

INDICATORS ON IYCF PRACTICES

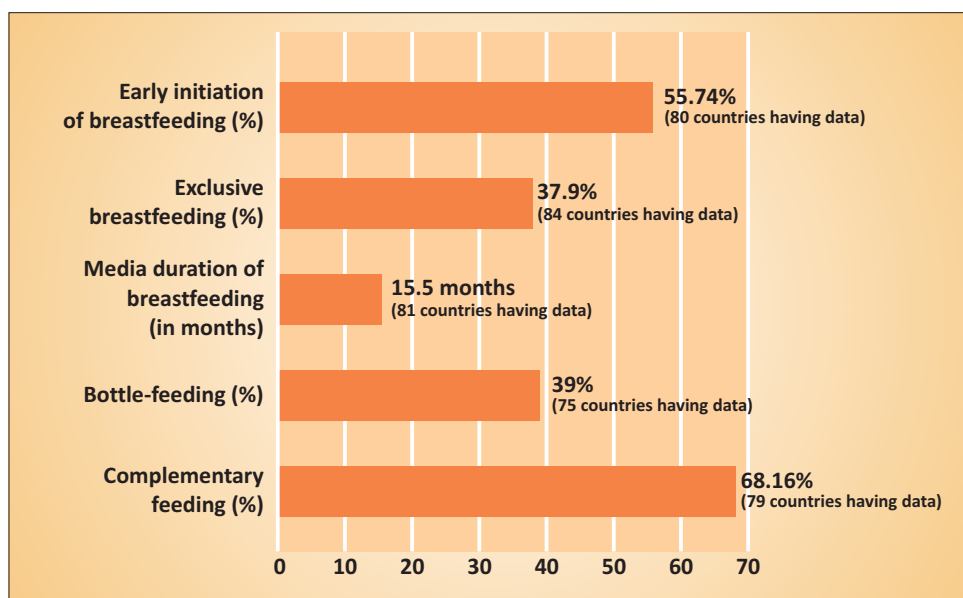
Optimal IYCF practices include initiation of breastfeeding within 1 hour of birth, exclusive breastfeeding for the first 6 months of life and addition of appropriate and adequate family foods for complementary feeding after 6 months, together with continued breastfeeding for 2 years or beyond. These five IYCF practices are collected from the available secondary data that is national in scope. While data on practices are based on actual figures, colour coding is done by using IBFAN Asia guidelines.

Figure 25 provides an average for each IYCF practice indicator from among the countries where these data were available

and reported.

The results indicate that IYCF practices in the assessed countries are nowhere near optimal. The average rate of initiation of breastfeeding within 1 hour of birth as reported by 80 countries is just above 50%. Exclusive breastfeeding for the first 6 months as reported by all 84 countries is 37.9%. The median duration of breastfeeding is 15.5 months. Bottle-feeding as reported by 75 countries is 39%. The percentage of breastfed babies receiving complementary foods at 6-8 months is 68.16%. It is important to note that some countries do not even have national data of these indicators.

Figure 25: Average rates for the five practice indicators



Timely Initiation of Breastfeeding within one hour of Birth

Early breastfeeding and skin-to-skin contact, 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. Evidence has shown that early initiation of breastfeeding reduces neonatal and early infant mortality.

No data on rate of initiation of breastfeeding within one hour of birth was available from four countries namely Venezuela, Republic of Korea, Palau, and Belgium. Taiwan and Vietnam did not have data in its previous assessment; however now national data has been collected. Average rate for the remaining 80 countries is 55.74% (Figure 26). The rates for individual countries show a wide variation from 11% in Saudi Arabia and to 96% in Cameroon.

Of the 80 countries having data on this indicator, only 6 countries are coded Green. Almost half the countries (43) are coded Blue, twenty three are coded Yellow and eight are coded Red (Figure 27).

Conclusion

Evidence shows that this indicator has a significant impact on reducing child malnutrition, neonatal and infant mortality. All countries need to work hard to reach out to all women locally with correct information and to provide practical support for breastfeeding at the time of birth. There is need to strengthen efforts to link to BFHI to achieve it universally.

Key question to be answered and scoring criteria

Key question: What is the percentage of babies breastfed within one hour of birth?

