

Breastfeeding a key to food security and sustainable development

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ABSTRACT

This paper serves to show how breastfeeding can provide food security and assist in the achievement of the sustainable development goals, a document that was endorsed on September 2015 when the world's leaders committed to the 17 goals aimed at ending poverty, protecting the planet and ensuring prosperity. Breastfeeding may seem unrelated to defence of a country however it is an integral part of food security and this would be explained further in this paper. The objective of this paper is to create awareness that breastfeeding extends beyond the maternal infant dyad, beyond a woman's issue and beyond confines of the health as well as the nutrition domain. The writing of this paper is a culmination of 25 years of involvement with the Malaysian Breastfeeding Advisory Association that consists of attendance at several training courses with WHO/UNICEF, forums/seminars/conferences/workshops organized by IBFAN Asia and WABA, articles and papers written in magazines and journals as well as research into several areas of breastfeeding and infant feeding. It was felt that this issue should be brought forth since IBFAN Asia released the Report on Carbon Footprint due to Milk Formula in 2015 in which the author had contributed on the Malaysian case study. This paper is a first attempt at bringing all facts about breastfeeding and its relationship to food security and sustainable goals together in one document. It would assist in identifying gaps in information that would encourage research into these areas. It is noted that in the writing of the world breastfeeding trends document (WBTi), there were many unanswered areas because there was a lack of research and documentation. As such, more research should be carried out not only by nutritionists and health personnel but by experts from other areas.

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The healthy worker effect revisited

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ABSTRACT

Working people are generally healthier than those who are not working, or members of the general community. This has led to a phenomenon known as the Healthy Worker Effect (HWE), which is "the consistent tendency of the actively employed to have a more favourable mortality experience than the population at large" (McMichael 1976). The HWE can also have an impact on the morbidity experience, in addition to mortality. The HWE is caused by several factors, such as selection of a healthy population to be recruited or retained in the workforce, the beneficial effects of active work, availability of health screening and access to care. Several factors will have an effect on the magnitude of the HWE, for example the occupational group, job category, gender and age of the study population and available health care provisions. Epidemiological studies suggest that the HWE will reduce any association between exposure and outcome by an average of 20-30%. Besides the need for an awareness of the HWE and its influence in the interpretation of study results, there are also several measures to minimize the impact of HWE. These can and should be implemented where possible.