

Communicating Challenging Issues

Challenging issues must be communicated carefully and clearly to avoid damaging consequences. Here are examples of two difficult issues on breastfeeding and how they can be communicated.

Contaminants in Breastmilk

Breastmilk is an easy source of human fat through which to get a snapshot of a community's 'load' of environmental contaminants. Thus levels in breastmilk are often reported, even though the reason for looking at levels in breastmilk was not in fact concern that this would be dangerous for the baby. When such reports are released, breastfeeding families become concerned. Breastfeeding advocates should work proactively with testing agencies and environmental groups to create integrated messages.

Such messages should:

- Acknowledge that toxins are in all parts of the food chain, including breastmilk, other milk, and artificial baby milk.
- Mention prenatal exposure as contributing to the body burden of *all* babies.
- Identify the source of the pollution (industries), rather than focusing on the source of evidence (breastmilk).
- Stress the risks associated with artificial breastmilk substitutes and the risks of not breastfeeding.
- Draw attention to alternatives to toxic products, not alternatives to breastmilk.
- Suggest personal actions to reduce contaminant loads, such as limiting consumption of fatty meats, liver, and fresh water fish.

Risks, Rights and Regulations: Communicating about Risks and Infant Feeding. Penny Van Esterik

Breastfeeding & HIV/AIDS

HIV passes via breastfeeding to about 14 percent of infants born to HIV-infected women, at least if the breastfeeding is not exclusive. Preliminary research suggests that HIV may transmit through breastmilk at much lower levels, perhaps hardly at all, during exclusive breastfeeding (that is, when babies receiving nothing but breastmilk, not even water).

HIV in infants not given antiviral drugs nearly always results in death. But babies are also highly likely to die from diseases resulting from artificial feeding where supplies, sanitation and hygiene, and medical care are not always available. This risk is not yet quantified in many settings, including Africa. Thus it is not always possible for either health workers or mothers to know which is the wisest choice.

In general, the UN agencies advise that complete replacement of breastmilk with infant formula be undertaken only where "(1) the family has reliable access to sufficient quantities for at least six months, (2) the family has the resources – water, fuel, utensils, skills and time – to prepare it accurately and hygienically. "Other options include heat treatment of expressed breastmilk and wet nursing by a woman who has tested HIV-negative.

Key Points on HIV/AIDS:

- Families need to have access to voluntary and confidential HIV counselling and testing (VCT).

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Communicating Breastfeeding Creatively

