



**JA PreventNCD**

Joint Action Prevent Non-Communicable Diseases



**Task 6.5 – BFC&HS**

Baby-Friendly Community & Health Services



Co-funded by  
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# Social Inequalities in Breastfeeding and the Potential of Breastfeeding to Reduce Health Inequities

Alberto Perra, MD, MSc, Former Senior Researcher ISS

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# overview

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Breastfeeding (BF) as Women's Right

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Inequalities in BF

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Social and commercial determinants of BF

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BF to reduce inequalities

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3 levels to be effective to reduce inequalities



## Why is it important to raise inequalities/inequities when talking about breastfeeding?

WHO site on breastfeeding, June 2026

In recent decades, WHO, UNICEF, public health scholars, and advocacy organizations have increasingly adopted a **rights-based approach to breastfeeding**, which argues that:

- Children have rights to health and optimal nutrition.
- Women have rights to information, support, and non-discrimination.
- States have obligations to create supportive environments.
- Commercial interests should not undermine these rights, a principle reflected in the International Code of Marketing of Breast-milk Substitutes.



31 July 2024 | Statement

**On World Breastfeeding Week,  
UNICEF and WHO call for  
equal access to breastfeeding  
support**

Not only to gain support, but also to consider BF as a central research theme



18 June 2025 | Departmental update

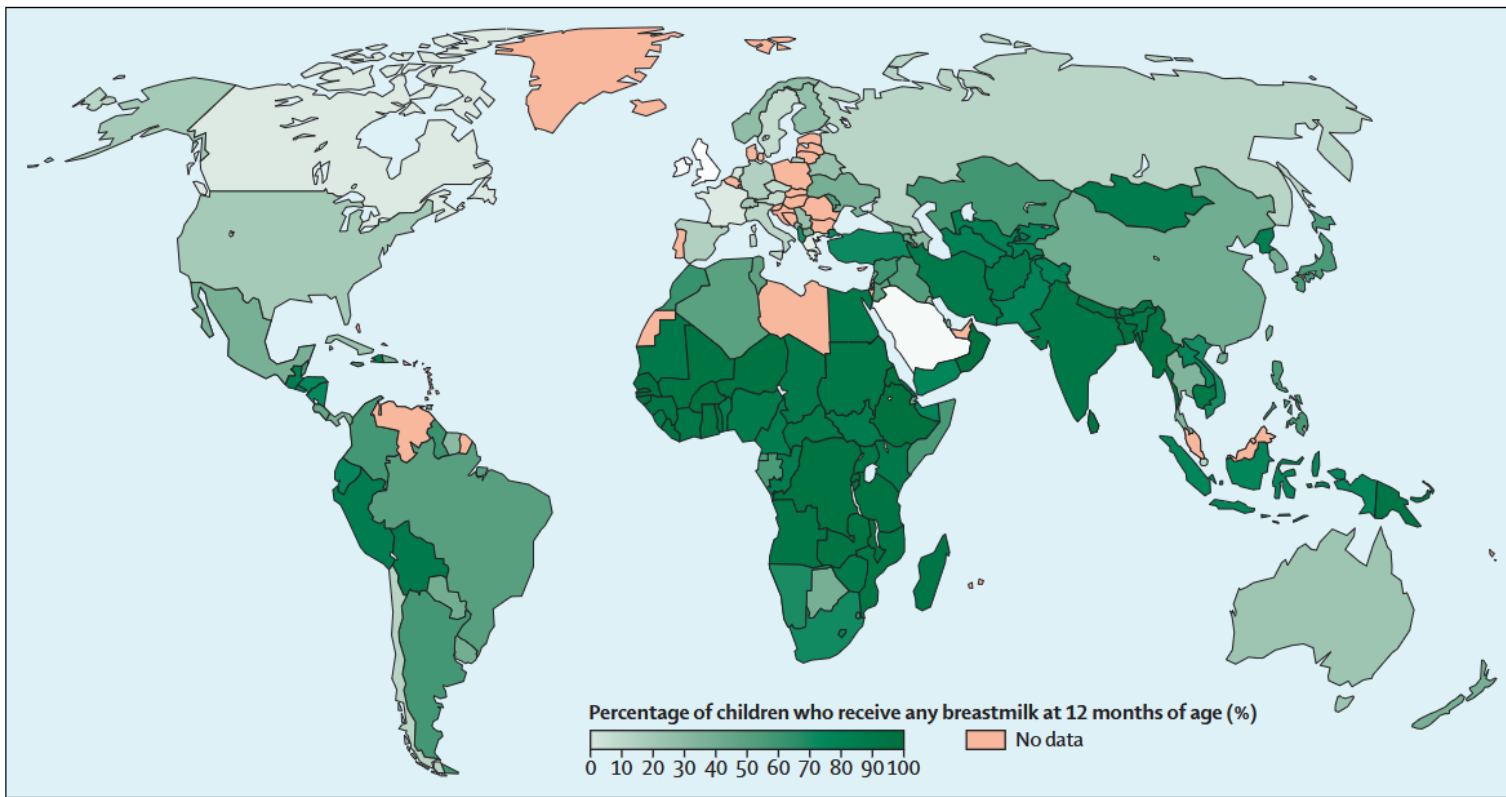
**Equity and health: the  
inclusion of pregnant and  
breastfeeding women in  
clinical trials**

