Infant and Young Child Feeding
Challenges to Implementing a Global Strategy

Edited by

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## Contents

Contributor biographies ix  Foreword by Gretel H. Pelto xv

1. From Grand Design to Change on the Ground: Going to Scale with a Global Feeding Strategy 1
   *James Akre*
   1.1 Introduction 1
   1.2 How it all began 5
   1.3 Grasping the global challenge 8
   1.4 Summary recommendations 20
   1.5 Conclusion 23
   References 23

2. A Biocultural Basis for Protecting, Promoting and Supporting Breastfeeding 32
   *Andy Bilson and Fiona Dykes*
   2.1 Introduction 32
   2.2 WHO/UNICEF Baby-Friendly Hospital Initiative 32
   2.3 A biocultural approach to institutional change 36
   2.4 Conclusion 38
   References 40

3. Feeding Preterm Infants in Sweden: Challenges to Implementing the Global Strategy in a Pro-Breastfeeding Culture 43
   *Renée Flacking*
   3.1 Introduction 43
   3.2 Breastfeeding preterm babies in Sweden 44
   3.3 Breastfeeding as relationship building in the early phase 46
   3.4 Breastfeeding at the ‘training camp’ 48
   3.5 Breastfeeding at home – trying to experience a balance in needs 52
   3.6 Paradigm shift 55
   3.7 Conclusion 55
   References 56

4. From ‘to Learn’ to ‘To Know’: Women’s Embodied Knowledge of Breastfeeding in Japan 59
   *Naoko Hashimoto and Christine McCourt*
   4.1 Introduction 59
   4.2 The study 61
# Contents

4.3 Social and historical background .............................. 62  
4.4 Breastfeeding as bodily experience: findings from Japanese women’s narratives .............................. 66  
4.5 Discussion and implications ................................ 73  
4.6 Conclusion .......................................................... 77  
References ............................................................... 78  

5. Breastfeeding and Poverty: Negotiating Cultural Change and Symbolic Capital of Motherhood in Québec, Canada 80  
Danielle Groleau and Charo Rodriguez  
5.1 Introduction .......................................................... 80  
5.2 Social experience of breastfeeding ................................ 88  
5.3 Contextualising our study ........................................ 91  
5.4 Conclusion .......................................................... 95  
Acknowledgements ..................................................... 96  
References ............................................................... 96  

6. Achieving Optimal Infant and Young Child Feeding Practices: Case Studies from Tanzania and Rwanda 99  
Lucy Thairu  
6.1 Introduction .......................................................... 99  
6.2 Infant feeding practices among mothers of unknown HIV status in Tanzania .............................................. 101  
6.3 Infant feeding practices among HIV+ mothers in Rwanda .......................................................... 108  
6.4 Conclusion: bridging the gap between policy and actual practice to promote optimal infant feeding practices .......................................................... 115  
References ............................................................... 116  

Helen Stapleton and Julia Keenan  
7.1 Introduction .......................................................... 119  
7.2 Background ........................................................ 120  
7.3 Study aims, design and methodology ................................ 124  
7.4 Consumption in pregnancy: socioeconomic grouping and autonomy .......................................................... 125  
7.5 Consumption in pregnancy: prohibitions and exclusions .......................................................... 130  
7.6 Consumption in pregnancy: cravings, calories and weight management .......................................................... 136  
7.7 Autonomy and sociocultural constraints on choice and consumption .......................................................... 138  
7.8 Conclusion .......................................................... 140  
References ............................................................... 142  

8. Homeless Mothers and Their Children: Two Generations at Nutritional Risk 146  
Anne Marie Conopoulou and Allan Frederick Hackett  
8.1 Introduction .......................................................... 146  
8.2 Defining homelessness .............................................. 147  
8.3 Homelessness in the UK and homeless mothers .......................................................... 147  
8.4 The use of temporary accommodation in the UK .......................................................... 148
Contributor biographies

James Akre has academic and practical experience in sociology, public and international affairs, and public health, with an early focus on economic and social development and the welfare of populations in low-income rural environments. His community development and international public health nutrition career spans four decades, including more than 30 years’ working in three agencies of the United Nations system, dealing with labour and social issues and public health. He has worked and travelled extensively in Africa, Asia, the Caribbean and Europe, including a cumulative seven years resident in Cameroon, Haiti and Turkey. Although formally retired, from his base in Geneva, Switzerland, he continues to research, publish and present on international public health nutrition policy and the sociocultural dimensions of child feeding and the health of mothers and children. He serves as a member of the Board of Directors of the International Board of Lactation Consultant Examiners (IBLCE), the Editorial Board of the International Breastfeeding Journal, and the Scientific Committee of La Leche League France.

