World Health Day

The Importance of Breast-Feeding

By **Dr. Adewale Omololu***

JUST A FEW MONTHS AGO, a mother from a village was sent to my clinic because her child was not growing as it should. The child was two months old but weighed only 2 kilos (5-1/2 lbs). It was tiny, wrinkled, only skin and bones, and screaming all the time. The mother said that the child was bigger at birth but had been losing weight for the past month. I felt that he was not getting enough to eat and so examined her breasts—they were full of milk. She told me that the child was not being fed from the breast but with a bottle, but could not tell me the type of artificial milk product she used.

I then saw the husband and asked him what type of milk he bought for his child. He informed me that the child had been doing well and gaining weight on breast milk but that, on his wife's insistence, he had bought the feeding-bottle the previous month with all the money he had and was now saving up to buy a tin of powdered milk. Thus, the child had had nothing but water from the feeding-bottle for a month, while the mother's breast milk had been expressed and thrown away! Luckily, the child had no infection and we were able to get him back on breast milk.

Before we blame this mother for nearly killing her child, let me say that before she came to the clinic she was sure she was doing the best thing for him. She had heard over the radio that powdered milk was the best food for infants. She had learnt that educated and "upper-class' women used feeding-bottles. She had seen posters and advertisements at health centres and on hoardings in town showing big bouncing babies being fed with bottles. She too wanted the best for her child. Thus, though the child was growing well and was satisfied with her breast milk, she forced her poor husband to spend all his money on a feeding-bottle. She had no idea that it was not the feeding-bottle but what you put in it that makes the child grow.

Mothers all over the world want the best for their children—whether they be in Colombia, Kenya or Japan. It is unfortunate that they do not all know that breast milk is the best food for infants. Over millions of years, the composition of breast milk has been modified and adapted by nature so that it is fully digested by the baby and gives a good rate of growth. Cow's milk is, at best, an expensive substitute.

It is true that manufacturers have tried to modify cow's milk by sterilization, dilution and supplementation so as to give it a similar composition to human milk. However, modified cow's milk as sold in tins—whether powdered or fluid—is only a substitute for the real thing. 'Humanized" or homogenized cow's milk cannot be so completely digested and absorbed by the baby as breast milk—thus, children have to be fed a lot more of these modified cow's milk to grow well.

In developed countries, where mothers generally feed their infants on modified cow's milk rather than their own breast milk, it has become common practice for writers to compare breast milk with cow's milk. Perhaps it is a form of unconscious justification. The facts should, however, always be stated—breast milk is food for infants; cow's milk is food for calves. If we use cow's milk to feed human infants, we are using a substitute. The ideal is breast feeding; only those who cannot attain this ideal should fall back on cow's milk.

Within the past ten years educated women in developed countries have realized that by using cow's milk they are giving their children a "second best." In most universities in America, Britain and Europe, wives of teachers and professors as well as women graduates have gone back to breast-feeding. Clubs, like the La Leche League, have sprung up in many countries and towns, formed by highly educated women. Their main aim has been to convince and educate other women about the importance of breast-feeding.

The medical profession has confirmed that breast milk, apart from being fully digested and absorbed by the baby, transfers to him some of the immune bodies of the mother and makes him less liable to infection. Breast-fed children get fewer attacks of diarrhoea, vomiting and stomach upsets than bottle-fed children.

Mothers who breast-feed develop a closer attachment to and love for their children. The children too are more relaxed, contented and happier. There is some evidence that this closeness may have far-reaching effects on the future of the child.

There is also a statistical relationship between cancer of the breast and women who do not breast-feed. Breast cancer was found to be more frequent among women who do not breast-feed. But the interpretation of this relationship is not as simple as it may seem because other factors have been shown to play a role.

In developed countries, where the standard of living is high, where money is available, where health services are well developed and where social services like water and sewerage are taken for granted, mothers may be allowed to choose the second best in feeding their infants. In most developing countries of the world, choosing not to breast-feed will have many repercussions not only on the baby but also on the family and the country.

There are many factors in developed countries that help mothers who decide to use the feeding-bottle. Clear, good water is always

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available—all they have to do is turn on a tap. Most homes have storage facilities and refrigerators where foods and milk can be kept. There mothers can read and follow the directions about mixing milk powders written on the tins and bottles. The concept of germs causing infection is well understood, and cleaning and sterilization of feeding-bottles are willingly performed.

