

The Breastfeeding Scene in the South-East Asia Region

Breastfeeding is the optimum way of providing ideal and nourishing food to infants for their healthy growth and development. Breast milk gives infants all the nutrients they need for healthy and adequate growth and their holistic physical and mental development. It is safe and contains antibodies that help protect infants from common childhood illnesses. Adults who were breastfed as babies often have lower blood pressure and lower cholesterol, as well as lower rates of overweight, obesity and type-2 diabetes, than those who were not. There is also evidence that people who were breastfed perform better in intelligence tests.

Breastfeeding also benefits mothers. The practice when done exclusively often induces a lack of menstruation, which is a natural (though not fail-safe) method of birth control. It reduces risks of breast and ovarian cancer later in life, helps women return to their pre-pregnancy weight faster, and lowers rates of obesity.

WHO strongly recommends exclusive breastfeeding for the first six months of life. At six months, other foods should complement breastfeeding for up to two years or more. In addition: breastfeeding should begin within an hour of birth; breastfeeding should be "on demand", i.e. as often as the child wants during the day and night.

Besides providing nutrition, exclusive breastfeeding reduces infant mortality from common childhood illnesses such as diarrhoea or pneumonia, and helps for a quicker recovery during illness. Unrestricted exclusive breastfeeding also results in ample milk production. Further, in areas with high HIV prevalence there is evidence that exclusive breastfeeding is more protective than "mixed feeding" against risks of HIV transmission through breast milk.

"Exclusively breastfed" refers to infants who receive only breast milk and vitamins, mineral supplements or medicine, but no water.

Table 1: Proportion of exclusive breastfeeding among infants in the SEA Region

Age in months	Bangladesh 2007	India 2005-06	Indonesia 2007	DPR Korea 2004	Maldives 2001	Myanmar 2000	Nepal 2006	Sri Lanka 2000	Thailand 2006	Timor-Leste 2003
2-3	52.2	50.9	34.4	-	-	13.3	56.0	65.0	7.6 ⁴	39.3
4-5	23.1	27.6	17.8	65.1 ¹	27.3 ²	3.0	30.6	8.4	5.4 ⁵	17.7
6-7	6.6	9.7	5.5	-	10.4 ³	2.9	10.1	0.0	-	2.9

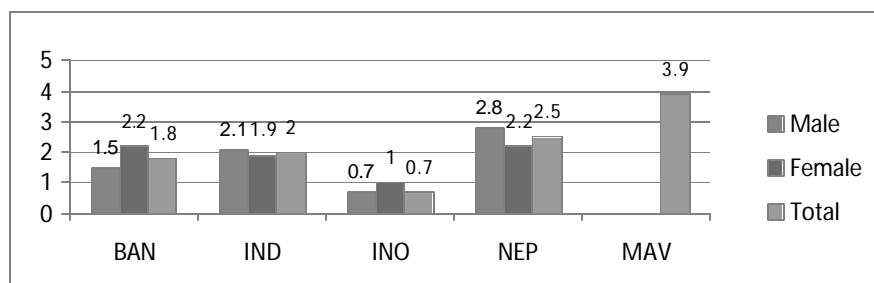
1. Children aged 0-6 months. 2. Children aged 4 months. 3. Children aged 6 months. 4. Children aged 0-3 months. 5. Children aged 0-5 months.

Source: Bangladesh, India, Indonesia, Nepal, Sri Lanka and Timor-Leste: Demographic Health Survey (DHS); DPR Korea, Maldives, Myanmar and Thailand: Multiple Indicator Cluster Survey (MICS).

Table 1 shows that exclusive breastfeeding rates are highly variable among the countries of the South-East Asia Region. In Bangladesh, DPR Korea, India, Nepal and Sri Lanka, half the infants are exclusively fed on mothers' milk during the initial 2-3 months of their life. However, the rate is very low in Myanmar and Thailand. As the age of children increases, the exclusive breastfeeding rate declines. It is as low as 5% in Thailand at the age of five months and goes down further to 3% at six to seven months in Myanmar and Timor-Leste. Even in Member countries where half of the children are exclusively breastfed in the early months, the proportion reduces to close to 25% at the age of four to five months. In

Myanmar, Sri Lanka and Thailand the proportion for the same is less than 10%. None of the countries conform to the WHO recommendations on exclusive breastfeeding for six months (Fig. 1). This shows that in all the countries of the Region children are fed with other foods as well in the first six months of life, exposing them to the risk of diarrhoea and other diseases. The median age of exclusive breastfeeding is less than 2.5 months in all the countries for which data are available. Gender differentials have also been observed in almost all the countries (Fig. 1).