Indicator 11	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
<i>Initiation of Breastfeeding (within 1 hour)</i>	0.1-29%	3	RED
	29.1-49%	6	YELLOW
	49.1-89%	9	BLUE
	89.1-100%	10	GREEN

Figure 26: Average rate of early initiation of breastfeeding within one hour of birth from 80 countries

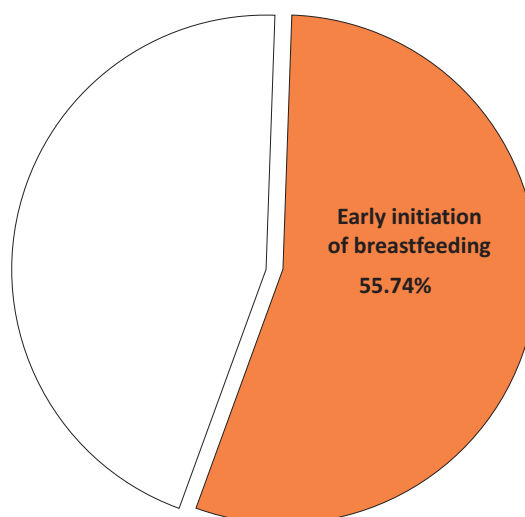
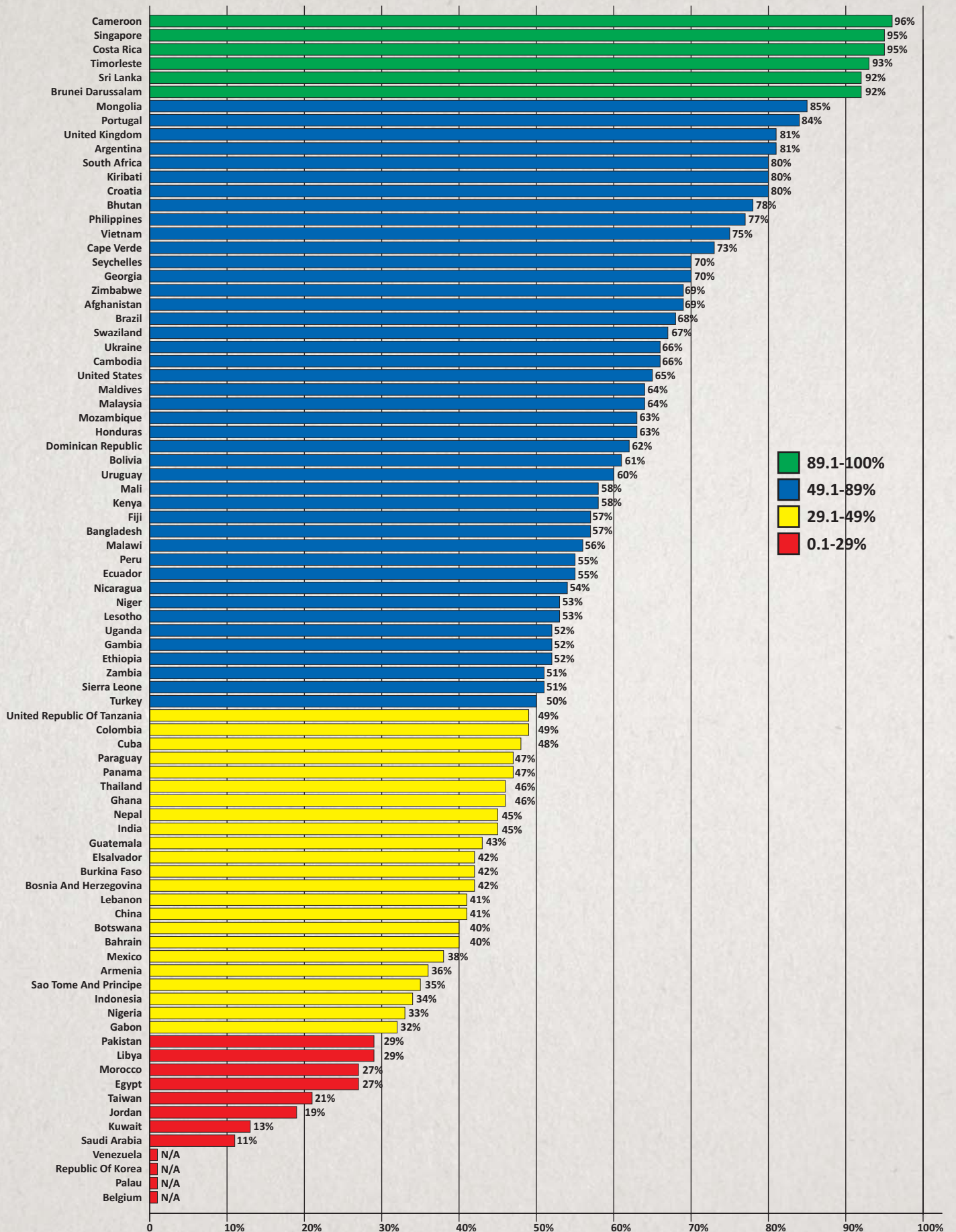


