

# Breastfeeding, not just best for baby, but best for SA

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[2018 World Breastfeeding Week](#), which runs from 1-7 August, is emphasising breastfeeding as 'the foundation of life' and highlighting the advantages of improving breastfeeding for communities and countries. The campaign, co-ordinated by the [World Alliance for Breastfeeding Action \(WABA\)](#), identifies breastfeeding as an essential strategy to combat the impacts of inequality, crises and poverty - all major issues across South Africa. Yet, we remain one of the countries with the lowest rates of breastfeeding in the world.



In an attempt to turn this around, South African organisations, which promote and support breastfeeding, such as ADSA (Association for Dietetics in South Africa) are driving conversations around the 2018 [World Breastfeeding Week](#) themes. On the individual level, breastfeeding significantly boosts the health of children and mothers, while saving family income. Amplified at the country level, breastfeeding contributes to breaking the cycle of poverty, reduces the burden of health costs by preventing all forms of malnutrition and ensures food security for babies and young children in times of crisis. It is a universal solution that gives everyone a fair start in life and lays the foundation for good health and survival of children and women.

Optimal infant nutrition is defined by [the World Health Organisation \(WHO\)](#), as [exclusive breastfeeding for the first six months of life](#), and continued breastfeeding until the age of two years and beyond, whilst complementary foods are introduced. [of the key Sustainable Development Goals of the United Nations is that by 2025 at least 50% of infants aged 0-6 months in every country will be exclusively breastfed](#). At just 32% currently, South Africa has a long way to go in the next seven years if we are to reach this goal.

ADSA spokesperson, Registered Dietitian/Nutritionist, lecturer and researcher at Stellenbosch University, Associate Professor Lisanne du Plessis, explains that breastmilk and breastfeeding are referred to as 'the economic choice' because mothers produce custom-made breastmilk for their children at no additional expense to their households. She points out that the high costs of not breastfeeding include the impacts on nutrition, healthcare and the environment. It is essential that the barriers to mothers providing their children with the most natural, nutritious and health-boosting free option need to be overcome. Lisanne points out that: "On average, 20 kilogrammes of formula is needed to feed a baby for the first six months of life. At an average price of R190 per kilogramme, the formula bill adds up to almost R4,000. Add to this, the cost of bottles and teats as well as fuel to boil water and clean utensils, and families face a staggering expense of thousands of rands to feed their babies."

There are also substantial environmental costs associated with not breastfeeding. According to the widely cited Lancet Breastfeeding series, breastmilk is "a natural, renewable food that is environmentally safe". It is produced and delivered to the consumer without fuel inputs, pollution, packaging or waste. By contrast, breastmilk substitutes have a substantial ecological footprint, which includes agricultural production, manufacturing, packaging and transport just to get to the consumer. In the home, it requires water, fuel and cleaning agents for daily preparation and use. A host of pollutants and significant waste are generated along the way. It is estimated that more than 4,000 litres of water is needed to produce just one kilogramme of infant formula. "It is clear that from the household to the country level, breastfeeding can significantly reduce costs and contribute to breaking the poverty cycle," Lisanne concludes.

A nation of breastfeeding mothers can also reduce the burden of their country's healthcare costs. Registered Dietitian and ADSA spokesperson, Chantell Witten, who is also a researcher at North West University says, "It is well-proven that breastfeeding reduces disease risk. Breastfeeding substantially protects infants against death, diarrhoea, chest and ear infections. Breastfeeding also helps to prevent malnutrition in all its forms. It protects against overweight, obesity, diabetes as well as the various health consequences of under-nutrition. For mothers, breastfeeding reduces the risk of breast and ovarian cancers, and of high blood pressure." As pointed out by Chantell, infants who are not exclusively breastfed; who are given food earlier than age six months and who are not following a varied diet, are at higher risk of malnutrition and death. Globally, if [higher rates of optimal breastfeeding were practiced, 823,000 annual deaths in children under the age of five years and 20,000 deaths from breast cancer could be averted.](#)

The third key message of the [2018 World Breastfeeding Week](#) is concerned with the role of breastfeeding in a world of upheaval. Breastfeeding has the power to ensure food security for infants and children in times of crisis. This is highly relevant to disadvantaged communities in South Africa, which bear the brunt of disasters such as fires and floods, but are also increasingly thrown into crisis due to protest action.

University of the Western Cape lecturer, Registered Dietitian and ADSA spokesperson, Catherine Pereira points out that breastfeeding provides complete food security for babies up to six months of age. "Furthermore, from 6-24 months, breastmilk still provides a substantial contribution to a child's nutrient and [energy needs](#). Breastmilk is accessible, sufficient, safe and nutritious and it is therefore quite clear that breastfeeding can contribute directly to ensuring food security during emergencies."

Catherine emphasises the need for us to think carefully about the ways in which we respond and give help as a crisis unfolds: "When it comes to making sure that babies are fed in a crisis, for many people, the first thought is to donate infant formula. Infant formula is expensive, and so there's an assumption that it is something valuable that could help. Unfortunately, this is not the case. Rather, providing support to mothers to continue breastfeeding, especially during a crisis, is a much more important priority. The WHO and UNICEF have issued a very recent brief on breastfeeding during a crisis which includes suggestions consistent with what has been mentioned by Catherine.

In addition to this, many women struggle to continue breastfeeding when they return to work and research shows that breastfeeding rates go down when women go back to work. It is therefore important for South Africa to focus on improving comprehensive maternity protection for women, which is defined by the [International Labour Organisation \(ILO\)](#) as: health protection in the workplace, a minimum period of maternity leave, some form of cash and medical benefits while on maternity leave, job security, non-discrimination and support to breastfeed or express milk upon return to work.

In South Africa, we have a far way to go to support breastfeeding mothers in the workplace. Current law indicates that women should receive four months of maternity leave, however paid leave is not mandatory (although government departments and some companies do provide paid leave). It would be very important for all stakeholders to advocate for longer maternity leave (up to six months) and that paid leave is mandatory. Non-standard employees (employees placed by temporary employment services, employees on temporary or fixed-term contracts and part-time employees such as domestic workers or farm workers) are a particularly vulnerable group. This group of women often have to claim pay for their maternity leave from the [Unemployment Insurance Fund \(UIF\)](#) and this can be an extremely time-consuming and complex process for some women.

Once back at work, women should be informed that they are entitled to two 30-minute breaks during their work day to breastfeed or express breastmilk until their infant is six months old. This enables mothers to return to work and earn an income whilst still providing their infants breastmilk, the best feeding option. All stakeholders should work together in an attempt to improve the support of women to be able to continue breastfeeding when they return to work.

It's clear that South Africa has much to gain in turning around its low rates of exclusive breastfeeding and actively striving to reach the 2025 target of 50% of mothers' breastfeeding exclusively for the first six months of life. Developing a national culture that supports the truism that 'breast is best' can have far-reaching positive impacts for our children, mothers and country.

For information on World Breastfeeding Week 2018 visit [www.worldbreastfeedingweek.org](http://www.worldbreastfeedingweek.org).

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