Figure 1: Median duration (in months) of exclusive breastfeeding



- Mean duration

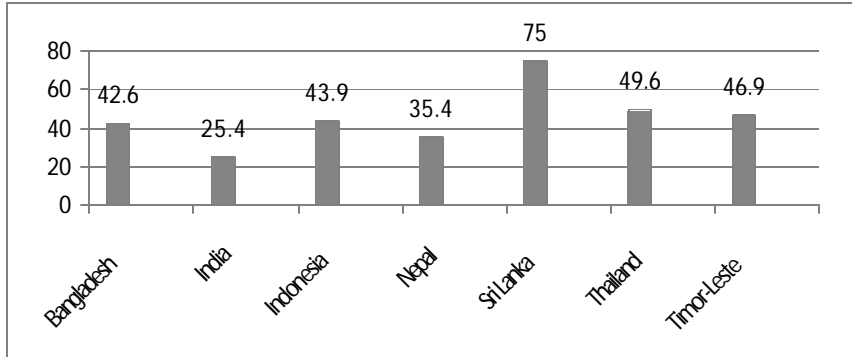
Source: Bangladesh: DHS 2007; India: NFHS 2005-2006; Indonesia: DHS 2007; Nepal: DHS 2006, Maldives MICS2 2001.

The WHO and the UNICEF recommend that breastfeeding should start within the first hour of birth without giving any pre-lacteal feeds

- WHO universally recommends colostrum, the mother's first milk or the 'very first food', as the perfect food for every newborn. Colostrum not only nourishes but also protects. It is just what the baby needs during its first few days. Colostrum feeding needs to start in the first hour.
- Early initiation would protect children against infection, diarrhoea and pneumonia, the usual causes of death, resulting in enormous survival benefits. Globally, over one million newborns could be saved each year by initiating breastfeeding within the first hour of life.
- Early breastfeeding helps better temperature control of the newborn baby, enhances bonding between the mother and the baby, and also increases chances of establishing exclusive breastfeeding early and its success.

Although breastfeeding is practised in a majority of countries of the Region, very few children get the advantage of breast milk in the first one hour of their life (Fig. 2). For instance, in India 96% of children less than five years of age have ever been breastfed, but only one quarter started breastfeeding within one hour of birth. In most Member countries of the Region, 25%-50% children who were ever breastfed started it within one hour of birth as is recommended.

Figure 2: Percentage of children who were ever breastfed who started breastfeeding within one hour of birth



Source: Bangladesh: DHS 2007; India: NFHS 2005-2006; Indonesia: DHS 2007; Nepal: DHS 2006; Timor-Leste: DHS 2003; Thailand: MICS 2006. Sri Lanka: *State of World Breastfeeding Report Card 2006*, IBFAN

Two types of patterns are visible in countries for which data are available (Figures 3, 4 & 5). In Bangladesh, Indonesia and Timor-Leste, the percentage of children who were breastfed within one hour is inversely associated with the education level and wealth quintile of the mother, i.e. the lower the mother's level of education and household wealth quintile, the higher the percentage of children who were breastfed early, as per the norm. On the contrary, the percentage increases with higher levels of education of the mother and a higher household wealth quintile in India and Nepal.

Figure 3: Percentage of children who were ever breastfed who started breastfeeding within one hour of birth classified by place of residence

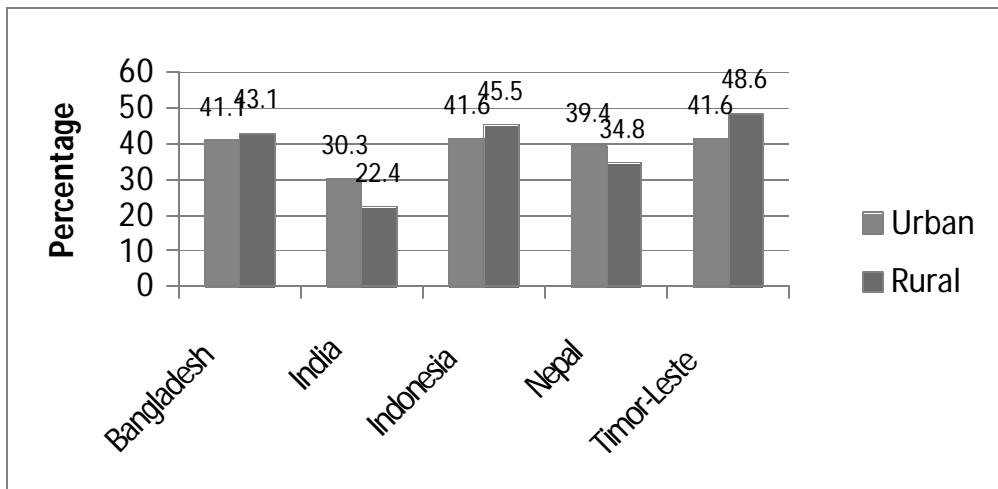


Figure 4: Percentage of children who were ever breastfed who started breastfeeding within one hour of birth classified by education levels of the mother