# *Starting point*



Equitable access to breastfeeding support should be viewed through a social justice lens.

Social, economic, legal, and political barriers that prevent women from breastfeeding create health inequities and may constitute violations of human rights.



**Figure 1: Global distribution of breastfeeding at 12 months**  
Data are from 153 countries between 1995 and 2013.

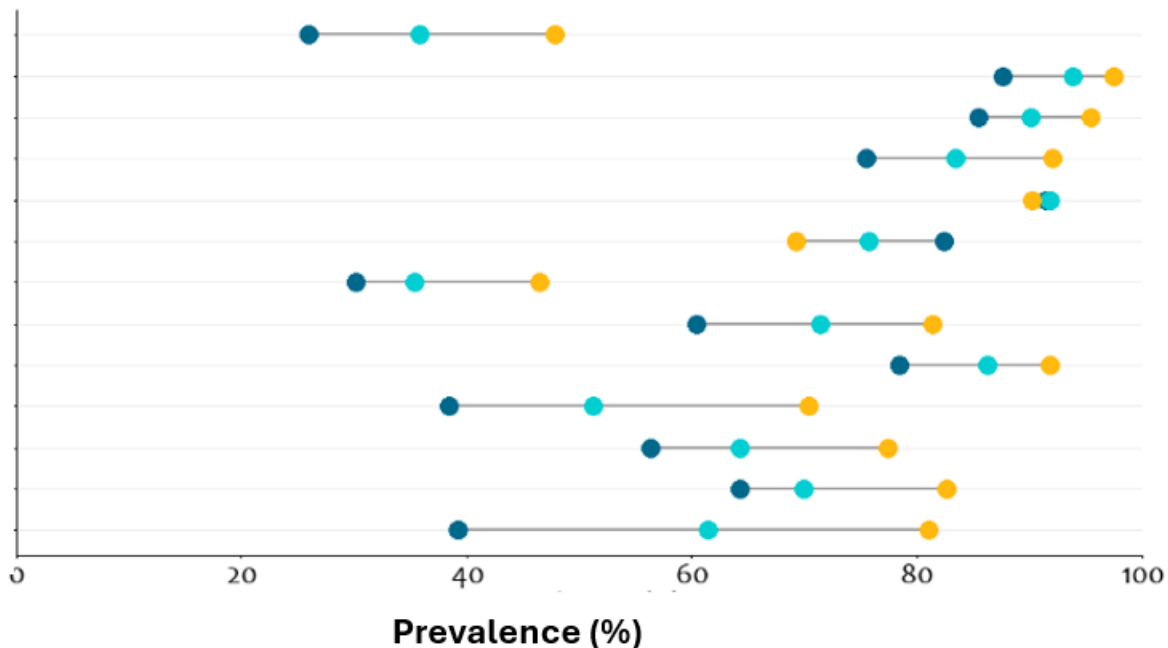
Breastfeeding rates demonstrate a striking inverse relationship with national wealth globally, but within high-income countries, the pattern reverses, with higher socioeconomic status associated with increased breastfeeding

