

BREAST- FEEDING POLICY FOR BHUTAN

POLICY STATEMENT:

1. *To promote, protect and support breast-feeding, it is the will of the Royal Government of Bhutan that all children be exclusively breast-fed for the first four months and to continue breast-feeding till the child attains two years of age.*
2. **All ministries, organisations, institutes and private sectors shall:**
 - **Support regulations in line with SAARC code for The Protection of Breast-feeding and Young Child Nutrition.**
 - *Extend the maternity and paternity leave to facilitate the exclusive breast-feeding*
 - **Adopt** *guidelines concerning breast-feeding and HIV issues in the best interest of the individual.*

Background:

Breast-feeding is the best nutrition for the baby. There is no substitute for the Breastmilk. Breast-feeding ensures optimum physical as well as mental growth since it contains all the required nutrients, including numerous hormones and growth factors. Breastmilk also contains antibodies and enzymes, which protects the child against malnutrition and illness such as diarrhoea and respiratory infections. Therefore, breast-feeding saves lives. It is also beneficial to the health of mothers.

With the introduction of modern technologies and the adoption of new life styles, the importance of optimum traditional breast-feeding practices was reduced in many societies. The prevalence and the duration of breast-feeding declined in many parts of the world, while bottle-feeding increased rapidly.

The main reason for the increase has been direct or in-direct promotion of Breastmilk substitutes. Also, unfortunately, health services have been a major factor to this decline, either by failing to support or encourage breast-feeding, or by introducing routines and procedures that interfere with normal initiation and establishment of breast-feeding.

Every child has the right to breastfeeding. There have been many conventions and declarations supporting “promotion, protection and support

for breastfeeding". The Convention of Rights of the Child states that every child has the "*right to good nutrition*" and therefore, the right to be breastfed. *Article 24* of the convention calls for "*informing all segments of society about child health and nutrition, including the advantages of breastfeeding*". In 1990, the Royal Government of Bhutan ratified the convention. Thus, it is our moral as well as legal obligation to "promote, protect and support breastfeeding".

There have been many specific global measures on breastfeeding in the last century. As early as 1919, International Labour Organisation adopted the Convention on Maternity Protection¹ calling for provision of maternity leave so that working women can fulfill their right to establish and sustain breastfeeding. Benefits of exclusive² breastfeeding were presented as a compelling justification for legislation to protect the rights of working women.

In 1981, World Health Assembly and its member states unanimously³ adopted WHO/UNICEF's "International Code of Marketing of Breastmilk Substitutes" to protect breastfeeding by regulating marketing of breastmilk substitutes.

Code implementation has been recognised by the Committee on the Rights of the Child as an appropriate measure in implementing the CRC. Also, in 1996, SAARC countries adopted "SAARC Code for the Protection of Breastfeeding and Young Child Nutrition".

The Baby Friendly Hospital Initiative (BFHI) was launched in 1993 to ensure that health care facilities provided an environment where breastfeeding was the norm and supported. The main component of the BFHI is to equip health workers with appropriate knowledge on breastfeeding and implementation of "Ten Steps to Successful Breastfeeding".

In 1991, the Innocenti Declaration⁴ reinforced the importance of the International Code, Convention on Maternity Protection and the BFHI and recommended governments to set these measures as operational targets.

Situation Analysis

In Bhutan, breastfeeding is universal. According to a study done in eastern Bhutan, breastfeeding was carried out by almost all mothers and was found to fulfill invaluable social functions in addition to its biological and emotional properties. The median duration of breastfeeding was 28 months. However, the study also found that giving pre-lacteal feeds such as butter and flour was quite common. Almost two-thirds of mothers gave pre-lacteal feed before initiating breastfeeding.

Many mothers even delayed breastfeeding for up to three days. It was also found that 90% of mothers only exclusively breastfed for two months. There

¹ Convention 3, 1919, Convention 103, 1952 (Revised)

² Only Breastmilk (with exception of vitamins, minerals and medicines)

³ Adopted all member states, except USA

⁴ "Innocenti Declarations on promotion, protection and support of breastfeeding" was held in Florence attended by UN agencies, Health experts and officials from 33 governments

is also an indication that bottle-feeding and use of breastmilk substitutes is increasingly becoming more common.