Figure 27: Percentage of early initiation of breastfeeding within one hour of birth in 80 countries



12 Exclusive Breastfeeding for the first six months

Lancet series on Breastfeeding 2016 clearly points out the role of exclusive breastfeeding during first six months for infant survival and development.

Average rate of exclusive breastfeeding for 84 countries is mere 37.9% (Figure 28). Vietnam did not have data for the same in the last assessment and have included in its national survey and data is available now. The percentage of exclusive breastfeeding range from 1 percent in Singapore to 75% in Sri Lanka. Figure 29 gives the percentage of babies who are exclusively breastfed between birth to six months for each country and colour coding. While no country is coded Green, 18 are coded Blue. Maximum (61) are coded Yellow and five are Red.

Conclusions

Exclusive breastfeeding is complex and needs behaviour change and social support at many levels. The main reason being mother's perception of "not enough milk", lack of correct information and interference by commercial sector. Women need skilled counselling on optimal IYCF practices on continued basis beginning from conception. Women also need support at work place in form of maternity leave, and other benefits that allows for exclusive breastfeeding for 6 months and creches.

Every country needs to make efforts to strengthen all support systems to create enabling environment to maintain and aspire for rise of exclusive breastfeeding both for nutrition and survival of babies.

Key question to be answered and scoring criteria

Key question: What is the percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours?

Indicator 12	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
<i>Exclusive Breastfeeding (for first 6 months)</i>	0.1-11%	3	RED
	11.1-49%	6	YELLOW
	49.1-89%	9	BLUE
	89.1-100%	10	GREEN

Figure 28: Average of exclusive breastfeeding for the first six months from 84 countries