# Nationwide Surveillance, 0-2 yrs, Italy, 2025

## Prevalence by mother's education level (%)

● Low ● Medium ● High

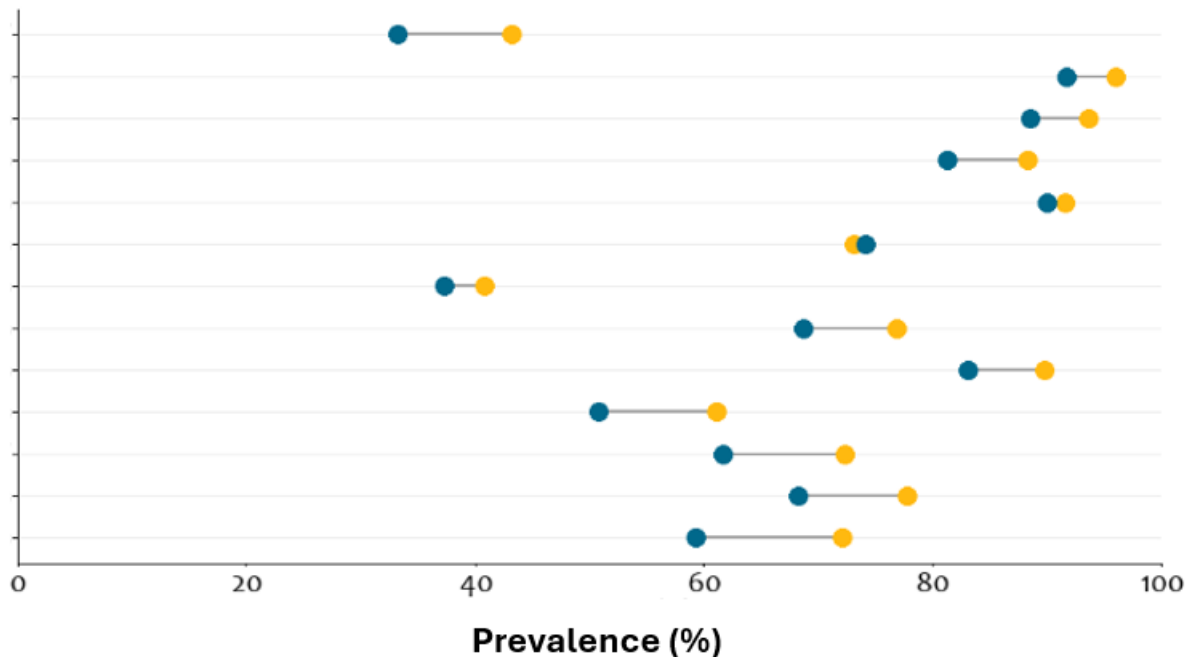
- Appropriate folic acid intake
- No smoking during pregnancy
- No smoking during breastfeeding**
- No smoking during interview
- No alcohol during pregnancy
- No alcohol during breastfeeding
- **Exclusive BF (4–5 months)**
- Supine sleeping position
- Use of child car seats
- Reading in the family
- No screen exposure
- Intention to vaccinate
- Participation in antenatal classes