Andy Bilson is Professor of Social Work Research at University of Central Lancashire and a fellow of the Cybernetics Society. His work has a focus on organisational change and children’s rights. He has carried out research and consultancy for a range of organisations including the Economic and Social Research Council, UNICEF, World Bank, Save the Children and governments, particularly in Europe and Central Asia. Andy has published widely on both social work and systemic approaches to organisational change and was the editor of Evidence Based Practice in Social Work and co-author of Social Work Management and Practice: Systems Principles. He is currently undertaking research with Fiona Dykes and others into the implementation of the Baby-Friendly Hospital Initiative in the UK and Australia and writing a book on social work leadership and management.

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**Fiona Dykes** is Professor of Maternal and Infant Health and Director of the Maternal and Infant Nutrition and Nurture Unit (MAINN), School of Public Health and Clinical Sciences, University of Central Lancashire. She is also Adjunct Professor at University of Western Sydney. Fiona has a particular focus upon the global, sociocultural and political influences on infant and young child feeding practices. Fiona is topic editor (breastfeeding) for the international journal, *Maternal and Child Nutrition*, published by Wiley-Blackwell. Fiona has worked on WHO, UNICEF, Government (Department of Health), the National Health Service, the National Institute of Health and Clinical Excellence (NICE), TrusTECH Service Innovation (UK), and British Council funded projects. She is currently involved in projects in Africa, Australia, European Union and Pakistan. In addition to co-editing this book, Fiona is single author of *Breastfeeding in Hospital: Mothers, Midwives and the Production Line*, published by Routledge, and co-editor of *Maternal and Infant Nutrition and Nurture: Controversies and Challenges*, published by Quay Books.

**Renée Flacking** is a researcher at the Department of Women’s and Children’s Health, Uppsala University, Sweden. She is neonatal nurse and employed as a Practise Developer at the Department of Paediatrics, Falun Hospital, Sweden. In 2007, Renée completed her Ph.D. ‘Breastfeeding and becoming a mother – influences and experiences of mothers of preterm infants’. Her main research areas are breastfeeding and parenting in families with preterm infants, focusing on emotional, relational and sociocultural aspects. Her research has included large epidemiological studies on breastfeeding, interventions to support mothers and fathers when their infants are admitted to neonatal units and qualitative studies on issues related to breastfeeding and to health. At present, Renée is conducting an ethnographic study in Sweden and England on breastfeeding and relationality in mothers of preterm infants at neonatal units.

**Kevin D. Frick** is trained as a health economist and is an Associate Professor at the Johns Hopkins Bloomberg School of Public Health in the Department of Health Policy and Management and has joint appointments in the Departments of International Health, Ophthalmology, and Economics and the School of Nursing. His participation in collaborative economic evaluations has included an evaluation of a community health nurse and peer counsellor-based intervention to encourage low income mothers who had already decided to breastfeed to continue longer. At present, he is working with a student analysing the interaction of different drug regimens for human immunodeficiency virus (HIV)-positive mothers and uninfected children in resource-poor environments in which breastfeeding is the only option for infant nutrition. He has taught extensively about both cost-effectiveness and economic analysis and has developed a framework for understanding how the two fit together in understanding health behaviours, healthcare utilisation, and health policy.

**Danielle Groleau** is Associate Professor at the Division of Social and Transcultural Psychiatry, McGill University where she teaches two courses on qualitative methodologies. She is also Associate Researcher at the Jewish General hospital in Montréal, Canada. As a FRSQ Fellow, Danielle also conducts qualitative and
multidisciplinary research (medical anthropology, public health, transcultural psychiatry) in reproductive health with a focus on psychocultural barriers to breastfeeding in vulnerable populations (poverty, migration, prematurity, HIV) and sociosomatic problems (hyperemesis gravidarum, insufficient breast milk, depression). She is part of the editorial board of the *Journal of Transcultural Psychiatry* published by SAGE and has done some consulting work for WHO, Pan American Health Organization (PAHO), the Québec Ministry of Health, with Tibetan refugees in India, and for several projects in Brazil. She is currently co-leading the evaluation of the implementation of the Québec breastfeeding policy, and developing research on breastfeeding and HIV in Burundi and Brazil, and on breastfeeding and prematurity in Montréal.