1. Breast-feeding Practices

In Bhutan almost all mothers breastfeed and the total duration of breastfeeding is more than two years. However, there are practices that need improvement. Key issues that need to be addressed are as follows:

- 1a. All mothers should be encouraged to breastfeed their babies as soon as possible after birth. This is very crucial for establishing successful breastfeeding. Colostrum, the first breastmilk, is very important for its immunological properties. Therefore mothers should be encouraged to feed colostrum to their babies.
- 1b. Mothers should be encouraged to exclusively breast-feed from birth until 4 months of age (as appropriate for the Bhutanese context). Breast milk alone can sustain optimum growth and development and health for four months.
- 1c. Mothers should be encouraged to breast-feed their babies as often as possible and as much as the infant wants.
- 1d. Children should continue to be breastfed for up to two years of age or beyond, while receiving nutritionally adequate and safe complementary foods after four months. Mothers should be supported with appropriate knowledge on complementary feeding and other aspects of care such as psychosocial practices, food preparation, home health practices and hygiene to ensure optimum early childhood development.

2. Regulation of Marketing of Food Products and Feeding Equipment Suitable for Children below Two Years of Age

The marketing of food products and feeding equipment for the children below two years of age will be regulated in accordance to the “SAARC Code on Protection of Breastfeeding and Young Child Nutrition, 1996”. The following provisions are to be adhered to amongst others:

- 2a. The manufacturers should seek a written approval from the breast-feeding committee for sale of any products suitable for children below the age of two. The committee will decide (and identify) which products fall into this category.
- 2b. There will be no promotion of these products through various media channels in Bhutan and the distribution of free or low cost products or samples of such products or sponsorships to mothers and health workers from related companies of such products is prohibited.

- 2c* The label of the products must not contain anything that discourages breastfeeding nor shows pictures, graphics or drawings, other than graphics required to illustrate correct instructions on hygienic preparation.
- 2d. No company-funded research is allowed unless approved by the government or the breastfeeding committee and any publication of findings must disclose the source of funding.

*The Royal Government of Bhutan or the breastfeeding committee will decide (and identify) the products, which will be applicable for Provisions c.

The Royal Government of Bhutan or the breastfeeding committee will have the right to amend these provisions and for full implementation of above provisions the Royal Government of Bhutan or the breastfeeding committee will promulgate rules or regulations as necessary.

3: Maternal and Paternal Leave

The benefits of exclusive breastfeeding and the right of a child to be exclusively breastfed are compelling justifications to protect the right of the working women to paid leave so that they can fulfill their right to exclusively breastfeed their children.

Women work in different types of workplaces, which include both informal settings such as farms, plantations, markets and more formal settings such as offices, factories, schools and hospitals. Every work place has unique resources and constraints, but can strive to support women to breastfeed through creative solutions to meeting this need in a successful manner.

It is our responsibility to ensure that workplaces are “Mother Friendly” by helping employers realise the importance of breastfeeding and as well the benefits of creating such “Mother Friendly Work Places”. Obvious benefits include decreased absenteeism, increased morale and improved work productivity. Support should be provided in the following ways:

- 3a. Working mothers should be allowed maternity leave for a minimum of three months (with full pay) in accordance with government policy for exclusive breast-feeding. One-hour nursing break (divided between a morning and an afternoon feed) should be allowed when the mother returns to work until the child reaches 24 months.
- 3b. Working fathers should be allowed paternal leave for minimum two weeks (with full pay). Fathers also have equal responsibilities toward ensuring the well-being of their child and in providing support to the mother at this time.

- 3c. The development and use of orientation packages on “Breastfeeding and Mother Friendly Work Places” for the employers should be taken up (perhaps by the implementing committee?) to support the understanding and development of Mother Friendly Work Places.

The above stated measures should be applicable to government as well as private sectors.

