Infant and Young Child Feeding: Practices and Program Status in South Asia

Julia Krasevec
UNICEF Regional Office for South Asia
Overview

• Undernutrition in the region
• Breastfeeding indicators
• Complementary feeding indicators
Globally - All forms of undernutrition are highest in South Asia

Globally - The poorest households suffer from the largest disparities for underweight in South Asia.

Note: Analysis is based on a subset of 61 countries with household wealth quintile information, covering 53 per cent of the under-five population in the developing world. Prevalence estimates are calculated according to WHO Child Growth Standards, 2006–2010. CEE/CIS, East Asia and the Pacific, Latin America and the Caribbean and the Middle East and North Africa are not included due to lack of data coverage.

Anaemia puts > half of under-twowos at potential loss of 25 IQ points in most South Asian countries

Source: UNICEF Nutrition Country Profiles (Based on WHO Global Database on Anaemia). Note that the point for Nepal is from DHS 2011. Countries with no data for 6-23 mo olds had the following anaemia prevalence for under-five: Afghanistan 2004 (38%), Bhutan 2004 (81%), Maldives 1994 (82%);
Regional level progress in exclusive breastfeeding rates

% of 0-5 month olds exclusively breastfed


Country level progress for exclusive breastfeeding in South Asia

% of 0-5 month olds exclusively breastfed

- **Bangladesh**
  - 1999/2000 vs. 2007: 46%
  - 2001 vs. 2007: 43%

- **India**
  - 1998/99 vs. 2005/06: 46%
  - 2001 vs. 2006: 53%

- **Nepal**
  - 1995 vs. 2006/07: 68%
  - 2001 vs. 2006: 70%
  - 2001 vs. 2011: 53%
  - 1995 vs. 2007: 37%

- **Pakistan**
  - 1995 vs. 2006/07: 16%

- **Sri Lanka**
  - 1995 vs. 2007: 76%

Note that the point represented by grey bars has not yet been included in UNICEF’s global database, Nepal DHS 2011.
Globally, the poorest in South Asia have lowest rates for Early Initiation of Breastfeeding.

![Bar chart showing % of newborns put to the breast within 1 hour of birth across different regions and income groups. The chart highlights a lower rate in South Asia compared to other regions.](chart.png)
WHO Complementary Feeding Indicators (2009)

- Introduction of soft foods (6-8 mos)
- Minimum meal frequency (6-23 mos)
- Minimum diet diversity (6-23 mos)
- Minimum acceptable diet (6-23 mos)

Globally, too few 6-8 month olds receive any complementary food.

Source: State of the World's Children Report 2012
Many South Asian countries have high minimum meal frequency

Source: WHO (2010) Indicators for assessing infant and young child feeding practices; Part 3 Country profiles. Updated here with Pakistan National Nutrition Survey 2011, Nepal 2011 DHS. Data in India and Bangladesh are for breastfed children only while in Nepal and Pakistan data are for all children (breastfed and non-breastfed).
In South Asian Countries, minimum diet diversity is far too low.

Room to strengthen IYCF programmes to reduce stunting and improve development

To help reduce stunting levels and promote optimal health and development of young children in South Asia:

• **Focus on improving breastfeeding and complementary feeding practices**
  - Develop/strengthen government policies, strategies, plans of action, legislation for IYCF (with appropriate cross sectoral ownership)
  - Support improvements for IYCF at health service level
  - Scale up counselling and other community level efforts
  - Large scale communication efforts/mass media
  - Preparation to appropriately deal with IYCF in emergency situations

• **Focus on the most deprived populations/poorest households**