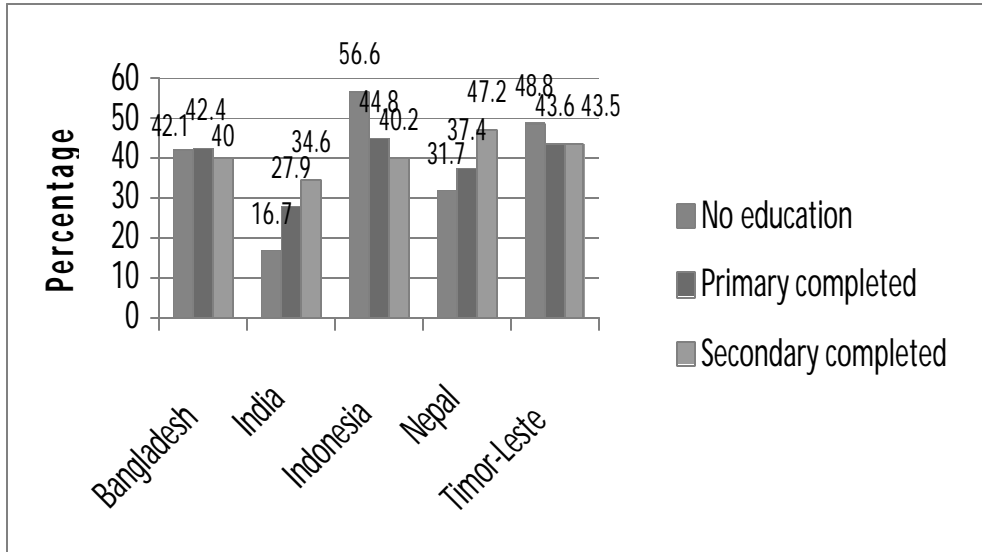
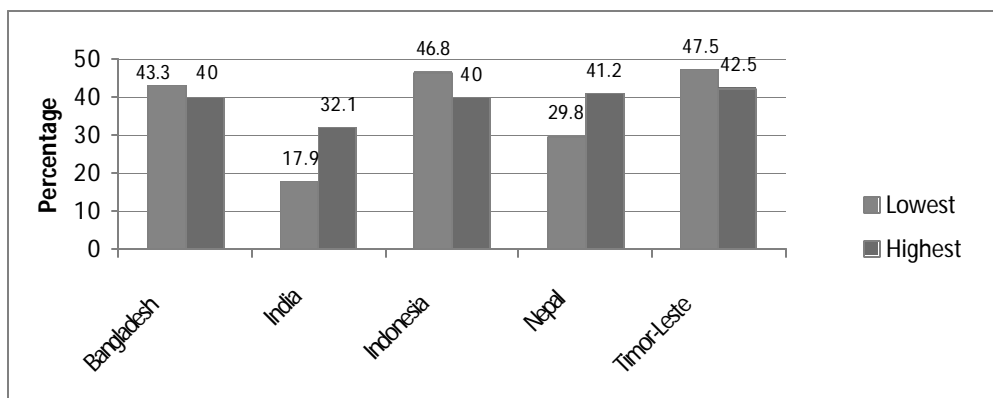


Figure 5: Percentage of children who were ever breastfed who started breastfeeding within one hour of birth classified by the economic status of the family



It is surprising to find that children born in a health facility and whose births were attended by a health professional have a lower likelihood of breastfeeding within one hour of birth in most countries except India (Figures 6 & 7). This highlights the need for relevant training for health personnel.

Figure 6: Percentage of children who were ever breastfed who started breastfeeding within one hour of birth classified by type of assistance for delivery

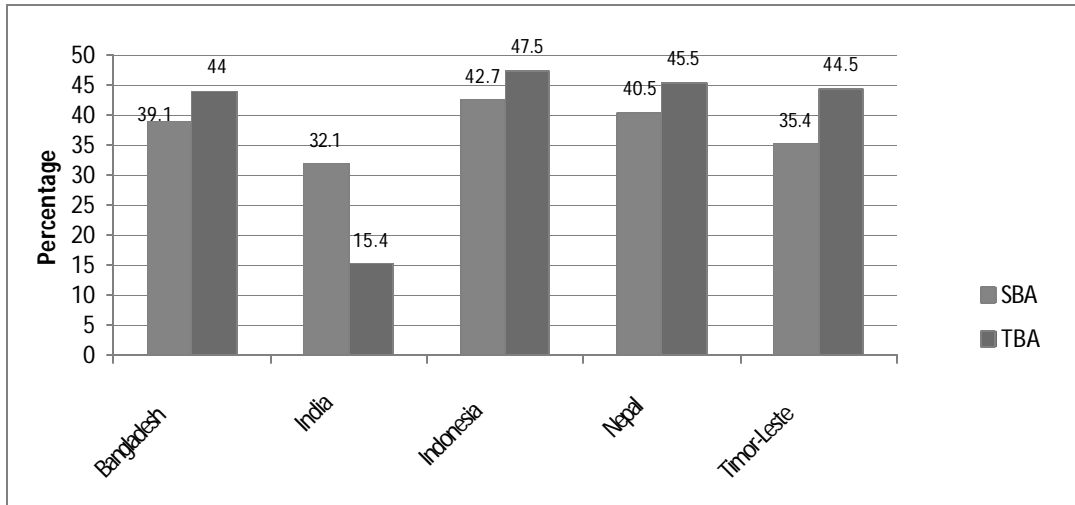


Figure 7: Percentage of children who were ever breastfed who started breastfeeding within one hour of birth classified by place of delivery

