



WHY BREASTFEED?

A slide set presentation

"The essential characteristic is not the capacity for gestation, but the further manifestation of maternal care, the possession of mammae to secrete milk for the young". — Alan Parkes, 1966

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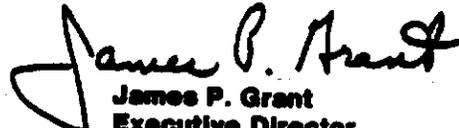
FOREWORD

Promotion and Protection of Breastfeeding

Breastmilk is the original, ideal and most convenient infant food. It is the most nutritious, wholesome product available and corresponds to the changing needs of the baby as it grows. It also confers an array of invaluable immunological properties which no substitute can approximate to the same extent. In spite of this, breastmilk has been losing ground to artificial substitutes in many developing countries.

The initiation of breastfeeding between birth and the sixth day of life is crucial to the development of the mother's capability and the infant's desire to breastfeed, because the mother's milk is then beginning to flow naturally. Hence, the introduction of an artificial method of feeding at this stage interferes with the cycle of lactation and milk secretion. Therefore every possible effort must be made to encourage, protect and support mothers to breastfeed. UNICEF seeks various ways to protect and promote the practice of breastfeeding.

I hope that this slide set prepared by UNICEF's Information Division will assist the viewers in understanding both the issues and the opportunities for action with regard to breastfeeding. However, country-specific materials to sensitize policy and decision makers, to assist in the orientation and training of health personnel and to educate mothers are essential to encourage national action.


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"WHY BREASTFEED?"

This audio-visual comprising slides, script and tape is designed to:

- 1) Provide users with core information on the subject and to suggest possibilities for action.
- 2) Sensitize development agency staff to the basic issues, concepts and economics of breastfeeding as they relate to the health of infants and mothers.
- 3) Introduce the basics of the "International Code of Marketing of Breastmilk Substitutes".
- 4) Stimulate further discussion on the promotion and protection of breastfeeding and trigger national action.
- 5) Serve as a prototype on which to base similar, but country-specific materials for the motivation of national policy makers, orientation and training of health personnel, etc.

OPERATING INSTRUCTIONS:

- 1) The presentation runs for approximately 29 minutes.
- 2) Change of slide is indicated in the cassette by a beep or pulse, and in the script by the symbol \bullet .
- 3) Place the first tray (slides 1-77) on projector and go to slide 1. Focus, then turn on tape recorder. When you hear the first beep, change to slide 2 and successively with each beep.
- 4) After slide 77, you will hear two low-frequency tones and a short pause which indicate that you must shut off tape recorder and change to carousel No.2.
- 5) Once carousel No. 2 is in the projector, advance to the first slide (No. 78), focus, then turn on tape recorder. You will then hear two low-frequency tones which indicate that you should change to slide 1 on the second carousel. Continue as in step 3.
- 6) Note: Side A and Side B of the cassette tape are identical, therefore there is no need to reverse or rewind the tape after each presentation.

NARRATION

PART I

Slide Nos.

1. UNICEF logo.●
2. UNICEF presentation.●
3. Why breastfeed?●
4. Today a large part of the 11 million infant deaths per year in developing countries are attributed to gastrointestinal and respiratory infections and associated malnutrition.●
5. Any significant decline in breastfeeding makes the problems of malnutrition and associated infections in infants much harder to control.●
6. Since the second World War, and especially in the past twenty years, breastfeeding has declined - often extremely rapidly - as illustrated in this table.●
7. In Chile, over 95% of the women breastfed their children at 13 months in 1960, in 1968 fewer than 10% were breastfeeding for the same length of time.●
8. Health professionals have been able to identify an increase in morbidity and mortality accompanying the decline in breastfeeding in a number of areas.●
9. In Chile, this led to a trebling of the mortality rate among bottle-fed as compared to breastfed infants.●
10. "Evidence from developing countries indicates that infants breastfed less than six months, or not at all, have a mortality rate 5 to 10 times higher in the second six months of life than those breastfed six months or more."●
11. **THE DECLINE IN BREASTFEEDING●**
12. A number of inter-related factors are responsible for the decline in breastfeeding.●
13. Increasing urbanization and modernization accompanied by socio-economic change is a major factor in developing countries.●
14. Rural-urban migrations and the shift of a rural-based society to an urbanized way of life creates a cultural vacuum.●
15. In most low-income countries, breastfeeding is the norm in rural areas. Its abandonment is primarily an urban phenomenon.●
16. As people move to the cities, the extended family gives way to the...
17. nuclear family,● and the younger women have less chance to learn about breastfeeding from their elders.●

