

AWARENESS PROGRAMME FOR WOMEN ON BREAST FEEDING

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Date: 8th August, 2014

Venue: Jaiaw Langsning Community Hall

Welcome and Introductory Speech	Smt. S. Marbaniang Lady Supervisor ICDS Urban Project
Speech	Smt. D. Marbaniang State Resource Centre for Women
Speech	Smt. H. Ryntathiang ANM
Speech	Smt. M. Kharkongor State Resource Centre for Women
Vote of thanks	I. Syiem



Highlights

Introduction:

The programme was organised on the 8th August, 2014 at the Jaiaw Langsning Community Hall, Shillong. The programme started with an introductory speech from Smti. S.Marbaniang, Lady Supervisor, ICDS Urban Project, with the presence of the staffs of SRCW, Shillong and also the participants who attended the programme. The programme was very interesting and lively because the participants actively participated in the programme giving the comments regarding their health.

Speech by:

**Smt. D. Marbaniang
State Resource Centre for Women**



Smt. D. Marbaniang briefly explain about Human Milk which is ideally suited to the needs of the human infant who until recently has been dependent on his mother milk for survival.

During the last few months of pregnancy there is often a small secretion of colostrum from the breast. After birth when the infant starts to suckle the milk supply increases rapidly. Under normal conditions about 100 ml is available on the second day and this increases to about 500 ml by the second week. Effective and sustained milk production is normally achieved 10 – 14 days after delivery. During the next few months healthy infants consume about 700 – 800 ml per 24 hrs.

However studies of groups of mothers and infants show that there are wide variations. One infant may consume 600 ml or less and another nearly one litre over a 24 hr period even though both infants are growing at the same rate.

In poorly nourished mothers the milk volume has been found to be about 500 – 700 ml per day during the first six months, 400 – 600 ml in the second six months and 300 – 500 ml in the second year of life. A small milk output can be one sign of natural undernutrition. The cause can probably be traced back to pregnancy when the mother's diet did not allow her to store enough fat from which to draw energy during the lactation period. However, supplementation of the mother's diet does not necessarily increase her milk product.

Composition of Breast Milk.

Colostrum – Immediately after delivery breast milk is yellowish and sticky. This milk is called colostrums and is secreted for about the first week. Colostrum differs from mature milk because it contains more protein (there may be 10% in yearly colostrums compared with 1% in mature milk): much more immunoglobulin A and lactoferin and also white blood cells which are all of great importance for the infants defence against dangerous infections; less fat lactose.

Comparision of mature human and unmodified cow's milk –

Protein – The unmodified milk has about three times more protein than human milk. Most of this protein is casein and much less is the soluble protein. This higher proportion of casein forms a relatively tough curd in the infant's stomach. Human milk has less total protein but a much higher proportion of the soluble protein. This forms a softer curd which is more easily digested and absorbed.

Fat – About half the energy in human breast milk comes from the fat, which is absorbed much more readily by the infant than the fat of cow's milk due to the presence in the milk of a lipase enzyme. The total fat content varies considerably from one woman to another, according to the time of day and particularly during a feed. The first milk to flow during suckling is called the "foremilk". It has a fat content of only about 1 – 2 % and looks thin. This watery milk helps satisfy the infant's thirst as he begins feeding. The later milk called the 'hindmilk', may contain at least three or four times more fat. This provides most of the energy, and so it is important that the infant gets the hindmilk.

Lactose – This sugar is the only carbohydrate in milk. The amount in human milk is not very much and is higher than in cow's milk. In addition to providing an easily digestible source of energy, some lactose is converted in the intestine to lactic acid. Lactic acid helps to prevent the growth of undesirable bacteria and probably helps the absorption of calcium and other minerals.

Minerals – Human milk contains much less calcium than cow's milk but because it is more easily absorbed it satisfies the needs of the infant. Both cow's milk and human contain only small amounts of iron. However, about 75% of the iron in human milk is absorbed compared with only 5 – 10 % from other foods. Moreover the infant's store of iron should be sufficient for his first months of life. Human milk also contains less sodium, potassium, phosphorus and chlorine than cow's milk but sufficient amounts for them.