# Nationwide Surveillance, 0-2 yrs, Italy, 2025

## Prevalence by family economic difficulties (%)

● Some/many ● No economic difficulties

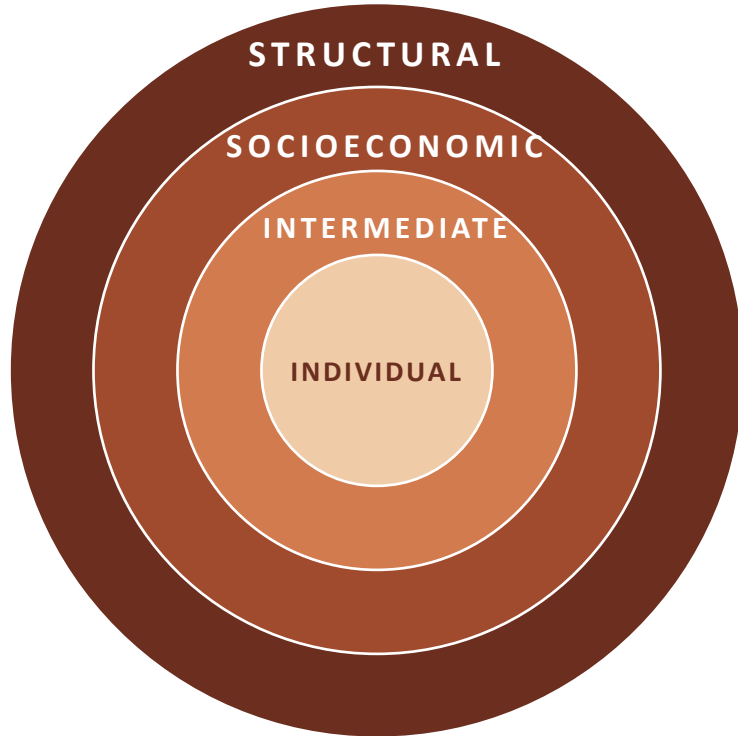


- Appropriate folic acid intake
- No smoking during pregnancy
- No smoking during breastfeeding**
- No smoking during interview
- No alcohol during pregnancy
- No alcohol during breastfeeding
- Exclusive BF (4-5 months)**
- Supine sleeping position
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- Participation in antenatal classes

## Breastfeeding Disparities Mirror Social Inequalities

Among disadvantaged populations, social determinants such as low educational attainment and economic hardship contribute to the accumulation of multiple health risks, not only lower breastfeeding rates.

# Levels of Action of Social Determinants of Health (SDH)



## **STRUCTURAL**

*Economic system, legislation, fiscal policies, welfare state, distribution of power*