**Allan Frederick Hackett** graduated from Leeds University in 1974 with a degree in Agricultural Science and then qualified as a State Registered Dietician but rapidly moved into research on the causes of post-surgical malnutrition in the Department of Surgery at Leeds. Allan then moved to the Dental School at Newcastle upon Tyne and conducted the world’s first longitudinal study of diet and dental caries working with Professors Neil Jenkins and Andrew Rugg-Gunn. Allan then completed his Ph.D. in the Department of Child Health at Newcastle working on the role of diet in the management of children with diabetes mellitus. After working with a paediatric epidemiologist, Allan took up a lecturing post at Liverpool Polytechnic. Allan was made a Reader in Community Nutrition in 1993 and most of his research has focused on children’s eating habits and childhood obesity and how to improve them.

**Julia Keenan** is a researcher at the Leeds Social Sciences Institute, University of Leeds, UK. She is a social and cultural geographer with interests in health, risk and governmentality perspectives, the new genetics and parenting cultures. In 2006, she gained her Ph.D. from the University of Sheffield: ‘The governance of health through risk: sickle cell and thalassaemia in Sheffield’. Julia then carried forward her interests in health, embodiment and governance to explore women’s food/feeding choices for themselves and their infants/young children and families on the project entitled ‘Changing habits? Food, family and transitions to motherhood’. This was undertaken as part of a larger interdisciplinary Leverhulme Trust funded research programme called ‘Changing families, changing food’. She is currently working on family life and alcohol consumption exploring the intergenerational transmission of drinking practices funded by the Joseph Rowntree Foundation.

**Victoria Hall Moran** is a Senior Lecturer in the Maternal and Infant Nutrition and Nurture Unit (MAINN), University of Central Lancashire and Editor-in-Chief of *Maternal & Child Nutrition* (Wiley-Blackwell). Victoria’s research interests include the evaluation of breastfeeding experiences and support needs and nutritional intake and status indicators during pregnancy and lactation. Victoria has worked on WHO, government (Department of Health) and British Council funded projects. She is currently involved in the European Union EURRECA Network of Excellence project, which aims to address the problem of national variations in micronutrient recommendations. Victoria is also co-editor of *Maternal and Infant Nutrition and Nurture: Controversies and Challenges*, published by Quay Books.
Naoko Hashimoto is a Japanese midwife and independent researcher in Japan, and Research Associate at Thames Valley University (TVU), London, in the UK. Naoko has experience of working in obstetrics and postnatal unit in a general hospital in Tokyo, and is currently working in an urban community in Tokyo, mainly doing postnatal visits and breastfeeding support. Naoko completed her Ph.D. in Midwifery at TVU in 2006 on a narrative/ethnographic study of Japanese women’s experience of breastfeeding in the current Japanese social context. Naoko’s research interest is based on her everyday practice as a midwife, and her focus is to fill the theory–practice gap in breastfeeding and also to develop a theoretical framework of understanding breastfeeding practice through cross-cultural dialogues.

Christine McCourt is Professor of Anthropology and Health in the Faculty of Health and Human Sciences, Thames Valley University London, where she is also Director of the Centre for Research in Midwifery and Childbirth (CeMaC). She joined the centre after several years working on health policy at Brunel University, where she taught within medical anthropology and social policy, having previously worked and studied at the London School of Economics. Her degree and Ph.D. were in Anthropology and her key interest at doctoral level was in applying anthropological theory and methodology to studying ‘Western’ healthcare. Since then her main work has been on maternity and women’s health, with particular interests in institutions and service change and reform, on women’s experiences of childbirth, transition to motherhood and maternity care and in the culture and organisation of maternity care. She had published and presented widely in these areas. She is a member of the International Congress of Midwives Research Standing Committee and Managing Editor of the international applied anthropology journal *Anthropology in Action*.