4: Advocacy and Social Mobilisation

Almost all mothers breastfeed in Bhutan but very few know the immense benefits of breastfeeding and some of the current breastfeeding practices are far from optimum. To promote, protect and support breastfeeding and to ensure an environment where breastfeeding is the norm and fully supported, the community has to be mobilised and advocacy efforts require strengthening to further generate awareness about the importance of breastfeeding through the following ways:

- 4a. Public awareness and informational campaigns should be continued and promoted through all possible channels of media to educate and increase the understanding of the importance of breastfeeding.
- 4b. The formal education curriculum (as well as non-formal channels such as NFE programs) should also contain information on the importance of breast-feeding and other issues outlined in the National Policy.
- 4c. Breastfeeding messages should be integrated into existing child health interventions. Breastfeeding can be promoted in the control of diarrhoeal diseases and acute respiratory infection, through growth monitoring and family planning programmes, etc.

5: Training of Health Workers

Health workers should be the main advocates of optimum breastfeeding practices. They should have knowledge on appropriate breastfeeding practices so that they can counsel and support mothers to initiate and sustain successful breastfeeding.

- 5a. Health workers should be familiarised with the National Breast-feeding Policy and the importance of their role in supporting components contained therein.
- 5b. Health workers should be trained about the importance and superiority of breast-feeding and lactation management so that they can support mothers to initiate and sustain successful breast-feeding. Health workers should also implement the “Ten Steps for Successful Breast-feeding”, as advocated by WHO and UNICEF (Annex I).
- 5c. Health workers should work to eliminate practices such as giving pre-lacteal feeds and delaying initiation of breastfeeding that directly or

indirectly interfere with normal initiation and establishment of breastfeeding within the community.

- 5d. Health workers should encourage and assist communities to establish “Mothers’ Support Groups” so those mothers are able to receive support and counselling regarding breastfeeding in both antenatal and post-natal periods.

6: Breast-feeding and HIV

The fact that the HIV virus can be passed by an HIV-positive mother to her child through breastmilk should not be allowed to undermine breastfeeding for the majority of infants whose health and chances of survival are and will be greatly improved by it.

A bottle-fed baby has approximately a 15 times higher risk of dying from diarrhoea as compared to an exclusively breastfed baby⁵ and this risk is higher than the risk of Mother to Child transmission of HIV through breastfeeding.

Also, it should not be ignored that in societies where the prevalence of HIV is extremely low and HIV testing is rare, there is a higher danger of mothers choosing not to breastfeed without knowing their HIV status.

With the growing epidemic of HIV positive cases, it is necessary for the relevant sectors to formulate breastfeeding guidelines in accordance with WHO/UNICEF recommendations pertaining to such situations.

7: National Breast-feeding Policy Committee

A National Breastfeeding Policy Committee comprising of representatives from relevant sectors of the Royal Government of Bhutan as well as from private and other sectors will oversee the adherence to the policy and the regulation to protect breastfeeding and young child nutrition.

The committee may delegate a task force that will be responsible for development and implementation of monitoring and enforcement mechanisms.

⁵ Victora et al. Evidence for protection from Breastfeeding against infant deaths from infectious diseases in Brazil. Lancet 1987; 2: 319-22

Annex I

Ten Steps to Successful Breast Feeding – UNICEF/WHO

1. Have a written breastfeeding policy, which 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.
6. Give newborn infants no food or drink other than breast milk.
7. Practice rooming in – allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers to breastfeeding infants.
10. Foster the establishment of breast-feeding supports groups and refers mothers to them on discharge from hospital or clinic.

Annex II: References

1. Breast-feeding foundation for a healthy future. August 1999.
2. Complementary feeding of young children in developing countries: a review of current scientific knowledge. WHO/NUT/98.1.
3. Ellen j. Sokol. A guide to implementing the international code of marketing of breast milk substitutes. ICDC 1997.
4. Implementation of the international code of marketing of breast milk substitutes-monitoring compliance. UNICEF March 2000.
5. Protecting, promoting and supporting breast-feeding the special role of maternity services. A joint WHO/UNICEF statement. WHO, 1989.
6. SAARC model code for the protection of breast feeding and young child nutrition. 1996.
7. Update on implementing the WHO/UNICEF/UNAIDS policy guidelines on HIV and infant feeding. UNICEF, NOV. 1999.
8. Working group on breast-feeding and complementary feeding. Administrative committee on co-ordination---sub-committee on nutrition. United nations. March 1997.