## **SOCIOECONOMIC**

*Income, education, employment, migration status, gender*

## **INTERMEDIATE**

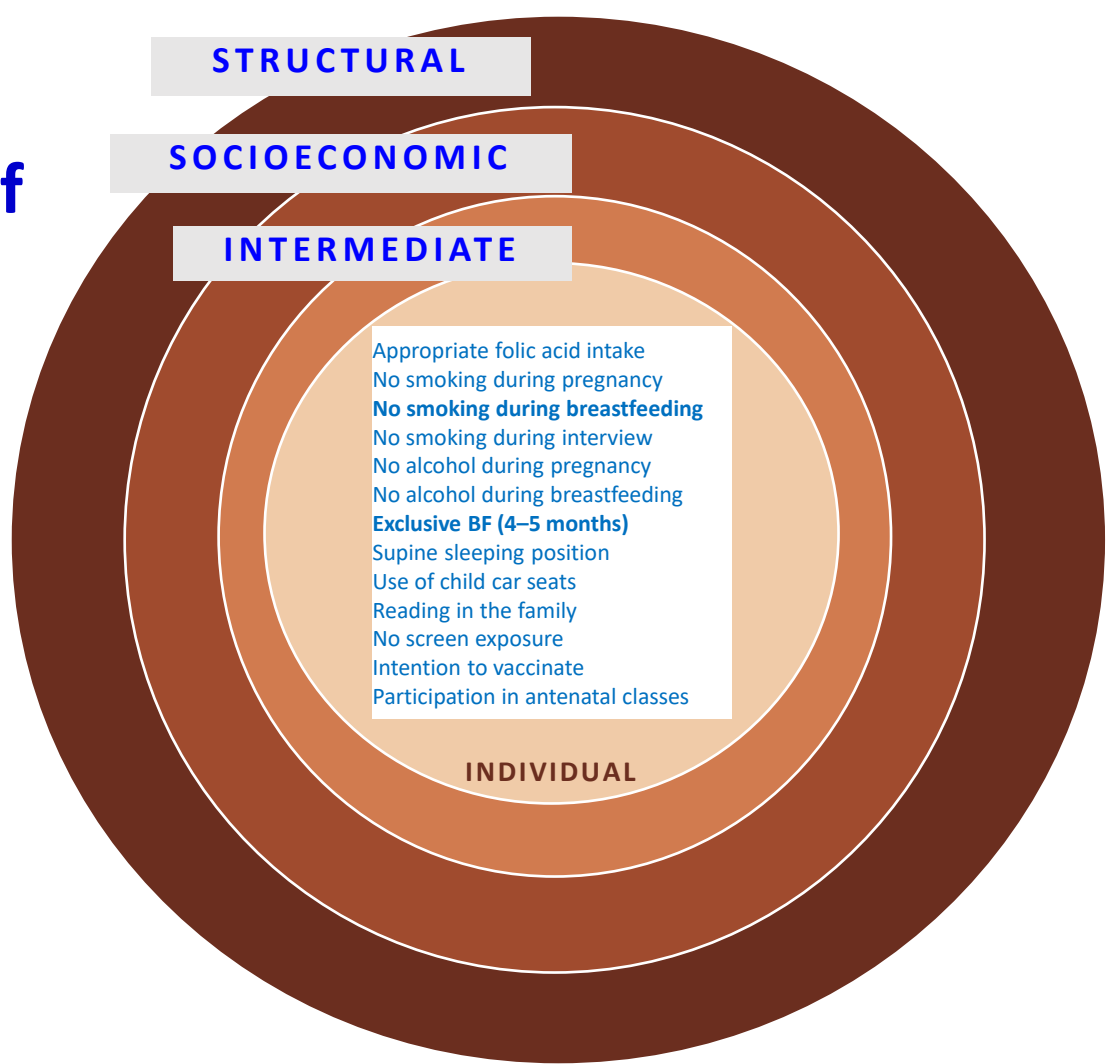
*Living conditions, access to services, family relationships, neighborhood*