Charo Rodríguez joined McGill University in June 2003. As of June 2008, she holds the position of Associate Professor in the area of Health Services and Policy Research of the McGill Department of Family Medicine. After seven years of clinical practice as general practitioner in Alicante (Spain), she developed her master’s studies in Public Health (Management option) at the Valencia Institute of Public Health. Charo also holds a Ph.D. degree in Public Health (Health Organization option) with distinction from the University of Montreal. Charo has spearheaded a research agenda in healthcare organisations with a particular focus on organisational discourse. This research agenda, for which she was awarded ‘Chercheur Junior 1’ by the ‘Fonds de recherche en santé du Québec’ (FRSQ) in 2004, and ‘Chercheur Junior 2’ in 2008, comprises five main axes, namely information technology, identity, inter-organisational collaboration, shared decision making and qualitative research synthesis. Charo has been a member of the editorial board of the *Management Information Quarterly* journal. Among others, she has published in journals such as *Administration and Society*, the *Journal of Interprofessional Care*, *International Journal of Integrated Care*, *Health Care Management Review*, *Healthcare Policy*, and the *Journal of Health Services and Policy*.

Helen Stapleton is a Lecturer at the University of Sheffield with a background in midwifery and herbal medicine. Her research interests include qualitative
methodologies, the social context of sexuality and reproduction, the health and wellbeing of children, young people and families and parenting cultures. Helen’s empirical research covers a broad range of areas including organisational cultures, food and eating practices, transitions to motherhood, eating disorders, adolescent sexual health services and obesity in children/young people. She is a member of various professional organisations and a board member for the Centre for the Study of Childhood and Youth, University of Sheffield.

Lucy Thairu is a postdoctoral scholar at the Stanford University Medical School. She obtained a bachelor’s degree in Biochemistry from Nantes University in France, and a master’s and a Ph.D. in nutrition from Cornell University. Her research focuses on breast milk HIV transmission in sub-Saharan Africa using qualitative research techniques. In her research, she draws upon her unique experience growing up and working in Africa to elicit sensitive information from interviewees. In addition to research, Thairu serves as a consultant for UNICEF and WHO. She also coordinates the World Wide AIDS Coalition, a non-profit organisation that provides laboratory diagnostics in Ghana, Burkina Faso and Zimbabwe.

Anthony F. Williams is Reader in Child Nutrition at St George’s, University of London and a Consultant in Neonatal Paediatrics at St George’s Hospital. He trained in medicine at University College London and Westminster Medical School, qualifying in 1975. His interest in nutrition developed while training as a paediatrician in London, Leicester and Liverpool. In 1980, he became a Research Fellow in Oxford and worked on human lactation, particularly the nutritional requirements of very low birth weight babies. After gaining a D.Phil., he completed his paediatric training in Bristol and was appointed at St George’s in 1987. He is adviser to a number of governmental and non-governmental organisations, both within the UK and abroad. In 2003 he was awarded an honorary Fellowship of UNICEF to recognise his contribution to establishing the Baby-Friendly Initiative in the UK.
Ultimately, we owe the existence of the *Global Strategy for Infant and Young Child Feeding* (World Health Organization (WHO) 2003) to the wisdom of the men and women who set up the United Nations (UN) charter and assigned specific responsibilities to its agencies. The WHO was given the mandate to oversee and set standards for the health of the world’s population. From that initial charge to a global strategy for infant and young child feeding is a very long journey involving the dedication, skill and commitment of tens of thousands of people. This book will take its place, along with all of the work that has preceded it, and all the work that will follow, as one step in this vital journey.

Establishing standards is, itself, a complex undertaking. In most areas of health, including nutrition, available information is usually inadequate to provide definitive guidance, and as the requirements for what constitutes evidence have tightened, honouring the UN mandate has almost always involved WHO in developing and sponsoring new research efforts. For example, for many years WHO accepted the growth standards developed by the USA (the National Institutes of Health standards), albeit, only after considerable debate and review of a large body of data. However, when the validity of applying standards based on a predominantly formula-fed population to breastfed children became increasingly questionable, WHO spearheaded a major international study to develop new standards.

It is a logical step from establishing standards to articulating a global strategy to guide the implementation of policy. In the area of breastfeeding, and more recently in complementary feeding, the UN agencies have played a major role in bringing together the technical information that serves as a basis for policy making. This undertaking has been even more complex than the already daunting challenges that face efforts to achieve consensus on standards. Political concerns play a major role, along with differing perspectives that have their origins in basic social and cultural traditions.