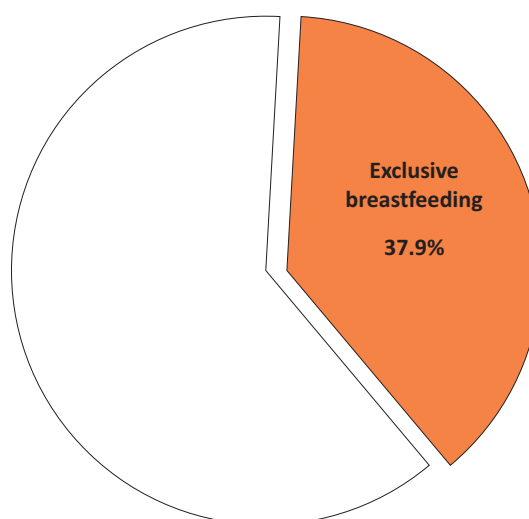
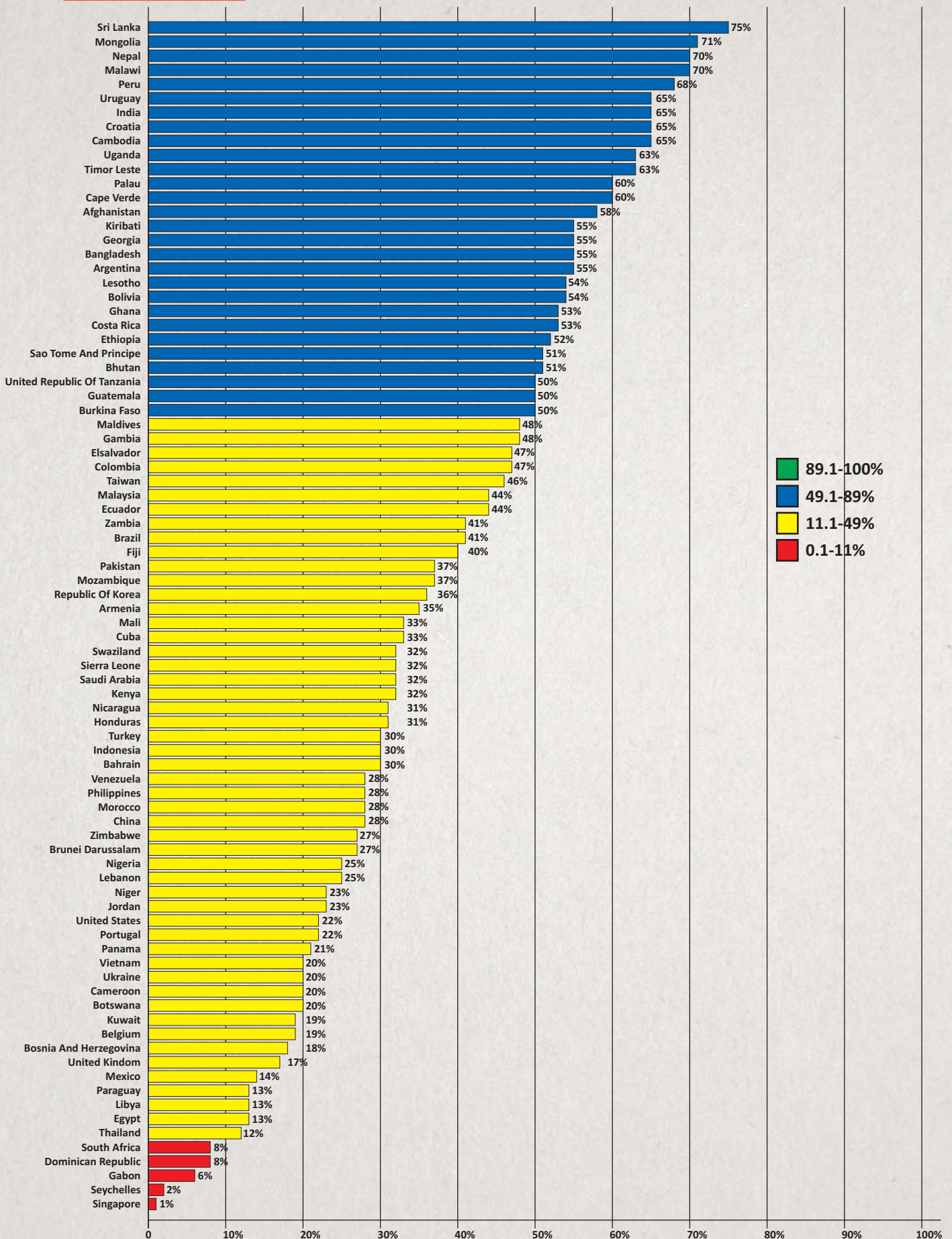


Figure 29: Percentage of exclusive breastfeeding for the first six months in 84 countries



13 Median duration of Breastfeeding

The Innocenti Declaration and the Global Strategy recommend that babies continue to be breastfed for two years of age or beyond along with adequate and appropriate complementary foods starting after six months of age. Breastmilk continues to be an important source of nutrition and fluids and immunological protection for the infant and the young child.

Data for median duration of breastfeeding is available for 81 countries. Sao Tome Principe, Palau and Belgium do not have the data. Average median duration of breastfeeding for these 81 countries is 15.5 months with values ranging from 2 months in Singapore to 30 months in Nepal.

The median duration of breastfeeding is over 23 months in 14 countries. The highest number of countries (50) are coded Red. Eleven countries are coded Yellow and six coded Blue. (Figure 30)

