INFANT AND YOUNG CHILD FEEDING

Optimal feeding practices of infants and young children can increase their chances of survival. They play an important role for healthy growth and development, decrease rates of stunting and obesity and stimulate intellectual development (Victora et al., 2016).

The first 1 000 days from the start of a woman's pregnancy until her child's second birthday offers a critical window of opportunity to ensure a healthy start of life and a foundation of a person lifelong health. Breastfeeding is an unequalled way of providing nutrition for infants. Breast milk gives infants the nutrients they need for healthy development, including the antibodies that help protect them from common childhood illnesses such as diarrhoea and pneumonia, the two primary causes of child mortality worldwide. Breastfeeding is also linked with better health outcomes later in life. 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. Breastfeeding also improves IQ, school attendance and is associated with higher income in adult life (Rollins et al., 2016). More than 800 000 deaths among children under five could be saved every year globally, if all children 0-23 months were optimally breastfed (Victora et al., 2016). Breastfeeding also benefits mothers through assisting in fertility control, reducing the risk of breast and ovarian cancer later in life and lowering rates of obesity.

The Global Strategy for Infant and Young Child Feeding and the Breastfeeding Advocacy Initiative, developed by UNICEF and WHO, outlines detailed recommendations on infant and young child feeding including timing, initiation, and types of complementary food and its frequencies. UNICEF and WHO recommend exclusive breastfeeding for the first six months of life and the introduction of solid or semisolid foods to complement breastfeeding after six months. UNICEF and WHO also recommend continued breastfeeding up to two years and beyond.

In 2012, the World Health Assembly endorsed a Comprehensive implementation plan on maternal, infant and young child nutrition, which specified a set of six global nutrition targets. One of those targets aims to increase the rate of exclusive breastfeeding in the first six months up to at least 50% by 2025.

Globally, only 42% of newborns are put to the breast within one hour from birth (UNICEF and WHO, 2018), lower than the World Health Assembly target of increasing the percentage of children under six months of age who are exclusively breastfed to at least 50% by 2025. The evidence shows that the longer the delay of this first critical contact, the greater the risk of death (Victora et al., 2016). In Asia-Pacific, most of the countries that report data have exclusive breastfeeding rates greater than the global average, but there are variations across countries (Figure 4.6). Around three-quarters of infants are exclusively breastfed in Sri Lanka and the Solomon Islands, whereas only one in four infants is exclusively breastfed in Viet Nam, Thailand, China and Macau, China. Key factors contributing to inadequate breastfeeding rates include unsupportive hospital and health care practices and policies; lack of adequate skilled support for breastfeeding, specifically in health facilities and the community; aggressive marketing of breast milk substitutes and inadequate maternity and paternity leave legislation and unsupportive workplace policies (UNICEF and WHO, 2017a; WHO, 2017b).

Cambodia has made notable efforts to improve rates of exclusive breastfeeding. In June 2004, the government declared that early initiation of and exclusive breastfeeding would be the top priority intervention to assist in reducing child mortality. Over the following 18 months, a number of diverse activities were implemented as part of a national breastfeeding movement. Breastfeeding practices were established in hospitals, and community-based volunteers advocated the benefit of breastfeeding to expecting and new mothers. Consequently, exclusive breastfeeding rates for babies under six months rose from 7% in 2000 to 60% in 2005 (UNICEF, 2008).

Exclusive breastfeeding is more common in lower-middle and low income Asia-Pacific countries rather than upper-middle and high income Asia-Pacific countries as well as among poorer women with lower education living in rural areas than richer women with higher education living in urban areas (Figure 4.7). As an example, in Viet Nam the rate of exclusive breastfeeding is much higher (2.5 times) among women with the poorest quintile than those with the richest quintile. Thailand and Myanmar represent an exception as women with the highest education level are much more likely to follow exclusive breastfeeding recommendations than those with the lowest education.

After the six months of life, an infant needs additional nutritionally adequate and safe complementary foods, while continuing breastfeeding. Appropriate complementary foods are introduced to only half of the children in India and Lao PDR between 6-8 months, and one out of five or less young children are continuously breastfed through the first year of life in Viet Nam, Korea DPR, Thailand and China (Figure 4.8).

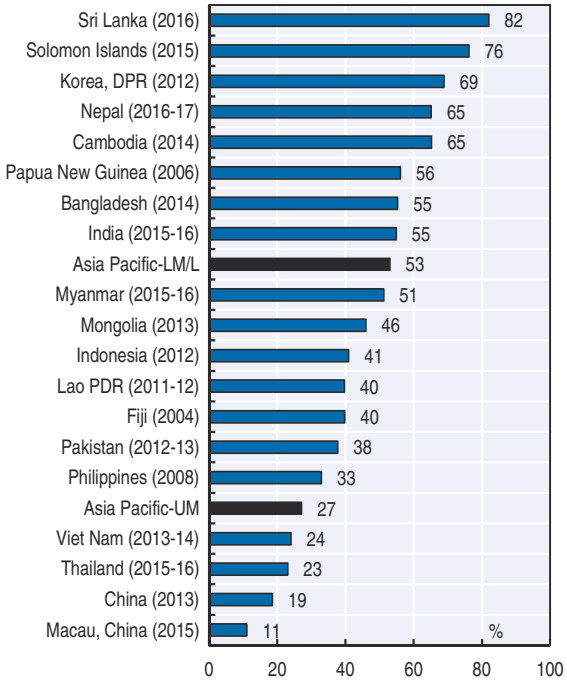
Considering persisting high levels of childhood malnutrition (see indicator in Chapter 4), infant and young child feeding practices must be further improved (Rollins et al., 2016).

