

World health organisation



In this essay I will be looking at why women choose not to breastfeed their babies, and why the UK has one of the lowest rates for breastfeeding.

The current WHO (World Health Organisation) definition of health, formulated in 1948, describes “ health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity”. At that time this formulation was groundbreaking because of its breadth and ambition. It overcame the negative definition of health as absence or disease and included the physical, mental and social domains. We could argue that the WHO definition of “ complete” physical in relation to wellbeing is that it is unintentionally telling us the requirements for complete health “ would leave most of us unhealthy most of the time”. Different people look at health in different ways. It can depend on their culture, environment, religion, or age group.

When we look at health, all physical, emotional, intellectual and social aspects should be considered because they all affect our health equally. Health can be defined in many ways, positively negatively and holistically, it depends on how individuals look at their health and how concerned they are about it. Our state of health depends on many things, such as where we live, what job we do, what we eat, who are our friends and everything else related to our lifestyle. Reasons to breastfeed or wont/cant breastfeed Women have been producing such a miraculous substance, breast milk, since the beginning of human existence, yet they form the least wealthy and least powerful half of humanity. (Palmer 2009, p1) Many women from all over the world breastfeed, but why does such a high percentage of Western women find it so difficult to do, when it is the most natural and free “ food” for our

babies. There are many reasons women cannot/wont breastfeed, this could be due to the medication she is taking, HIV, a virus that can be passed on through the breast milk, discomfort while nursing, Alcohol and drugs problems, inverted or large nipples, peer pressure, tongue tie and breast reduction or implants, or the lack of knowledge she receives from the beginning of pregnancy to when she has given birth on how to breastfeed.

Breastfeeding is practically nonexistent in the public eye, and where fully-exposed female breasts typically have sexual connotations, using breasts for feeding a baby is a common feature of everyday life in many Asian/African countries. The peer pressure in our country from husband/partner not to breastfeed due to her breast being exposed to others is one of the reasons a mother does not breastfeed. Why is this when our breast have been made in such a way to produce milk to feed our baby, not to pleasure our partners. Some women may feel embarrassed about breastfeeding in public. Women may also find that mother and baby facilities are dirty, or lack of equipment.

Some may choose to stay at home for the first few months after birth to avoid breastfeeding in public, but this can lean to social isolation. Anxiety about breastfeeding's effect on body shape can discourage women, and cause men to be unsupportive. Conversely, the idea that it might help some women to lose weight can also make it more attractive. So why is breastfeeding healthy for mum and baby? Breast milk has just the right amount of fat, sugar, water and protein that is needed for baby's growth and development, because breastfeeding uses an average of 500 calories a day, it helps the mother lose weight after giving birth and may also offer protection against breast cancer.

For the baby/infant breastfeeding reduces the risk of: 1. Diarrhoea and chest infections
2. Atopic dermatitis and asthma
3. Obesity and type 1 and type 2 diabetes
4.

Sudden infant death syndrome
5. Childhood leukaemia
6. Necrotising enterocolitis
Health benefits for infant
1. Higher IQ
2.

Reduced incidence of hypertension, cardiovascular disease, allergies and Crohn's disease
3. Lower cholesterol
The quality of a mother's milk may be compromised by smoking, alcoholic drinks, caffeinated drinks, marijuana, heroine, and methadone. The use of social drugs by a minority of pregnant and breastfeeding mother's is a fact of life. Breastfeeding is the only way to feed an infant for that infant to be able to achieve optimum growth, health and mental development. Drug-using mothers need to know how their drug habit will impact on their baby and their lactation and how artificial formula will affect them and their baby. Informed decision-making, which achieves the best outcome for both baby and mother, is the goal.

Unfortunately these drugs are all drugs of addiction to varying degrees, so the 'easy' solution of "just give it up" isn't as easy as we would like it to be and may not be an option at all for some mothers. It's not a black and white issue – there's no 'one answer fits all' solution. Women however have been producing this fantastic substance since the beginning of human existence, yet they form the least wealthy and least powerful of humanity. Why do the poor breastfeed and the rich don't? Is this down to our social and economic position? One of the biggest factor for mums not to breastfeed has to be the advertising companies who advertise artificial milk and products, there

seems to be more information all around us on TV on advertising boards and from friends who recommend a certain brand of milk. If a multinational company could develop a product that was the same as breastmilk “ a wonder drug “ which can both prevent and treat disease and cost almost nothing to produce, we would see shares rocketing to the top of the stockmarket. The global sales of baby food was projected to reach £10 billion annually of which two thirds was from baby formula milk, Europe being the leading market with sales reaching £1 billion by 2010.

The current economic structure is still promoting artificial food rather than promotion breastfeeding, this is because rapid financial profits, which both makes the companies richer, the advertising companies richer, the governments richer. They should take away the money side and think about the benefits for our babies and mums and not encourage them to buy formula, but give them the wealth of information on breastfeeding. There has been evidence that since the 20th century when mothers started seeing healthcare professionals, their lack of knowledge and skills to support mothers to breastfeed their infants, has been identified as a major factor to low rates of breastfeeding and duration, due to inaccurate advice, this also applies to Doctors. Western women will spend hundreds of pounds on gadgets and manmade formula, when they have the most nutritionally balanced and delicious food that both prevented and treated disease, and cost nothing to produce. It seems the poorer you are the more likely you are to breastfeed, even if you are suffering from malnutrition, as a high percentage of African/Asian women breastfeed, they do not have the luxury of artificial formula or bottles etc, they don't know any different,

breastfeeding to them is natural and free. They don't see all the advertising for baby formula on TV like we do as they don't have a TV, they cannot afford the milk, the bottles, and all the other items needed to artificially feed a baby, they use what they already have, breast milk.

Incidence, prevalence, and duration of breastfeeding
The initial breastfeeding rate increased from 76% in 2005 to 81% in 2010 in the UK. This includes all babies who were put to the breast at all, even if this was on one occasion only, and also includes giving expressed breastmilk. The highest incidences of breastfeeding were found among mothers aged 30 or over (87%), those from minority ethnic groups (97% for Chinese or other ethnic group, 96% for Black and 95% for Asian ethnic group), those who left education aged over 18 (91%), those in managerial and professional occupations (90%) and those living in the least deprived areas (89%). NHS 2010 survey
Concluding comments
It is clear from the evidence that breastfeeding is essential in reducing health inequalities in mothers and infants in the UK. Despite this, mothers continue to face barriers that either discourage them from commencing breastfeeding or lead to early cessation of breastfeeding.

Healthcare professionals need to be aware of the challenges mothers face in society and be equipped with the knowledge and skills to support them to overcome these barriers and confidently to provide consistent information to manage these challenges as they arise. Ref maria pollard
There is a wealth of information available to both mothers and healthcare professionals, therefore they need to use this information for their advantage and not ignore the fact that breast is best. Maybe mums are getting the message, as the NHS breastfeeding statistics are higher now than they have been in

2005, so hopefully we will have more children with high IQ's and less children with obesity problems.