18. For another, due to industrialization, many women have joined the...
19. work force.● Yet working mothers represent only one small part of those women who have abandoned breastfeeding.●
20. Many women who don't bear the same constraints as working mothers turn to artificial feeding because they perceive it as the modern and therefore superior alternative produced and used by the western models whom they emulate.●
21. Nursing in public, a common sight a decade ago in the developing world, is rapidly disappearing, particularly amongst the elite.●
22. In the West, the female breast has become a dominant sex symbol - an image accentuated by advertising media and by women's fashions. What few women in developing countries realize is that there has been a marked swing from infant formula to breastfeeding in the industrialized world.●
23. These changing attitudes inhibit breastfeeding and help to generate false beliefs such as, breastfeeding causes breasts to sag.●
24. Failure of lactation is one of the effects of the stress of modernization.●
25. Among the tensions in a changing environment is the mother's anxiety about her capacity to breastfeed. Few new mothers know that a drop in the newborn's weight after three days is normal. They erroneously attribute this weight loss to insufficient or low-quality breastmilk.●
26. In the same vein, most new mothers need to be told that the size of their breasts does not determine the quantity of milk produced during lactation.●
27. Failure to initiate or to continue lactation is rarely traced to a physical cause but to psychological causes which interfere with the key "let down reflex".●
28. The pressure exerted by the baby on the areola surrounding the nipple stimulates sensory impulses which make the pituitary gland produce oxytocin - a hormone which promotes the flow of milk.●
29. This is known as the let-down reflex.●
30. The same sensory impulses are responsible for the production of a second hormone - prolactin - which promotes the production of milk in the breast. This diagram illustrates both of the processes initiated by the infant suckling.●
31. The human let-down reflex can be markedly facilitated or inhibited by
32. psychological factors.● In some women it may be triggered by such stimuli as the sight or sound of the baby, or even the thought of nursing.●
33. Likewise pain, fear, embarrassment, depression or anxiety can block the let-down reflex and interfere with normal conditioning to the baby's suckling●.
34. Usually, failure of the "let-down" reflex is interpreted by the mother as "insufficient milk" or as milk that "didn't suit the baby." In fact, the milk was both sufficient and suitable, but inaccessible due to failure of the let-down reflex.●
35. Health workers and paediatricians have also unwittingly played a major role in the decline of breastfeeding, because their training has not included sufficient emphasis on the importance of breastfeeding to mother and child.●

36. In most medical training programmes and curricula little attention is paid to the subject of breastfeeding.●
37. A study done by WHO of the attitudes and knowledge of breastfeeding in a part of Manila showed a startling ignorance reinforced by hospital practices which discouraged breastfeeding. These include - during childbirth - unnecessary sedation and routine practice of episiotomy and - after childbirth - widespread administering of lactation suppressants and the separation of mother and child in different wards.●
38. For example, only 35% of doctors and 6% of midwives understood the basic reflexes controlling breastfeeding; 35% of doctors, 36% of nurses and even less of other groups knew that breastfeeding had a contraceptive effect; 50% of doctors, 75% of nurses and 68% of midwives thought it a good idea for milk company representatives to visit newly delivered mothers, and 55% of doctors and 78% of nurses thought that bottles should be given until mother's milk comes in.●

ADVERTISING

39. Advertising and subtle marketing of breastmilk substitutes - or infant formula - is another factor contributing to the rapid decline in breastfeeding.●
40. In the 60s and 70s infant formula manufacturers detected a decline in Western markets and looked to developing countries with rapid population...
41. growths for new markets.● Companies moved quickly to persuade the mothers of the poorer Third World countries to bottle feed their children.●
42. Advertising for infant formula appeared in all the mass media.●
43. Posters of bright-eyed children, chubby children nursing at a bottle or adorning tins of infant formula, were displayed prominently in public places.●
44. The messages are powerful, impact is high and so are the profits to...
45. be made.● Total sales of infant formula amount to billions of dollars per year and have a growth rate of 15% annually.●
46. "Milk nurses" - who are company sales representatives dressed like medical nurses - visited homes and maternity wards with glossy brochures, free baby bottles and samples of powdered milk formula implying endorsement by the medical profession of bottle-feeding.●
47. Doctors received free samples together with personal gifts from the companies.●
48. Radio stations and other media advertise products which are said to have "all the richness of mothers' milk" and to be "next best to..."
49. mothers' milk● when you cannot breastfeed" - subtly implanting doubt in women's minds of their ability to do so.●
50. A WHO survey of breastfeeding in Asia, Africa, Latin America and Europe in 1979 found that 50 brands and 200 varieties of infant feeding substitutes were being distributed across 100 countries.●
51. The study showed that about 50% of the companies had established factories in developing countries and that their distribution networks were spaced across a broad economic spectrum.●