Establishing a global strategy for infant feeding took an enormous amount of effort and required negotiation and compromise on conflicting issues that are dear to the heart of many of the participants in the effort. Arriving at the statement that was adopted by the World Health Assembly in 2003 was a major achievement. Impressive as this is, it is not the end point. From the perspective of improving the health and wellbeing of infants, mothers and their families, the existence of a well-articulated global strategy is just the beginning. As difficult as it has been to establish a global strategy, the biggest challenges are in implementing it.
Implementing the infant and young child feeding strategy rests on many shoulders – ministries and departments of health, other governmental agencies and departments, international agencies, bilateral aid agencies, national and international non-governmental organisations and private sector groups of many different types. Compared with establishing standards and developing a global strategy, the challenges of implementation make the former efforts look positively easy. The primary reason that implementation of a global strategy for any health issues is so difficult can be summed up in a single word: context. A global strategy is, by definition, couched in generic terms. Implementation always occurs within a context of cultural, social, historical, and political and policy conditions that determine what can be done and how to do it.

A number of agencies have recognised the significance of the challenges that have to be faced in the translation of any global, generic health strategy to specific contexts. WHO, in particular, has been aware of the importance of context (perhaps because of its governing structure). However, as a biomedically oriented institution it has often lacked the resources to address the challenges of facilitating translation of generic strategies and principles in the contexts of ‘the real world’.

In response to these challenges a number of approaches have been developed. One approach is to provide technical assistance in the form of external consultants, whose contributions vary from short-term visits to longer-term involvement. Another approach is to set up short-term training courses or workshops at country or regional levels, in which participants are introduced to tools, techniques and skills that are intended to assist them to engage in the process of translation of recommendations to specific conditions and situations.

With respect to translation to specific contexts, an important initiative of the WHO programme addressed to acute respiratory infections in children was to invest in the development of guidelines to conduct Focused Ethnographic Studies (ARI Programme 1993). These were developed to assist national programmes to obtain vital information on how families perceived and managed respiratory infections in children, their views about when and where to seek care and other related matters. Designed to be feasible within the economic and time constraints of national programmes, they also included information about larger issues of the local context, such as economic, social and situational constraints to the utilisation of services (Gove & Pelto 1994). This was an important step because it attempted to bridge the gap between specific context-related questions and generic treatment guidelines.

Yet another approach to assisting national programmes with implementing a global strategy is the creation of implementation guidelines. For example, the WHO Programme for Control of Diarrhoeal Diseases (CDD) in the 1980s and 1990s devoted substantial resources to assisting programmes to translate generic guidelines into implementable programmes through the development of programme managers’ materials, training materials, counselling aides, and communication guidelines (see e.g. Division for the Control of Diarrhoeal and Respiratory Infections 1995).

When ‘Integrated Management of Childhood Illness’ (IMCI) replaced disease-specific child health programmes in WHO, the concept of ‘local adaptation’ of management guidelines continued to be part of the implementation strategy (Division
of Child Health and Development 1997). The concept was most fully developed for the nutrition counselling component, for which a protocol to obtain information to contextualise feeding recommendations (breastfeeding and complementary feeding) was created and tested (Santos et al. 2001).

Apart from the IMCI adaptation guide, there have been a number of important efforts to develop tools to assess local context for use by programmes that are explicitly charged with promoting breastfeeding and young child feeding, most notably, Designing by Dialog (Dickin et al. 1997) and the Pan American Health Organization (PAHO)-initiated effort known as PROPAN.

Shifting from international agencies to the larger public health and public nutrition community, we find that for breastfeeding the recognition of the importance of context has considerable time depth. In fact, beginning more than 40 years ago there is a rich, if relatively small, empirical and theoretical literature illustrating the multiple dimensions of contextual issues in breastfeeding (see e.g. Raphael 1973; Butz 1977; Leslie 1988; Mead & Newton 1978; Pelto 1981; Van Esterik 1981; Van Esterik & Greiner 1989). The importance of context has also been consistently highlighted in the wide-ranging work on clinical management and support of Baby-Friendly Hospitals spear-headed by Felicity Savage King and Elisabet Helsing (Helsing & King 1982).