Conclusions

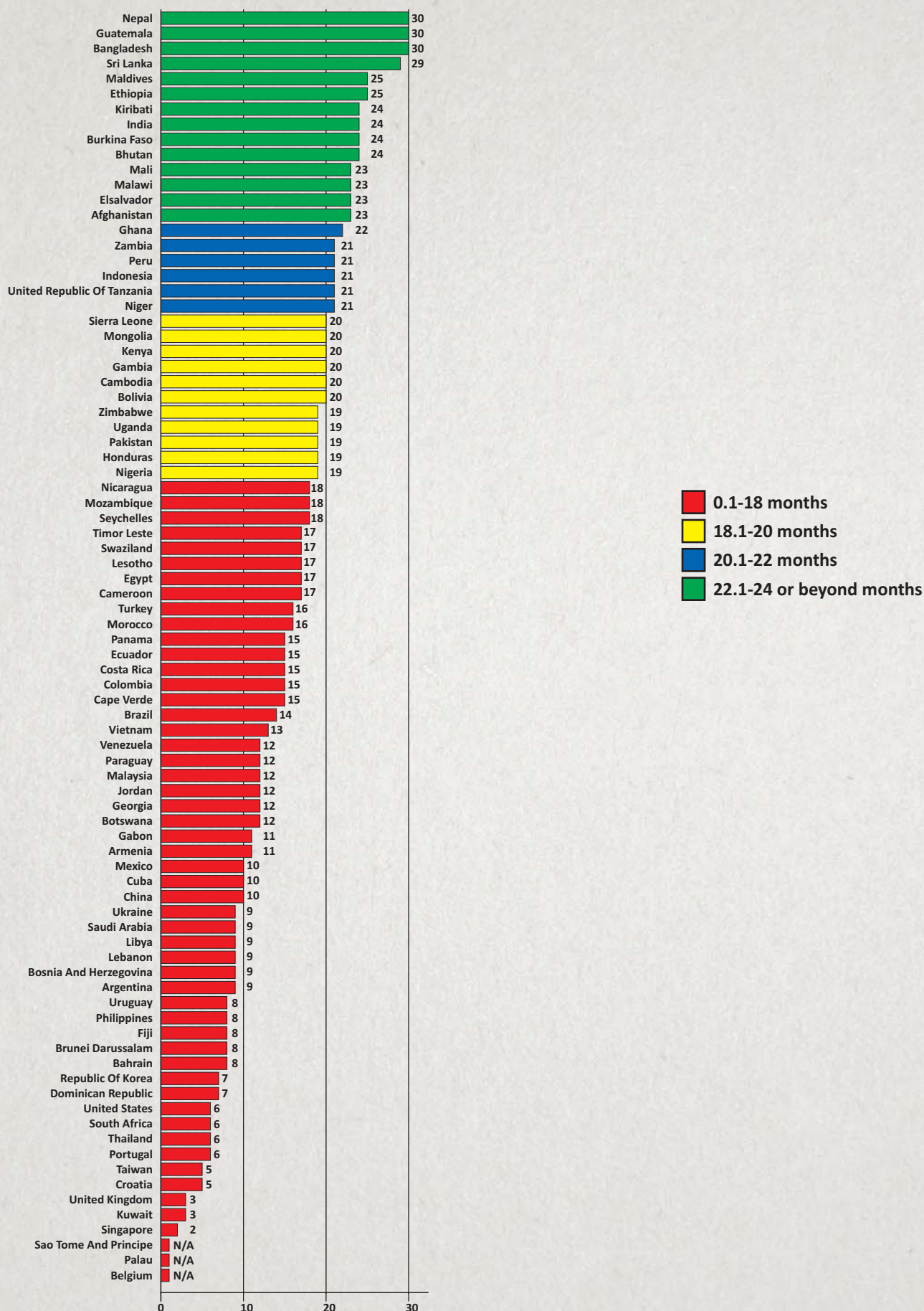
Median duration of breastfeeding is very low due to varied reasons. Mothers quitting breastfeeding and introducing formula early, which is due to lack of correct information and insufficient support to women who are willing to continue breastfeeding. Women need skilled counseling on optimal IYCF practices on continued basis, beginning from antenatal period. Women also need information on value of breastfeeding during second year of life.

Key question and scoring criteria

Key question: Babies are breastfed for a median duration of how many months?

Indicator 13	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBT _i	
		Scores	Colour-rating
<i>Median Duration of Breastfeeding</i>	0.1-18 Months	3	RED
	18.1-20 "	6	YELLOW
	20.1-22 "	p	BLUE
	22.1- 24 or beyond "	10	GREEN

Figure 30: Median duration of breastfeeding (in months) in 81 countries



14 Bottle-feeding

Babies should be breastfed exclusively for the first six months of age and they need not to be given any other fluids, fresh or tinned milk formula as this would cause more harm to babies and replace precious breastmilk. Similarly, after six months, babies should ideally receive mother's milk plus solid complementary foods. If a baby cannot be fed the breastmilk from his/her mother's breast, s/he should be fed with a cup (if unable to swallow). Bottle-feeding means feeding infants with a bottle having nipple/teat. Information on bottle-feeding is useful because of interference of bottle-feeding with optimal breastfeeding practices and the association between bottle-feeding and increased diarrhoeal disease mortality and morbidity.