CONSEQUENCES

52. The wide availability and subtle marketing and promotion of infant formula in Third World countries has had alarming effects.●
53. The question was posed by Senator Edward Kennedy: "Can a product which requires clean water, good sanitation,● adequate family income...
54. and literate parents to follow printed instructions,● be properly and...
55. safely used in areas where the water is contaminated, the sewage runs...
56. in the streets,● poverty is severe and illiteracy is high?"●
57. The cost of infant formula for many families in the Third World can...
58. exceed 50% of household income.● If there are two infants the situation is even more drastic.●
59. Therefore low-income mothers often over-dilute the formula to stretch it out and the infant is left undernourished.●
60. The cycle of malnourishment is initiated.●
61. Infant formula requires boiled water for its preparation and to sterilize teats and bottles.●
62. 80% of the population in most developing countries do not have potable or adequate water supplies.●
63. Frequently water sources are so distant that it entails laborious hours of fetching by women and children.●
64. Due to lack and expense of fuel to boil the water, the bottle feed...
65. which the infant receives is bacteria-ridden.● Refrigeration and other conveniences are also absent.●
66. Thus improper bottle-feeding leads to malnutrition, increasing vulnerability to diarrhoea, and can result in marasmus and even death. *The 11 million infant deaths in developing countries are mostly caused by malnutrition and related diseases.*●
67. In children who have not been breastfed there is increased incidence of: diarrhoea, gastroenteritis, pneumonia, malnutrition and allergies. This is due to the absence of immunological factors that are present in human milk and absent in infant formula.●
68. Malnutrition during infancy causes irreparable damage both physically and mentally.●

69. THE ADVANTAGES OF BREASTFEEDING●

70. Breastmilk has innumerable advantages, its ready availability - always of the proper quality and at the right temperature. The adequacy of nutrients in breastmilk meets most of the metabolic needs of the baby.●
71. It provides an ideal amount of lactose, lipids, amino-acids, vitamins and minerals which cow's milk does not contain in similar proportions.●

72. Mother's milk is free and requires no utensils, preparation, or additions.●
73. Infants can and should be exclusively breastfed up to 4-6 months of age, at which point weaning begins with the gradual introduction of supplementary semi-solid foods which are critical to the baby's growing nutritional needs.●
74. The composition of breastmilk is perfectly suited to a baby's needs and changes as the infant grows.●
75. The first few days breastmilk has a bright lemony viscous appearance. It is called *colostrum* and confers irreplaceable immunological properties.. This milk differs in composition from mature milk, which comes later and contains a host of additional immunological elements.●
76. Colostrum is rich in antibodies and immunoglobulins, which have anti-infective properties and protect the infant against specific bacteria and viruses.●
77. Breastfeeding also plays a major role in the development and in the future of the entire dental system of the child. ● ●

END OF PART I - Stop tape recorder and change carousels.



PART II ● ●

Slide Nos.

78. The mother-child relationship is fostered by breastfeeding.●
79. The close contact with the mother during breastfeeding, the oral and tactile stimulation and the ability to hear the familiar maternal...
80. heartbeat,● creates a psychological and emotional bond between mother and infant, called "bonding".●
81. Eye contact between mother and child during breastfeeding has also been found to strengthen this bond.●
82. Babies have been found to recognize the mother's scent in a few days, as well as her voice.●
83. Breastfeeding is a gratifying and pleasurable experience for the mother, that is the stimulus of the baby feeding, the tactile sensations, and pleasant emotions.●
84. For the mother breastfeeding has important benefits. Breastfeeding stimulates contractions of the uterus, helping to bring it back to its normal size and naturally burns off the excess fat acquired during pregnancy.●

85. Unsupplemented breastfeeding has a child-spacing effect. This is due to a hormonal action that delays ovulation and the resumption of menstruation.● While maximum protection requires a combination of
86. prolonged breastfeeding *and* the use of a non-hormonal contraceptive device, the role of breastfeeding in child-spacing is all the more important in areas where contraceptives are either unavailable or irregularly used.●
87. Based on the data from a rural area in Ghana it has been calculated that there would be an increase of as much as 40% in the number of children born, if all mothers switched from breast to bottle.●