Vitamins – If the mother's diet has been and still is adequate all the vitamins that are needed by the infant during the first four to six months are supplied in his milk. There are only small amounts of Vitamin D in the milk fat, but rickets rarely occur in breast fed infants if their skin is exposed to sunshine. Recently a water soluble Vitamin – D fraction has been found. The function of this has still to be fully explored but it is believed that it supplements the Vitamin D in

the fat. The amounts of thiamine, Vitamin A, and Vitamin C vary according to the mother's diet.

Advantages - Some antibodies against various micro - organisms are transferred from the mother to the fetus via the placenta and help to protect the new infant against certain diseases, the most important of which is measles, during the first four to six months of life.

It has long been recognized that the breast fed infant is better protected against infectious and particularly diarrhoeal diseases and has a better chance of survival than a bottle - fed baby. Only fairly recently have reasons for this difference been established These are:-

Breast milk is clean - It is never strictly sterile, as there will be some contamination from the nipple. However, these bacteria have no time to multiply as the milk is drunk immediately.

Immunoglobulins are present in large amounts in colostrums and to a lesser extent in mature human milk.

Lactoferrin, a protein which binds iron to itself is found in human milk. The bound iron is then not available to certain harmful intestinal bacteria which need it for their growth. For this reason, supplemental oral iron should not be given to breast fed infants as it is likely to interfere with the protection offered by lactoferrin.

Lysozyme, an enzyme is present in a concentration several thousand times higher than that found in cow's milk. This breaks down certain harmful bacteria and also protect against various viruses.

White blood cells - During the first two weeks, breast milk contains upto 4000 cells per ml. These cells appear to secrete IgA, lactoferrin, lysozyme and interferon. Interferon is a substance which may inhibit the activities of certain viruses.

The bifidus factor, a nitrogen containing carbohydrate, is necessary for the growth of specific bacteria called Lacto – bacillus bifidus. In breast fed infants these bacteria dominate the bacterial flora in the intestines and produce lactic acid from some of the milk lactose. This acid discourages the growth of harmful bacteria and parasites and makes the stools acid. The presence of the bifidus factor is one reason why the stools of breast – fed infants are different from those of babies who are bottle fed.

Summary of the Advantages of Breast – Feeding –

Breast milk has anti – infective properties that protect the infant from infection in the early months.

Breast – feeding is a complete food and provides all the nutrients needed by the infant in the first few months.

Breast feeding is much cheaper than bottle feeding milk constituents. The cost of the extra food needed by the mother is negligible compared with the cost of feeding milk formula. Mothers who breast feed usually have longer periods of infertility after birth than non – lactators. Breast – fed infants are less likely to get Colic, infantile allergies and eczema than those bottle – fed.

Breast feeding immediately after delivery encourages the contraction of the womb and helps the mother regain her figure quickly.

Breast milk is always available and no utensils or water (which might carry germs) or fuel is needed to prepare it.

Speech by:

Ms. H. Ryntathieng

(ANM)



Ms. H. Ryntathieng briefly explain about Immunization as the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease.

Immunization is a proven tool for controlling and eliminating life – threatening infectious diseases and is estimated to avert between 2 (two) and 3 (three) million deaths each year. It is one of the most cost – effective health investments, with proven strategies that make it accessible to even the most hard – to – reach and vulnerable populations. It has clearly defined target groups: it can be delivered effectively through outreach activities; and vaccination does not require any major lifestyle change.

Immunization is the most effective way to actively protect your child from preventable diseases, such as whooping cough, tetanus and measles.

The body uses specialized immune system cells and generates small molecules called “antibodies” to fight infections, but very young children’s immune systems don’t have the experience to mount effective responses against germ invaders. The first time we come across a germ, it takes a while for the immune response to get going, so we get sick. The next time we come across the same germ, the body will be able to remember the infection and mount a much faster response.

Immunization works in a similar way. Instead of the dangerous germ, vaccines are made of components of the germ that cannot cause disease or from weakened versions of viruses. Through the delivery of a vaccine, the immune system is taught to respond to the harmless version of the germ so that it can respond quickly when faced with a real infection and stop up from getting sick. The vaccine doesn’t cause the disease, but teaches the immune system to recognize the invaders in the future. Teaching the immune system how to respond to germs before we are exposed to them – gives us an advantage when we are faced with the real bug.