Mothers in developing countries are not so well provided for. In most rural areas in these countries, where over 80% of the population live, water is available only from streams and springs. Women may have to walk five to 10 kilometres to get a bucket of muddy water for use in the house. This precious water, full of germs and particles, is usually the only liquid available for mixing baby's food. To boil and filter it is not easy—fuel has to be collected and this may mean another journey into the forest.

The huts in which most of the rural population live have no storage facilities—no cupboards, refrigerators or shelves. Foods and tins of milk have to be kept on the floors and under the roofs. Being without the advantage of formal education, most women cannot read or understand the directions for mixing the milk powders or diluting the fluid milk. Baby scales and nurses may be available at the clinics and health centres, but these may be 10 kilometres or more away!

The concept of germs causing illness is very difficult to grasp for people who have been brought up to believe that illness and death are caused by evildoers, anger of the gods, witch-doctors and the "evil eye." After being taught how to sterilize feeding-bottles at welfare clinics, mothers arrive home and sterilize the bottle and mixtures as they have been taught at the clinic, then put the bottles in handbags or wrap them up in their head-ties! They often believe that once the bottles have been sterilized, they will remain sterile and fit for use whatever is done to them.

The result is that bottle-fed children in the developing countries get frequent attacks of gastroenteritis with vomiting, diarrhoea and dehydration. Doctors and nurses in hospitals spend a lot of their time putting water back into these babies and most hospitals have special wards for rehydration. In areas where these facilities do not exist or where babies are not brought to the hospitals early enough, many of them die. Doctors in developing countries often believe that putting a child on artificial feeding is like sentencing him to death.

The cost of the powdered milk takes a large percentage of the family's earnings in most developing countries. The example given at the beginning of this article, where the father had to save for a month to buy a tin of powdered milk for the baby, is very common. In most developing countries, the price of a tin of powdered milk may be more than the father's wages for a full day's work. In the rural areas, he has to sell some of his produce or a farm animal.

The effect of this relatively high cost of baby's food is that the tin of milk is made to last for as long as possible. The child, instead of receiving a proper formula, is given a highly diluted milk which is mostly water and cannot support growth. He cries all the time from hunger. The family has no rest and the parents become worried, since they cannot understand this situation in which they are striving to give the best to their child and the child is not happy and contented.

Very few developing countries have dairy herds to supply cow's milk. Milk powders and evaporated milk have to be imported from developed countries with foreign currency. As the number of mothers who stop breast-feeding increases in these countries, so their governments will have to find more and more foreign currency to import milk for the children. The governments of developing countries, therefore, have an obligation to their people to support the dissemination of the truth—that the ideal food for babies is breast milk and that cow's milk is only a second best. Every facility must be given to mothers to breast-feed their children for as long as possible.

The factors that make more and more women start giving cow's milk instead of breast milk are many. They include:

- the increasing tendency for women to go out to work in offices and shops;
- the effect of high-powered salesmanship by the baby-food firms;
- the tendency to think of bottle-feeding as part of "western civilization", which must be "better" than the local breast-feeding. This belief is strengthened when illiterate rural mothers see sophisticated, educated "elite" women giving up breast-feeding for bottle-feeding.

If no concerted action is taken, the time will soon come when the female breast will lose its function of feeding the young and become only a sex symbol. To avert this catastrophe governments all over the world, but especially in developing countries, and medical and paramedical personnel must ensure that the people are given every opportunity to know the facts. Facilities must be provided in offices, shops, industries and all institutions where women work for children to be breast-fed, or time off given for breast-feeding to all mothers with babies. Baby food manufacturers must be made to reduce the tone and level of their advertisements so that women are not encouraged to give up breast-feeding for the imagined advantages of bottle-feeding. The medical profession—especially in developing countries—must know more about child nutrition and the importance of breast-feeding, so that they, the nurses and other health staff may set good examples and teach mothers that the ideal in infant feeding is breast milk.

Mothers all over the world want the best for their children. They should understand that breast milk is the best food for infants, especially during the first four months of life; that breast-feeding makes their children much stronger against infection and disease; and that the act of breast feeding gives their children a better chance of a happy, settled adult life. (WHO)