Until the publication of this volume, however, there has not been a significant effort to rigorously review and illustrate the relationships of context to the explicit challenge of implementing a global strategy for infant feeding. Thus, this book is a milestone. Conceptually it represents a significant step in the chain from the evidence base for best practice recommendations to the implementation of programmes that help to make best practice a social and behavioural reality. Wisely, the editors have included a broad range of topics thereby ensuring that readers of this important collection of original chapters will appreciate the complexity of the issues that are involved in the challenges of moving from best practice recommendations and an explicit infant and young child feeding strategy to real programmes in real places. Their selection of topics draws attention to the fact that implementation of the global strategy involves multiple dimensions and multiple challenges – economic, behavioural, psychological and cultural, as well as biological.

In the following sections I briefly review several different dimensions that are covered in the chapters in this volume.

A primary dimension that affects implementation across all contexts is the macro-level to micro-level dimension. Typically edited volumes tend to focus attention on just one level: the macro-level of policy, or the intermediate level of service delivery and programmes, or the micro-level of families, mother–infant dyads or even only the individual levels of mothers or infants. Fortunately, for this volume the editors have commissioned chapters across the range, thus ensuring that this essential dimension does not go unnoticed. Some of the chapters are centred on one level and some of them cross levels.

In Chapter 10, Frick describes macro-level policy issues from an economic perspective, highlighting macro-level concerns that affect social strategies within a broader societal public health context. In Chapter 1, Akre uses the macro to micro
level dimension to organise his review and presentation of proposals to address policy challenges for going to scale in the implementation of the global strategy. He examines how variations in cross-cultural and cross-national economic and policy assumptions affect what happens ‘on the ground’. In Chapter 6, Thairu also includes a macro-micro dimension in her chapter. She examines the implications for national policy of shared micro-level (individual-level) beliefs. The studies in Japan (Chapter 4, Hashimoto & McCourt), Quebec (Chapter 5, Groleau & Rodriguez), and the UK (Chapter 7, Stapleton & Keenan, and Chapter 8 Coufopoulos & Hackett) provide insights about micro-level factors.

Biological concerns are another critical dimension that must be carefully considered in translating a global policy into specific contexts. Rather than beginning with the usual review of the well-described biology of breastfeeding, in Chapter 2, Bilson and Dykes start with concepts about the bio-cultural nature of cognition, drawing from the work of the biologist, Humberto Maturana. In their innovative chapter they go on to explore the implications for breastfeeding programmes of the ‘intertwining of emotional and rational processes’. They challenge the common assumption of simple linearity and raise the possibility of reconceptualising not only local programmes but also the basic approach to implementation of a global strategy for infant and young child feeding.

Focusing still on the matter of biological variation, the editors have chosen to highlight another feature of biological variation – the fact that all babies are not born equally prepared to undertake breastfeeding. In Chapter 3, Flacking deals specifically with the challenge of prematurity within a specific cultural context. She reveals the insights that are to be gained from a sensitive analysis of the challenges of biologically based differences in a pro-breastfeeding culture. The implications extend well beyond the case study that provides the empirical basis for these insights.

Thairu is also concerned with the effects of biological differences in a pro-breastfeeding culture. Here the biological variation is the result of the tragedy of human immunodeficiency virus (HIV) infection, in which the management of breastfeeding and complementary feeding is severely compromised by the existence of this significant source of biological variation within a population.

Stepping back to place findings from specific contexts into a larger, bio-cultural framework, in Chapter 9 Williams presents a holistic discussion of how biological and social conditions of individuals and families affect maternal and infant nutrition.

Attention to cultural issues is essential for all countries as part of national strategic planning. Cultural beliefs and underlying values contribute significantly to infant feeding behaviours. No matter how well they are managed, programmes that are not built on an understanding of cultural patterns in the population and thereby fail to make use of the cultural factors that support breastfeeding and address the cultural issues that impede adoption of best practices are unlikely to achieve their goals. At the national level many, if not most, countries have to deal with the fact that their nation contains multiple ethnic groups, and that different approaches, language and programme content may be necessary. Urban–rural differences and urban migration also present challenges for programme implementation.
The importance of deeply embedded cultural values in the complex interactions of breastfeeding promotion is examined by Hashimoto and McCourt in relation to the challenges of modern urban life in Japan. They provide a compelling description and analysis of the implications of cultural and social dynamics for programme implementation. In Chapter 7, Stapleton and Keenan reveal the wealth of ideas and expectations that women bring to an antenatal education activity. They highlight the fact that beneficiaries of programmes, the ‘users’, do not arrive at the point of encounter with the delivery system as ‘blank slates’ to be filled with new, correct information. They are not passive recipients of the information that is being imparted. Planning and implementation of programme delivery has to be based on the locally documented reality of the ideas, beliefs and experiences that women bring to the encounter. As the authors show, it is also important to recognise the significance of intracultural diversity in those ideas, beliefs and experiences, and not assume that all women arrive with the same assumptions and conceptual structures.

