



INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES

INFORMATION FOR THE MEDIA

Although Sri Lanka is a country with a high exclusive breastfeeding rate, there was a myth among mothers about the inability to produce enough breastmilk when under stress. A major problem was the distribution of infant formula and feeding bottles by donors and non-governmental organisations (NGOs), without the appropriate controls, to breastfeeding mothers. Donors acted emotionally without any scientific basis, disregarding the dangers of artificial feeding in disasters. Additionally the mass media was very keen on feeding babies so made a public appeal to supply artificial milk and feeding bottles. The Ministry of Health faced many challenges to ensure that breastfeeding mothers continued to do so and did not swap to unsustainable and potentially dangerous infant formula.

Statement from the Sri Lankan Ministry of Health after the Indian Ocean Tsunami

Natural and man-made disasters put lives at risk and infants and young children are amongst the most vulnerable. Journalists have vital role in helping to protect these young ones. Your work can save lives and this guide contains information to help you to do this!

Why are infants and young children vulnerable in an emergency?

Babies are born with an undeveloped immune system and are at risk of life-threatening infections in emergencies. For infants who are breastfed, breastmilk provides food, clean water and immune support, which protects them from the worst of emergency conditions. The strongest protection is received if babies are fed only breastmilk from within an hour of birth until they are 6 months of age and then continue to be breastfed for 2 years or longer. The younger the infant the more vulnerable they are and the more important it is that they are fed this way if it is at all possible.

If babies are not breastfed, they can be in real danger. In an emergency, clean water and electricity/fuel are often in short supply, and the conditions are unhygienic. In such environments, babies that are fed infant formula are at high risk of developing infections. They are vulnerable to diarrhoea, which can easily lead to malnutrition, dehydration and death. Respiratory infections, like pneumonia, are also common and often deadly. Infants who cannot be breastfed need to be targeted for special support in emergencies.

Once children are 6 months of age they need to start eating solid foods. This time of dietary transition can be challenging in emergencies; food must be nutritious, safe and in adequate amounts for children to grow and develop normally. Children between 6 months to 2 years can be at risk of malnutrition.

What are the challenges in feeding infants and young children in emergencies?

Feeding and caring for infants and young children can be very difficult in emergencies. In addition to scarcity of resources, family and social support may be disrupted and undertaking survival activities challenging. The psychological health of mothers and caregivers often declines. Infants can be distressed both by the change in circumstances and their mother's distress, and be difficult to feed and calm. Even though milk production is unaffected by stress, many women believe that the trauma they have experienced has resulted in their milk supply declining. Mothers may breastfeed less due to their circumstance – they may be on the move or lack privacy to feed – which can affect milk production since the more a baby feeds, the more milk is produced.

In many contexts, donations of infant formula and other milks arrive to emergencies. These donations are often excessive in quantity, unsuitable for use and are distributed widely to all babies and without resources necessary for safe use. They directly result in reduced breastfeeding and increased formula feeding, infections, malnutrition and deaths. Providing aid to infants and young children is made much more difficult. Media reports describing women unable to breastfeed because of stress or calling for donations directly result in an increase in donations of infant formula and other milks¹.

How can the survival of infants and young children be protected during emergencies?

The survival of infants and young children is maximized when

¹ Gribble, K. D. (2013). Media messages and the needs of infants and young children after Cyclone Nargis and the WenChuan Earthquake. *Disasters*, 37(1), 80-100.

their mothers and caregivers receive appropriate support to look after them. This involves:

- Prioritising mother and caregiver access to resources such as food, water and shelter and supporting maternal and caregiver wellbeing with psychological support
- Providing breastfeeding women with safe spaces, breast feeding counseling, and practical help to start, restart or continue breastfeeding and overcome any feeding difficulties
- Providing targeted support to the mothers and caregivers of non-breastfed infants including infant formula, clean water, preparation and feeding implements, education and health monitoring
- Preventing donations and uncontrolled distributions of baby foods and milk products including infant formula, other milks and feeding bottles
- Enabling access to appropriate complementary foods for all children from 6-23 months

How can journalists help?

The media can help protect infants and young children in

emergencies by disseminating information that will encourage helpful aid and discourage aid that causes harm. Media reports can emphasise that infants are vulnerable in emergencies and that infections pose a risk, while also making a link to the importance of breastfeeding in protecting infants from infection and how feeding other milks magnify risks. They can describe the stories of mothers who continue to breastfeed despite difficult circumstances, emphasising their bravery, strength, and resilience and how support has enabled women who believed that stress had reduced their milk supply to keep breastfeeding. They can outline the danger that infants who are not breastfed face, describe the targeted, managed support needed to keep them safe including infant formula, water, cleaning/feeding equipment, and health care and encourage individuals to provide financial donations to organisations supporting them. They can describe the danger posed by donations of infant formula and other milks and state that such donations should not be made. In particular, aid organisations need help from the media immediately after the start of the emergency to prevent the arrival of donations.

Key message

The messages that the media present about the needs of infants and young children in emergencies can have a far-reaching impact. Members of the public, NGOs and donor agencies want to assist babies. Giving them good information about infant and young child feeding in emergencies will help to prevent harmful practices and help to protect the most vulnerable from illness and death.

Key Contacts

Get information and resources on Infant and Young Child Feeding from the Emergency Nutrition Network (ENN).

<https://www.ennonline.net/mediahub>

Report violations of the International Code of Marketing of Breastmilk Substitutes, including donations and uncontrolled distributions, to IBFAN (code@ibfan-icdc.org) and to UNICEF and WHO at country or regional level. WHO HQ: cah@who.int and nutrition@who.int UNICEF HQ: Nutrition@unicef.org

Direct questions regarding humanitarian coordination to the nutrition country cluster coordinator. Global Nutrition Cluster: gnc@unicef.org

Direct technical and coordination questions on Infant and Young Child Feeding in Emergencies to UNICEF at country level. www.unicef.org/where-we-work For similar questions in refugee settings, contact UNHCR at country level. XXX

Key References

Operational Guidance on Infant Feeding in Emergencies. IFE Core Group, 2017. www.ennonline.net/operationalguidance-v3-2017

The International Code on the Marketing of Breastmilk Substitutes, WHO, 1981 and subsequent relevant World Health Assembly resolutions <http://ibfan.org/the-full-code>

Lifeline Production Manual. BBC Media Action. www.bbc.co.uk/mediaaction/publications-and-resources/brochures/lifeline-programming

Global Breastfeeding Collective. WHO and UNICEF, 2017. www.unicef.org/breastfeeding/

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