Data for this indicator is not available for 9 countries. The average rate of 75 countries (Figure 31) was 39% with percentages ranging from 1% to 98% in Burkina Faso and Seychelles respectively. Figure 32 gives the percentages of bottle fed babies in the assessed countries and colour coding. Only one country has lowest rate of bottle-feeding and is coded Green, four are coded Blue at 3% bottle-feeding, 29 countries are coded Yellow ranging from 5 to 29% bottle-feeding, and maximum countries (41) have high bottle-feeding rate from 30 to 98% and are coded Red.

Conclusions

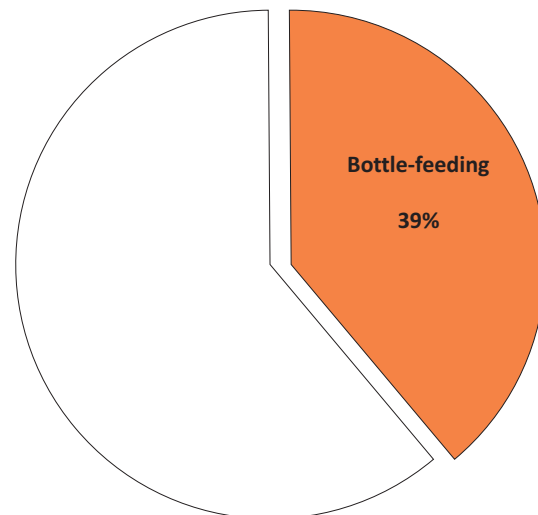
Bottle-feeding is more to do with change in lifestyle and urbanization. It has been looked upon as a modern and convenient method

Key question and scoring criteria

Key question: What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles?

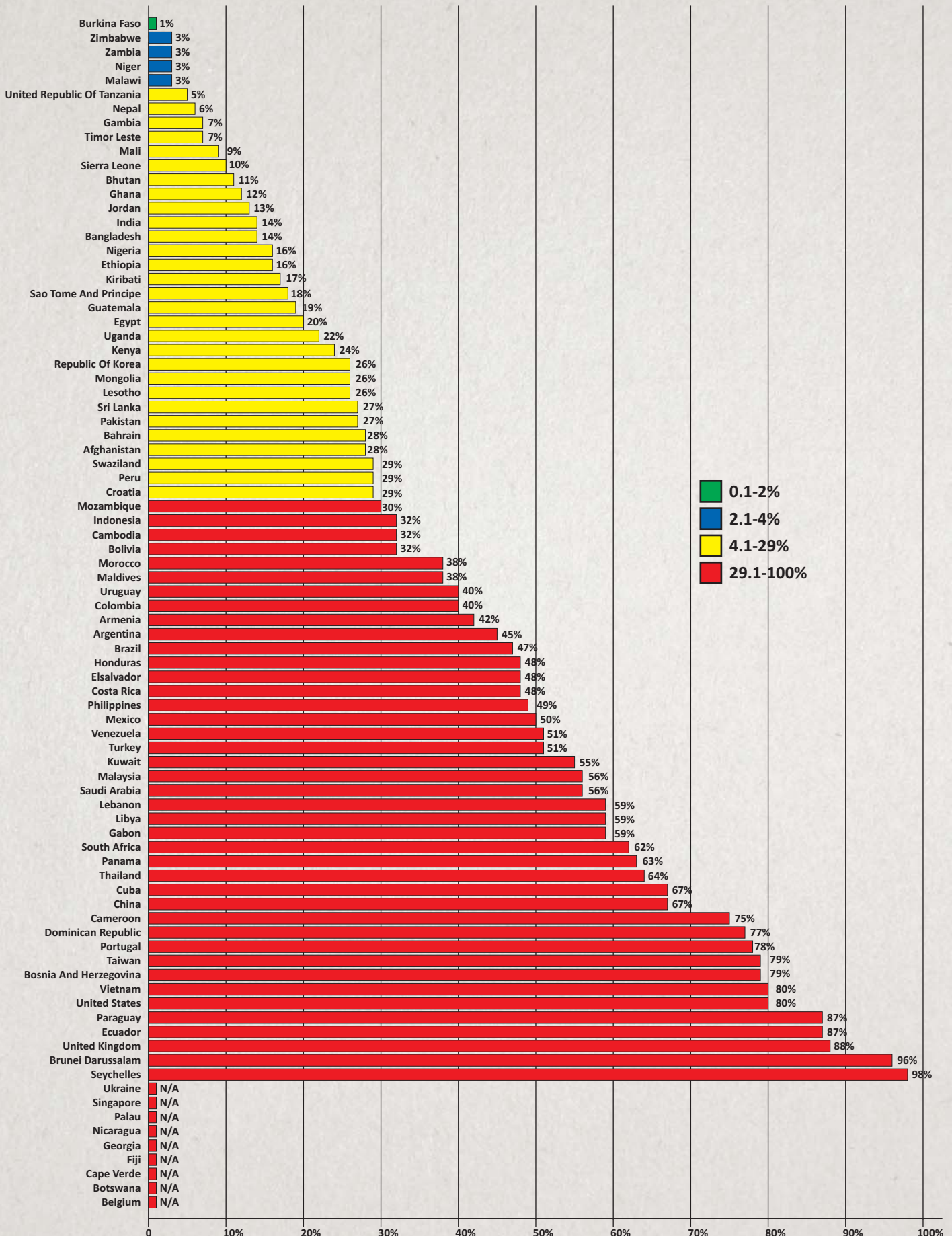
Indicator 14	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Bottle Feeding (0-12 months)	29.1-100%	3	RED
	4.1-29%	6	YELLOW
	2.1-4%	9	BLUE
	0.1-2%	10	GREEN

