'? In fact the entire imbroglio raises a big question mark over the morals, values and trend of world health education and health care systems across the globe. Someone has rightly said that “Breastfeeding is the best gift a mother, rich or poor can give her child, as well as herself”. The UNICEF press release on 10<sup>th</sup> May 2018 on the eve of mother’s day, is an alarm for every nation, wherein it has been stated that the number of babies missing out on breastfeeding is increasing, ironically among the world’s richest countries. The press note also states that worldwide, approximately 7.6 million babies each year are not breastfed. The United States alone accounts for more than one-third of the 2.6 million babies in high-income countries who were never breastfed [1].

In real sense, past few decades research has inculcated the scientific vital significance and health benefits of breastfeeding for both children and women [2]. In the current state of the art, our traditional belief about the positive outcomes of breast feeding has been supported with immense scientific research driven understanding wherein, it has been unequivocally proved that EBF practice is a kind of passive immunization, a complete nutrition, a booster for cognition and provides protection against the two leading causes of death in children under 5 years, i.e. pneumonia and diarrhea. Different cohort studies have demonstrated that nearly half of all diarrhea related disorders and one-third of all respiratory infections can be managed with effective EBF practice. In brief, breastfeeding offers a major immune protection against infectious diseases which happens to be frequent causes of child death [3]. Nevertheless, series of clinical settings have demonstrated that women who are perform EBF have reduced risk of developing ovarian and premenopausal breast cancers, reduced risk of osteoporosis, faster recovery after childbirth with quicker expelling of the placenta and reduced risk of postpartum bleeding, helps in decreasing insulin requirements in diabetic mothers and thereby reduced risk of maternal type 2 diabetes, helps in preventing pregnancy etc [4,5].

Classically, EBF is defined as the practice of feeding an infant breast-milk for the first six months of life and no other food or water unless otherwise required. Of note, the health benefits of first hour breast feed are well known across the world. WHO and UNICEF have constantly emphasized on the significance of EBF to every child in the world and drafted new guidelines for promoting the breastfeeding in health systems of member countries [6]. In 2012, the World Health Assembly (WHA) Resolution 65.6 formulated a comprehensive pro-

gramme on maternal, infant and young child nutrition. Amongst the six global nutrition targets for 2025, the fifth target is aimed towards achieving the rate of EBF in the first six months up to at least 50% amongst the member states [7]. Despite the sizable research updates towards the significance of breast feeding and appreciable efforts of international agencies towards promoting the EBF, there exist social, cultural, economic, marketing, environmental, knowledge related and demographic barriers towards achieving the 2025 target of WHA [8,9]. The recent past analyses alarms the consequences of suboptimal breastfeeding practices, including non-exclusive breastfeeding. The report states that over 11.6% of mortality in children under 5 years of age is associated with not performing the practice of EBF and this mortality is almost equivalent to about 804 000 child deaths in 2011 [10]. The recent UNICEF report states that improving EBF practices worldwide could save the lives of an estimated 1.5 million children annually [11].

The first and foremost task is to educate the masses and inculcate the scientific health benefits of EBF to child and mother. This is important because in several developing and underdeveloped countries the education has still not reached to the economically poor and marginalized strata of the rural areas. As a result, there are demographic variations in implementing the practice of EBF [12,13]. Some of the major factors like effective marketing and promotion of infant formula, milk powder and other breast-milk substitutes, societal misconceptions, EBF non-supportive hospital and health-care practices, lack of adequate skilled support at health facilities level and at community level, inadequate maternity and paternity leave legislations in favour of EBF, and lack of knowledge about the adverse consequences of non EBF etc. contributes towards the low exclusive breastfeeding rates globally. Therefore, a time has come now to re-enforce and revisit the promotion of the EBF practices at National health system level, at community level and at policy making level. For example, at the health-system level, successful implementation of the 10 steps to successful breastfeeding of the Baby-friendly Hospital Initiative and its certification process significantly improve rates of exclusive breastfeeding [14]. By formulating effective comprehensive policy and regulatory frameworks, the nations like Sri Lanka, Cambodia and Malawi have achieved dramatic increase in EBF rates [15]. The international agencies like WHO and UNICEF needs to design more comprehensive strategies and guidelines towards effective implementation of EBF and keep monitoring as well. Nevertheless, Counselling of mothers during the entire course of child development has significant positive effects on rates of EBF [14]. The 'ME TOO' movement is still in lime light because the every affected individuals (women) have got a platform for expression. In a similar manner launching a 'ME TOO' movement for EBF, might catch hold the attention of women across the globe towards the rejuvenating the significance of breast feeding.

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**Volume 8 Issue 2 February 2019**

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