ECONOMIC DIMENSION

88. What are the economic consequences of the decline in breastfeeding?●
89. The child who is breastfed through the first two years of life receives an average of 375 litres of breastmilk.● To artificially feed this infant, a labourer in Uganda can spend as much as 33% of...
 90. his/her daily wage; in Chile, 20%; in Tanzania, 50%.●
 91. These costs do not include bottles, teats, cooking utensils, refrigeration and fuel.●
 92. If a mother were to eat all the extra calories recommended during nursing it would cost less than a third of what formula feeding would cost. All efforts should be made to encourage this.●
 93. To replace human milk at a national level would require either expanding of the local milk industry or importing the milk, at a much higher cost.●
 94. It has been calculated that to supply a milk-based formula for all babies in India would require an additional herd of 114 million cows.●
 95. For the year 1963, it was estimated that on the mainland of Tanzania with about 10 million persons the production of human milk was approximately 40 million gallons per year.● The value of that in...
 96. terms of foreign exchange would have been U.S. \$22,000,000 that year if substituted with powdered cow's milk formula. This is a sum considerably higher than the budget of the Ministry of Health in that year. Similar calculations in other countries will show comparable economic magnitudes.●
 97. Additional costs in the packaging, promotion and distribution of breastmilk substitutes would increase the retail price.●
 98. The caring for infants with bottle-feeding related infections is costly. Conservative estimates put the figure in the billions of dollars — billions that could be spent on preventive measures.●
 99. The cost in human lives, opportunity loss due to mental damage; and suffering is even more important than the wastage of resources and money.●
100. **ACTIONS AND RECOMMENDATIONS**●
 101. Breastfeeding is a necessity for the newborn infant.●
 102. Since infant feeding is an important determinant of lifelong growth, mental development and health, it should be viewed as a major public health concern.●

103. On 21 May 1981, 118 countries attending the World Health Assembly overwhelmingly adopted the *International Code of Marketing of Breastmilk Substitutes* as a recommendation to governments.●
104. The Code is the result of numerous and lengthy consultations and negotiations among representatives of governments, organizations of the United Nations system and other inter-governmental organizations, non-governmental organizations, the infant food industry and experts in related disciplines. It recommends the areas in which governments may take action according to their needs.●
105. The aim of this Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breast-feeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.●
106. The Code applies to the marketing, and practices related thereto, of the following products: breast-milk substitutes, including infant formula; other milk products, foods and beverages, including bottled complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast-milk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use.●
107. UNICEF and WHO are prepared to extend all possible assistance to governments in their efforts to implement the CODE as appropriate to their countries.●
108. Adoption of the Code by the World Health Assembly is, of course, only one of many steps required in a multi-faceted global action programme to promote and protect breastfeeding, a programme which holds promise of saving more than one million infant lives annually within a decade if the present momentum is sustained.●
109. Breastfeeding is not completely instinctive in the human. To a great extent it has to be learned; and for its successful continuation most breastfeeding mothers need encouragement and active support.●
110. The most essential objective of an overall strategy to counter the decline in breastfeeding is a deeper understanding of the benefits of breastfeeding and of the dangers of foregoing it.●
111. Information and education on the importance of breastfeeding must reach high government officials, ministers of health, doctors and health professionals, the general public, non-governmental organizations, community, family, and mothers.●
112. An area that governments can regulate immediately is the marketing and advertising of infant formula.●
113. This implies control on the availability and distribution systems of breastmilk substitutes as well as mass media messages promoting them.●
114. Among the countries which have adopted some measures and regulations in this direction are: Algeria, Botswana, Colombia, Democratic Yemen, Jamaica, Malaysia, Nicaragua, Papua New Guinea, Sri Lanka and the Yemen Arab Republic.●
115. Advertisers have the skills and the money to change consumer behaviour more quickly and powerfully than can national nutrition programmes.●
116. However the same advertising techniques can be used to counter the trend.●
117. Some of the countries that have taken actions in this area are: Brazil, Colombia, Indonesia and Trinidad.●