Figure 31: Average rate of bottle-feeding from 75 countries



of feeding. There is lack of awareness on its harmful effects and being source of infection to the babies. There is need for effective communication to create public awareness about the dangers and risks of bottle and formula feeding.

Figure 32: Percentage of bottle-feeding in 75 countries



Complementary Feeding-Introduction of solid, semi-solid or soft foods

As babies grow they need additional nutrition along with continued breastfeeding, after they are 6 months of age, complementary feeding should begin with locally available indigenous foods being affordable and sustainable. They should be offered soft and mashed foods in small quantities 3-5 times a day. Complementary feeding should gradually increase in amount and frequency as the baby grows. Breastfeeding on demand should continue for 2 years or beyond.

Data for this indicator was available for 79 countries, average being 68.16%, with Portugal being the only country having universal coverage with 100% complementary feeding rate. Taiwan, Argentina and Bahrain were at 99%; and Libya having the lowest 6%. (Figure 33)

This indicator finds 9 countries are coded Green and 21, 26, and 23 countries fall in the Blue, Yellow and Red respectively. (Figure 34)

Conclusions

This indicator is of utmost importance but not understood fully. Here it only gives the percentage of children having initiated complementary feeding. There is lack of understanding of what adequate complementary feeding entails. There is a need to provide accurate information on the quality, quantity, and frequency of complementary foods to be given to infants. There is a need to provide skilled counseling to health workers to impart the correct knowledge to the community.

Key question and scoring criteria

Key question: Percentage of breastfed babies receiving complementary foods at 6-8 months of age?

Indicator 14	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Complementary Feeding (6-8 months)	0.1-59%	3	RED
	59.1-79%	6	YELLOW
	79.1-94%	9	BLUE
	94.1-100%	10	GREEN

Figure 33: Average rate of introduction of complementary feeding (6-8 months) from 79 countries

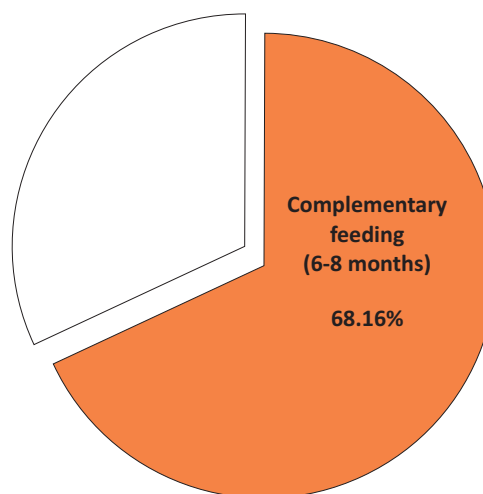


Figure 34: Percentage of introduction of complementary feeding (6-8 months) in 79 countries