The far-reaching effects of economic factors on household behaviours is another dimension that is highlighted in this volume. The challenges of maintaining exclusive breastfeeding in conditions of poverty in developing countries have been well described, but they have not been as readily understood when the focus is on women and children living in poverty in the midst of well-off nations. The study by Groleau and Rodríguez in Quebec highlights features of breastfeeding challenges among the poor living in a wealthy country. In this chapter the authors show how poverty affects breastfeeding for poor women who live within a larger context of wealth. Continuing the focus on poverty in the context of industrialised countries, Coufopoulos and Hackett hone in on its effects on two generations; in this case, homeless women and children in the UK. They effectively use the results of ethnographic interviews to bring a description of the reality of women’s experiences to bear in their broad discussion of the challenges homelessness presents for two generations living in serious poverty.

In their concluding chapter the editors highlight the themes discussed above. They also introduce another critically important idea, which they call the ‘rhetoric–reality gap’. They point out that for both breastfeeding and complementary feeding there is a great deal of evidence-based knowledge about best practices, which are embedded in the Global Strategy recommendations. But there is a large gap between that knowledge and the realities experienced by women and children throughout the world. This volume helps to shed light on the reasons for that gap and points to critical issues that need to be addressed in order to design effective programmes to close it.

Gretel H. Pelto

Gretel H. Pelto currently holds the title of Graduate Professor in the Division of Nutritional Sciences at Cornell University, having retired in 2007, but still active. She was trained as a medical anthropologist specialised in the social determinants of health. She was a member of the nutrition faculty at the University of Connecticut for more than two decades before moving to the WHO, where she was in charge of
behavioural, programme-related research in the Department of Child and Adolescent Health. She joined the Cornell University faculty in 1999. Throughout her career her primary focus of research and programmatic activity has been infant and young child feeding, particularly concerned with how sociocultural factors and conditions affect household behaviours and responses to nutrition interventions and nutritional status outcomes for infants and children.

References


1.1 Introduction

In May 2002, the World Health Organization (WHO) adopted the Global Strategy for Infant and Young Child Feeding (WHO 2003a). This marked the culmination of a complex process, which included WHO’s methodical consultation of the governments of its then entire membership of 191 governments, solicitation of inputs from an array of other interested parties (including health professional bodies, individual experts, non-governmental organisations, and commercial enterprises and their associations), extensive review of the scientific literature, and technical consultations on crucial topics such as the optimal duration of exclusive breastfeeding (WHO 2001a) and prevention of mother-to-child transmission of human immunodeficiency virus (HIV) (WHO 2001b).

As with any global WHO policy instrument, far from being a one-size-fits-all approach, governments were urged to adapt the Global Strategy to the specific circumstances of their nutrition and child health policies and programmes (WHO 2002a). Indeed, for a volume that seeks to shed light on the exceedingly complex challenge of appropriately translating international public health recommendations in multiple culturally diverse settings, the Global Strategy eloquently illustrates the adage ‘Think globally, act locally’. This dimension is all the more evident given the idiosyncratic nature of nurturing and nourishing children based on the rules imposed by the group into which each of us is born. Perhaps the ultimate paradox in this connection is that there can be no universal approach to ensuring unhindered access to our species’ only example of a universal food and feeding system – breast milk and breastfeeding – which are forever mediated by culture and clan.

Starting in early 2000, WHO and the United Nations Children’s Fund (UNICEF) began jointly developing the Global Strategy, whose aim is to improve – through optimal feeding – the nutritional status, growth and development, and health, and thus the very survival of infants and young children. Its specific objectives are (WHO 2003a):

- To raise awareness of the main problems affecting feeding, identify approaches to their solution, and provide a framework of essential interventions
- To increase the commitment of governments, international organisations and other concerned parties for optimal feeding practices