## **INDIVIDUAL**

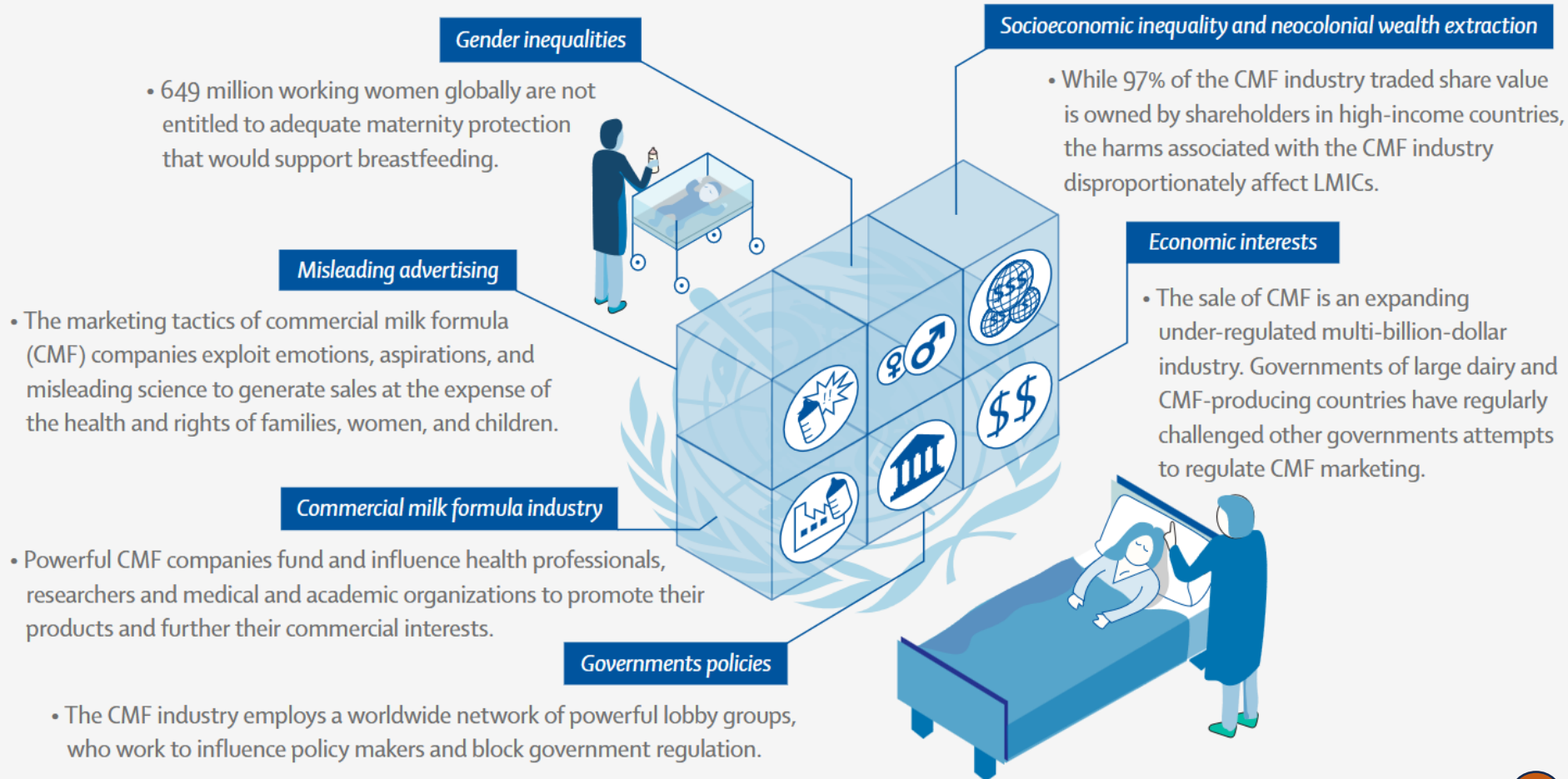
*Agency and ability to act, feeding choices, parenting competencies, habits*

# Levels of Action of Social Determinants of Health (SDH)

The inner circle is influenced by the three external levels



## Key structural factors



# How Social and Commercial Determinants Reinforce Each Other

relationship between socioeconomic disadvantage and ultraprocessed food consumption: differences of up to 10-20% in UPF consumption

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A higher proportion of ultra-processed foods in the maternal diet is associated with greater postpartum weight retention.

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High maternal UPF consumption (>32% of energy) was associated with a significantly increased risk of childhood BMI-for-age malnutrition (OR 3.38; 95% CI: 1.29-8.83) and stunting (OR 3.89; 95% CI: 1.04-14.58) particularly among socioeconomically disadvantaged mothers

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Lancet (third series) links the growth of the breast milk substitute market with the parallel expansion of the UPF market, highlighting how this transition has accelerated especially in the most populous low-middle and upper-middle income countries

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Aggressive marketing strategies, like traditional and social media advertising, free samples, are being systematically used to erode breastfeeding, with particular impact on vulnerable groups and migrant populations.

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## *Counteracting inequalities*

Reducing inequalities and promoting equity requires strong action on the social and commercial determinants of family health.



