Continuing Efforts to Target All Stakeholders to Enhance the Prevalence of Breastfeeding

Dear Editor,

Breastfeeding has been linked with both short-term and long-term merits pertaining to the health, financial, and environmental attributes of the children, women, and the community.[1] In fact, it has been anticipated that more than 0.8 million under-five children lives can be saved by just ensuring that all children in the age group of 0–23 months are exclusively breastfed.[2] The available evidence depicts that the value of breastfeeding is much acknowledged in the low- and middle-income nations, but the doubts still prevail in developed nations, as reflected by shorter duration of breastfeeding.[2] Despite that <40% of children <6 months of age are exclusively breastfed.[2]

It is worth noting that despite the numerous and well-confirmed merits, breastfeeding no longer continues to be a norm in most of the communities.[2] Further, a wide range of factors (viz. medical, sociocultural, psychological, discomfort, etc.,) have been identified, which together have played a significant role in not allowing women to initiate or even continue breastfeeding.[3] It is a definite cause of concern, as most of the women eventually turn to top feeding in the absence of a proper and adequate support.[1] In addition, the commercial angle of companies is also playing their part in reducing the rates of breastfeeding across different populations.[2]

The standard and universal recommendation is to advocate early initiation within the 1st h of the childbirth, continue the practice of exclusive breastfeeding for the initial 6 months of life of the child and to gradually introduce the nutritious food at 6 months and simultaneously continue breastfeeding till the child attains 2 years of age or even further.[2] To ensure that it happens, there is a definitive need to have supportive measures at different levels and should target different stakeholders.[1] We have to target legal sector for a supportive framework, policy-makers for the formulation of appropriate policies, favorable provisions to enable women join their job at the workplace, and even health-care services to encourage women to breastfeed.[3,4]

At the same time, there is an immense need for a sustained commitment of policy-makers and health professionals, so that every woman should expect to breastfeed and also receives the support which she requires to do that.[1,2] In fact, if appropriate measures are implemented, the prevalence of exclusive breastfeeding is bound to increase.[2,3] Further, such a rise in the prevalence is bound to ameliorate the development of the child and reduce financial expenses (on top feeding) for individual families.[1-3]

In conclusion, there is an indispensable need to extend the political support and supplement the same with financial investment to protect, encourage, and foster breastfeeding.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Saurabh RamBihariLal Shrivastava, Prateek Saurabh Shrivastava[1]

Vice-Principal Curriculum, Member of the Medical Education Unit and Institute Research Council, Department of Community Medicine, Shri Sathya Sai Medical College and Research Institute, Sri Balaji Vidyapeeth – Deemed to be University, [1]Department of Community Medicine, Shri Sathya Sai Medical College and Research Institute, Sri Balaji Vidyapeeth – Deemed to be University, Ammapettai, Nellikuppam, Chengalpattu, Tamil Nadu, India

Address for correspondence: Dr. Saurabh RamBihariLal Shrivastava, Associate Professor, Department of Community Medicine, Shri Sathya Sai Medical College and Research Institute, Sri Balaji Vidyapeeth (SBV) – Deemed to be University, Tiruporur - Guduvancherry Main Road, Ammapettai, Nellikuppam, Chengalpattu, Tamil Nadu - 603108, India.
E-mail: drshrishri2008@gmail.com

Submission: 11-06-2019 **Accepted:** 28-08-2019 **Published Online:** 25-09-2019

References

1. Shrivastava SR, Shrivastava PS, Ramasamy J. Promoting, protecting and supporting breastfeeding for ensuring sustainable development. Ann Trop Med Public Health 2017;10:525-6.
2. World Health Organization. Infant and Young Child Feeding – Fact Sheet. World Health Organization; 2018. Available from: https://www.who.int/en/news-room/fact-sheets/detail/infant-and-young-child-feeding. [Last accessed on 2019 Jun 11].
3. Shrivastava SR, Shrivastava PS, Ramasamy J. Exclusive breastfeeding and stakeholders: Only together we can make it work. Ann Trop Med Public Health 2016;9:127-9.
4. Mateus Solarte JC, Cabrera Arana GA. Factors associated with exclusive breastfeeding practice in a cohort of women from Cali, Colombia. Colomb Med (Cali) 2019;50:22-9.

Access this article online

Quick Response Code:

Website: www.medjbabylon.org

DOI: 10.4103/MJBL.MJBL_41_19

How to cite this article: Shrivastava SR, Shrivastava PS. Continuing efforts to target all stakeholders to enhance the prevalence of breastfeeding. Med J Babylon 2019;16:265.