118. In some countries the first step might be the selection of a key institution to provide direction and operational continuity. The key institution must have an influential role on governmental decision-making.●
119. For instance the Caribbean Food and Nutrition Institute has helped develop national action plans and their implementation for the promotion of breastfeeding.●
120. Obstetricians, paediatricians, general practitioners, midwives, medical students, nurses, auxiliaries, and other government health workers should be educated and trained on the importance of breastfeeding and breastfeeding methods.●
121. Because of their close links with families during the period of childbearing and childrearing, health workers, especially nurses and midwives, can strongly influence infant feeding practices.●
122. In two states of Brazil, training of health professionals on breastfeeding and modification of hospital practices have started.●
123. In Colombia, the National Group for the Promotion of Breastfeeding co-ordinates a programme to train health workers, educate the public through mass media and limit marketing practices for infant food items.●
124. Key points of intervention are closely linked to hospital and obstetric practices.●
125. Mothers should breastfeed within the first hours after birth for three major reasons: 1) it accelerates the lactation process; 2) it initiates the all-important psychological and emotional bonding between mother and child; and 3) this is the period when the mother produces colostrum.●
126. Hospital structures, practices and routines should allow the infant to room with the mother, so that the baby can feed on demand. It is known that feeding on demand is of great importance in establishing lactation especially in the early days.●
127. Dr. Clavano in the Philippines introduced a rooming-in scheme at her hospital as part of a comprehensive mother and child health scheme. Within hours after birth, the baby is given to the mother. Rooming-in facilitates feeding on demand, cements bonding and - a significant bonus - releases substantial hospital staff time for more urgent tasks.●
128. In a study done over a four-year period with nearly 10,000 newborn babies, overall illness was reduced by 50% and mortality dropped by 47%. In Brazil - as in a number of other countries - increased breastfeeding by poor mothers has directly contributed to a marked reduction in the number of abandoned children.●
129. *No supplementary bottle-feeds* should be given to the child as this will inhibit the mother's lactation and discourage the child from breastfeeding. The supply of milk is determined by the child's demand.●
130. Milk nurses employed by the infant formula companies should not promote breastmilk substitutes to mothers, especially in hospitals or health-care centres.●
131. Countries that have taken measures in this direction are: Malaysia and Sri Lanka.●
132. Breastfeeding is an important economic, social and health contribution the mother makes to the family, community and nation.●
133. Successful breastfeeding requires psychological confidence on the part of the mother - she should not doubt her ability to breastfeed, nor worry about whether she is adequate, or whether substitutes would be better.●

134. If given adequate information, emotional and environmental support, 96% of new mothers can breastfeed successfully. For the small percentage of women who are unable, a doctor may prescribe a breastmilk substitute. In such cases a glass bottle, not plastic, should be used to ensure
135. proper sterilization, then cup and spoon should be introduced once the infant reaches the age of four to six months.
136. Information on breastfeeding should start during pregnancy.
137. It is important to teach mothers about nutrition so that they will nourish themselves adequately during pregnancy and through lactation.
138. In creating awareness, reviving the social acceptability of breastfeeding should not be neglected.
139. Concern about job security has been identified as a reason for failing to begin nursing or to discontinue it too soon.
140. Legislation on maternity leave as a means of facilitating successful breastfeeding needs to be given high priority.
141. Measures should include crèches at or near the work place, with...
142. adequate nursing breaks per shift and extended maternity leave with...
143. no penalties. Among the countries which have taken action in this direction are: China, India, Lesotho, Somalia, Sweden and U.S.S.R.
144. Knowledge and attitude studies should be undertaken. Information is needed concerning the variation with social background, particularly between the urban poor and elite, and the rural poor. Attitudinal surveys can point to the specific support measures required by women who already know that breast is best, but nonetheless turn to the bottle.
145. Programmes to protect breastfeeding in rural areas will be different from those to promote it in urban areas.
146. Even modest improvements — an increase by a small percentage of mothers who elect to breastfeed, or extension of nursing by...
147. those who already do — could be translated into millions of dollars and, more importantly, millions of lives.

EPILOGUE

148. The preventive aspect of the protection and promotion of breastfeeding is a key element of primary health care; but the success of any breastfeeding programme will depend upon the extent to which it is complemented simultaneously by four other components.
149. **A Comprehensive Approach**

- 1) encouragement and support of breastfeeding;
- 2) promotion and support of appropriate and timely complementary feeding (weaning) practices using locally available foods;

3) strengthening of education, training and information on infant and young child feeding;

4) promotion of the health and social status of women in relation to infant and young child health and feeding;

5) appropriate marketing and distribution of breastmilk substitutes.*

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Notes

14 pp

The pamphlet has a foreword by James P. Grant, and contains one explanatory paragraph for each of the 150 slides. The text covers all the relevant scientific, medical and social information underpinning UNICEF's campaign to promote breastfeeding. Rates of breast-feeding had been declining at the time with many adverse consequences for infant survival and health. New mothers are provided with the scientific, biological and psychological reasons why they should preferably choose to breastfeed their new baby.

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