

PRESS RELEASE

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FMOH AND UNICEF JOIN FORCES TO PROMOTE SAFE BREASTFEEDING

ADDIS ABABA, Ethiopia – Dr. Tesfanesh Belay, Head of the Department of Family Health for the Federal Ministry of Health (FMOH), and Bjorn Ljungqvist, UNICEF Representative, held a press conference today affirming the importance of breastfeeding to protect babies against such potential killers as diarrhoea.

“An estimated 1.3 million lives worldwide could be saved each year if every baby was exclusively breastfed from birth to six months,” said Dr. Tesfanesh. “We must promote appropriate breastfeeding for the first six months of life in Ethiopia.”

Ethiopia is one of 120 countries around the world celebrating World Breastfeeding Week this week. The goal is to support infant and young child feeding, by enabling women:

- To choose and succeed in breastfeeding in the early hours after birth and exclusively for six months;
- To continue breastfeeding with safe, appropriate and adequate complementary food into the second year and beyond.

Breastfeeding reduces mortality by providing optimum nutrition and protection against common, but deadly, childhood infections. Babies who do not breastfeed are two to six times more likely to die from infectious diseases, such as diarrhoea, during their first year. This risk is particularly high during the first two months of life. Breastfeeding also provides the stimulation for good psychosocial and neurological development and contributes to birth spacing.

Even though most mothers in Ethiopia breastfeed their babies, they do not always follow the recommendations of the "National Strategy for Infant and Young Child Feeding," the guidelines established by the FMOH for optimum breastfeeding. Many newborns are neither breastfed during their first hours of life with colostrum nor exclusively breastfed during their first six months. Instead, they are given liquids and complementary food at an early age. These practices may expose them to infectious diseases, and therefore have a negative impact on their growth and development. There are several reasons for poor breastfeeding practices in Ethiopia, including traditional and cultural beliefs, low education levels, heavy workload of mothers and poor sanitary conditions and poverty.

For HIV-positive mothers, the decision about whether or not to breastfeed a child can be difficult. Babies who breastfeed from HIV-positive mothers have a 10 to 20 percent chance of becoming infected. However, babies who do not breastfeed are six times more likely to die from diarrhoea or respiratory infections than babies who do breastfeed. Moreover, breastfeeding provides complete nutrition and strengthens a baby's immune system.

“For women who are HIV negative or who do not know their HIV status, breastfeeding should be protected, promoted and supported for six months. However, women should have access to HIV testing and counselling. HIV positive mothers should be given the fullest possible information on which they can base their decision,” said Ljungqvist. “It is a mother’s

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right to decide how she will feed her child. She should receive support in her community and family for the course of action she chooses.”

For HIV-positive mothers who choose to breastfeed, the safest option is to breastfeed exclusively with a good technique. This will minimise the risk of childhood infections such as diarrhoea and reduce the risk of mastitis and nipple damage. Mothers should be told how to recognize early mastitis, crackled nipples, sores and thrush in their baby’s mouth and to seek early treatment and counselling.

Exclusive breastfeeding is recommended for six months in any context where mothers can not provide a safe, affordable and sustainable nutritious replacement feeding. The transition period between breastfeeding and replacement feeding should be kept as short as possible.

“HIV-positive mothers, whatever their feeding option, should have access to information, support, guidance and follow-up care for themselves and their newborn,” said Ljungqvist. “They also should be given the first priority for receiving ARV drugs as the now become available in Ethiopia.”