Some of the diseases that are immune against are very serious in young children. Some, like measles, are highly contagious and usually fairly mild, but pose a risk of serious complications. The safest and most effective way to

ensure the good health of your child is to protect them from getting the diseases at all. The immunization schedule is structured to provide the best protection for our children when they are most at risk. Starting at six weeks, children can be protected from the potentially dangerous diseases that they may encounter. It is very important to stick to the schedule – not immunizing your child increases the risk of them getting the infection, and not keeping upto date reduces the protection that the immunization can provide.

- 3 – 9 months
- DPT injection (1st Dose)
 - Polio drop (1st Dose)
 - BCG injection (1st Dose)

After an interval of 1 (one) month or 2 (two) months –

- DPT injection (2nd Dose)
- Polio drop (2nd Dose)

After an interval of 1 (one) month to 2 (two) months –

- DPT injection (3rd Dose)
- Polio drop (3rd Dose)

9 – 12 months - Measles injection One Dose

18 – 24 months - Booster DPT injection

- Booster Polio drop

5 – 6 years - Booster DT injection (Typhoid injection)

After an interval of 1 (one) month to 2 (two) months –

- 2nd Dose of Typhoid injection

Speech by:

**Ms. M. Kharkongor
Asst. Coordinator
State Resource Centre for Women**



Ms. M. Kharkongor, Asst. Coordinator SRCW briefly explained on NMEW and SRCW. She said that The National Mission for Empowerment of Women (NMEW) was launched by the Government of India on International Women's Day in 2010, with the aim to strengthen overall processes that promote all round development of women. One of the immediate priorities of the

Government of India is to ensure that benefits of Flagship Programmes reach women. To achieve this, the Government had launched NMEW for implementation of women – centric programmes through better convergence.

Empowerment of women cannot be achieved in isolation by a single department. The State Mission Authority (SMA) would co-ordinate effective implementation of women centric and pro-women schemes/programmes of all ministries under one umbrella. It would bring about co-ordination between Central Government and State Government for implementation of schemes/programmes for Gender Empowerment. To enable the National Mission to achieve its desired goal, the State Government has constituted the SMA under the Chairmanship of the Chief Minister with the Ministers of participating departments as its members. The State Resource Centre for Women has been set up recently in September, 2012 to provide requisite support to the SMA for holistic Empowerment of Women. The entire expenditure for the State Resource Centre for Women is centrally funded as per prescribed norms of Government of India. The State Resource Centre for Women include a Mission Director/Project Advisor, the State Coordinator and Research Officer Asst. coordinator, Data Entry Operator and Grade IV staff as support staff. The SRCW facilitate preparation of State Action Plans which are to be approved at the level of the Chief Minister. The Principal Secretary/Secretary, of the state social welfare or women and child development provides an overall insight and direction to the State Resource Centre.

Women Health

Being a man or a women has a significant impact on health, as a result of both biological and gender – related differences. The health of women and girls is of particular concern because, in many societies, they are advantaged by discrimination rooted in socio – cultural factors. For eg. women and girls face increases vulnerability to HIV/AIDS.

Some of the socio – cultural factors that prevent women and girls to benefit from quality health services and attaining the best possible level of health include:

- Unequal power relationships between men and women.
 - Social norms that decrease education and paid employment opportunities.
 - An exclusive focus on women's reproductive roles; and
 - Potential or actual experience of physical, sexual and emotional violence.
- While poverty is an important barrier to positive health outcomes for both men and women, poverty tends to yield a higher burden on women and girl's health due to , for eg, feeding practices/malnutrition and use of unsafe cooking fuels (COPD)

Maternal Health

Maternal health refers to the health of women during pregnancy, childbirth and the post partum period. While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill health and even death.

The major direct cause of maternal morbidity and mortality include haemorrhage; infection, high blood pressure, unsafe abortion and obstructed labour.

- Sensitization/Advocacy Programmes for Stakeholders
- Training Programme for skill upgradation and self Employment of Adolescent girls and women their promotion of SHG's (Traditional and non – traditional.
- Training on women farmers.

VOTE OF THANKS



I. Syiem thanked each and everyone who were presented in the programme. She thanked especially the Mother's for being actively participated in the programme and to make it a successful one. She also thanked the staffs of SRCW, Shillong for collaborated with them and last but not the least to all the people of Jaiaw Langsning who came and their positive response encouraged them to organise another programme in the near future.