Definition and comparability

Exclusive breastfeeding is defined as no other food or drink, not even water, other than breast milk (including milk expressed or from a wet nurse) for the first six months of life, with the exception of oral rehydration salts, drops and syrups (vitamins, minerals and medicines) (UNICEF, 2011). Thereafter, to meet their evolving nutritional requirements, infants should receive adequate and safe complementary foods while continued breastfeeding up to two years of age or beyond.

The usual sources of information on the infant and young child feeding practices are household surveys. They also measure other indicators of infant and young child feeding practices such as minimal meal frequency, minimal diet diversity and minimum acceptable diet.

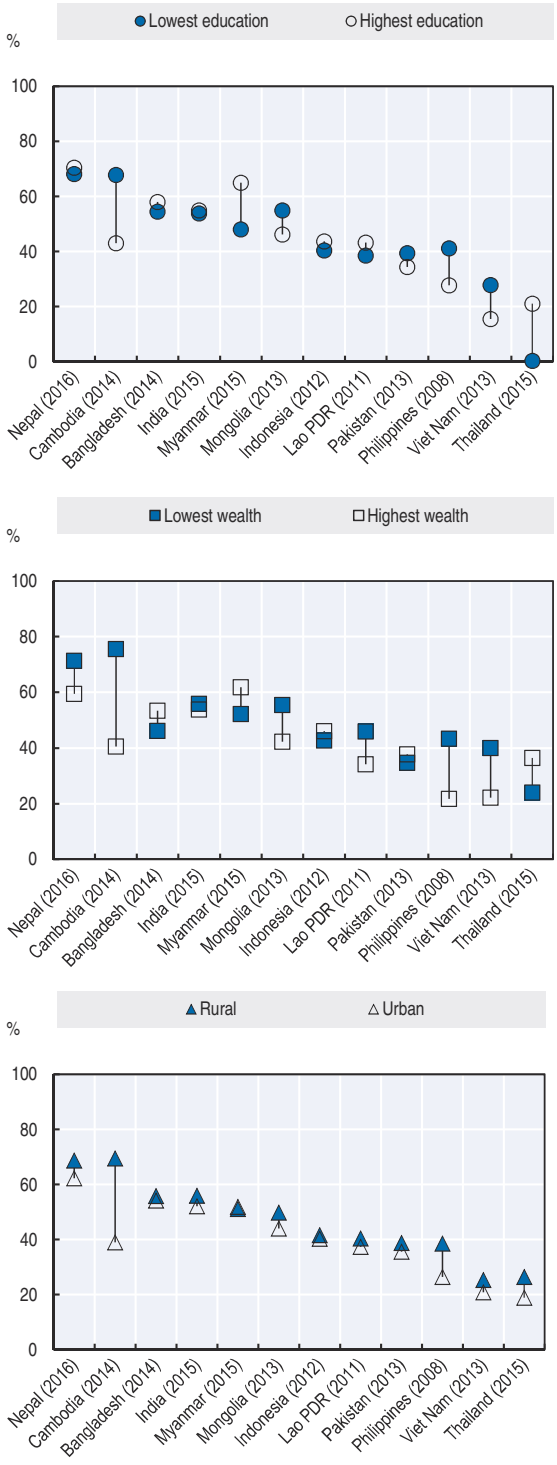
4.6. Infants exclusively breastfed – first 6 months of life



Source: UNICEF World Children Report 2017, Survey on Diet and Nutrient intake, Hong Kong, China, 2012; SSM statistics 2015, Macau.

StatLink http://dx.doi.org/10.1787/888933868177

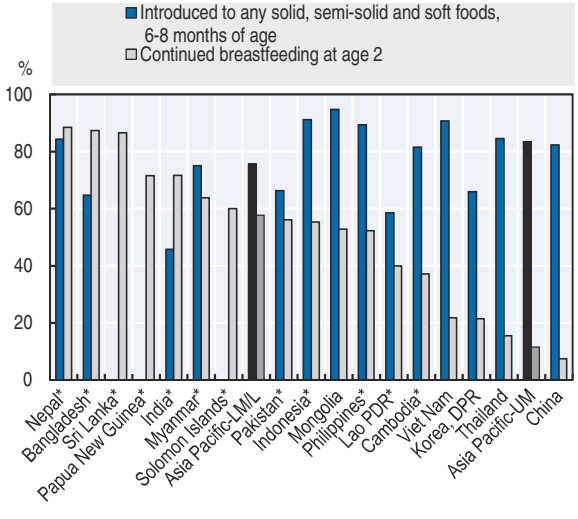
4.7. Infants exclusively breastfed in the first six months of life, by select socioeconomic and geographic factors



Source: DHS and MICS surveys, various years.

StatLink http://dx.doi.org/10.1787/888933868196

4.8. Feeding practices after 6 months of age, selected countries



* DHS surveys measure introduction of any solid and semi-solid foods.

Source: DHS and MICS surveys, various years; UNICEF Infant and young child feeding.

StatLink http://dx.doi.org/10.1787/888933868215

From:

Health at a Glance: Asia/Pacific 2018

Measuring Progress towards Universal Health Coverage

Access the complete publication at:

https://doi.org/10.1787/health_glance_ap-2018-en

Please cite this chapter as:

OECD/World Health Organization (2018), "Infant and young child feeding", in *Health at a Glance: Asia/Pacific 2018: Measuring Progress towards Universal Health Coverage*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/health_glance_ap-2018-22-en

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