# Evidence That Breastfeeding Promotion Can Eliminate Disparities

## Breastfeeding as an Equalizer of Health Outcomes?

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- Baby-Friendly Hospital Initiative (BFHI). A 2025 analysis of 60,395 US mothers found that when 100% of BFHI key clinical practices were received, racial and ethnic disparities in breastfeeding at  $\geq 10$  weeks were eliminated
- BFHI significantly reduced the in-hospital exclusive breastfeeding disparity attributed to neighbourhood poverty
- Implementation of skin-to-skin care and rooming-in in the southern US narrowed the Black-White breastfeeding initiation gap, increasing initiation among Black infants from 46% to 63%

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# Breastfeeding to reduce inequalities

- In LMICs, breastfeeding helps reduce health disparities between children from wealthier and poorer households.
- Implementation of the WHO/UNICEF "Ten Steps to Successful Breastfeeding" was shown to decrease the disparity in breastfeeding initiation between Black and White infants by 9.6%
- Breastfeeding reduces UPF consumption in children under 2 years of age: between 12 and 24 months, breastfeeding reduces soft drink consumption by 60%

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# *Counteracting inequalities*

## **1. Effective BF programs**



# Conditions Under Which BF Promotion Prevents Inequality

- **Interventions are targeted or based on proportionately universalism** (intensified for disadvantaged groups) rather than purely population-wide, which risks widening gaps 22 23
- **Structural barriers are simultaneously addressed**—paid leave, marketing regulation, workplace accommodations—so that disadvantaged women can act on the knowledge and support they receive 24 25
- **Health system interventions (BFHI) are fully implemented**, while partial implementation may preferentially benefit advantaged groups 16
- **Multicomponent, multilevel approaches** are used, combining health system, community, workplace, and policy interventions synergistically 26 27

## BF: durable effects on Human Capital and Social Mobility

consistently shows greater benefit for disadvantaged populations, like better lifelong cognitive, educational, and economic outcomes, including higher IQ, school attainment, income, and labour-force participation

**strongest effect in disadvantaged children**, suggesting breastfeeding may help reduce social inequalities by supporting upward mobility, healthier body composition, and brain development.





# Practical Tips for Healthcare Professionals

## 1 Screen Every Family

At each encounter, assess the 4 Diderichsen dimensions: vulnerability, exposure to harm, access to services, and benefit from services. This takes minutes but transforms care.

## 2 Practice Proportionate Universalism

Equity is not equal treatment, but it is support proportional to need. Allocate more time, follow-up, and resources to families with greater inequality burden.

## 3 Recognize Commercial Pressures

Be aware of formula marketing targeting your patients. A precarious mother without paid leave is the primary target. Counter misinformation with evidence-based counselling.

## 4 Connect Families to Community

Refer to trained peer supporters, mother-to-mother groups, and community lactation spaces. Establish bidirectional referral pathways between facility and community (BFCl model).

## 5 Engage the Whole Family

Include partners, grandparents, and extended networks in BF education. Breastfeeding success is a community responsibility (and success) not only the mother's burden.







## 6 Participate in Community Action

Join local health tables, advocate for BF-friendly public spaces, and collaborate with prevention teams.



Breastfeeding is "**not the sole responsibility of the mother**" and that improved breastfeeding practices at population level are achieved through a "**collective societal approach**" that includes multilevel and multicomponent interventions across the socioecological model

## Breastfeeding as community success and asset rather than an individual responsibility

- **The community must be the active agent**, not a passive recipient. The women-to-women groups model, where communities identify problems and design solutions, shows the strongest equity effects and preferentially benefits the most marginalized. 
- **Breastfeeding support must be embedded within broader social support systems**, connecting to food security, housing, economic empowerment, and cultural reclamation, so that to address the structural determinants that drive both breastfeeding failure and social vulnerability.  
- **Scale matters**: requires coordinated action across health systems, civil society, media, legislation, and economic policy sustained over decades. 
- **Community health workers and peer counselors from the same communities** are essential for reaching marginalized populations and building the social capital and trust that enable transformative change.  

# In summary

- The evidence strongly supports a **bidirectional relationship**: social inequalities create breastfeeding disparities through structural barriers, and these disparities in turn reinforce health, economic, and developmental inequities.
- Targeted, equity-focused interventions can narrow these gaps, but require **addressing structural determinants** alongside individual-level support
- **Community engagement** is an essential component of successful breastfeeding programmes.



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Equity is not an extra: it is a better way of working.

Protecting and promoting breastfeeding is a shared responsibility and a powerful lever for health equity.

**Thank you for  
your attention!**

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