

# Current Scenario of Breastfeeding in India

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**Abstract-** Breastfeeding is an unparalleled universally recommended intervention for the promotion of health and nutrition of children and reduction of mortality. In spite of the WHO recommendations and baby-friendly hospital initiative, breastfeeding practices are inappropriate due to maternal, infant, socioeconomic, and cultural factors. WHO recommends the use of various Infant and Young Child (IYC) indicators for assessing infant and young child feeding practices. Unlike in 2008, no distinction is made between core and optional indicators in this set of recommendations (2021). To support programme assessment, planning and monitoring, national-level reporting on estimates for IYCF indicators should take place approximately every three to five years. NFHS-5 findings show a worrying trend in child feeding practices. Despite the importance of breastfeeding practices for the healthy growth and development of infants and young children and health of mothers, data is not so encouraging. Necessary action is therefore the need of the hour. Breastfeeding is not only a mother's responsibility. To enable all mothers and children to be breastfed, it requires support from governments, healthcare systems, families, communities, employers and work places to actually make it work. We need to leverage all sectors of society to make breastfeeding successful for mothers and babies. Appropriate individual and group counseling for families and community is required. Adequate funding and implementation of policies and programmes is also necessary.

**Keywords-** Breastfeeding, baby-friendly hospital initiative, Infant and Young Child (IYC), Community.

## I. INTRODUCTION

The right to food and nutrition, including Breast milk is well-established in International Human Rights principles and Laws. Right to life includes the child's right to breastfeed, to obtain adequate nutrition and attain highest standard of health and women's right to breastfeeding education and to be paid with maternity leave.

Women have the right to obtain accurate and unbiased information needed to make an informed choice about breastfeeding. They also have the right to good quality health services, including comprehensive sexual, reproductive, and maternal health services. [1]

## II. IYCH INDICATORS

Infant and young child feeding (IYCF) practices affect the health, development, and nutritional status of children less than two years of age. This ultimately impact child survival. Improving IYCF practices in children 0–23 months of age is therefore critical to improved nutrition, health, and development [2].

The guiding principles recommended by WHO for complementary feeding of breastfed children and feeding non-breastfed children 6–24 months of age provide global guidance on optimal feeding practices for supporting

growth, health, and behavioral development for infants and young children (IYC) under 2 years of age.

To support programmatic action and to contribute to monitoring progress on IYCH at National and Global levels, indicators for assessing IYCF practices were introduced. The current recommended set of indicators (2021) is population-level indicators and has been designed for data collection in large-scale surveys or by national programs whereas small local and regional programs may also be able to make use of them.

These cannot be applied for screening or assessment of individuals and are not intended to meet the needs in program monitoring and evaluation. Unlike in 2008, there has been no distinction made between core and optional indicators in this set of recommendations (2021).

The purposes of the indicators include:

- 1. Assessment:** To Make National And Sub national Comparisons And Describe Trends Over Time;
- 2. Targeting:** To Identify Vulnerable Groups, Target Interventions, And Make Wise Policy Decisions About Resource Allocation;
- 3. Monitoring and Evaluation:** To Monitor Progress in Achieving Goals and Use it to evaluate the impact of interventions made.

Table 1. Summary of IYCH Indicators.

S.No.	Indicators	Short Name	Age group	Definition
Breastfeeding Indicators				
1	Ever breastfed	EvBF	Children born in the last 24 months	Percentage of children born in the last 24 months who were ever breastfed
2	Early initiation of breastfeeding	EIBF	Children born in the last 24 months	Percentage of children born in the last 24 months who were put to the breast within one hour of birth
3	Exclusively breastfed for the first two days after birth	EBF2D	Children born in the last 24 months	Percentage of children born in the last 24 months who were fed exclusively with breast milk for the first two days after birth
4	Exclusive breastfeeding under six months	EBF	Infants 0-5 months of age	Percentage of infants 0-5 months of age who were fed exclusively with breast milk during the previous day
5	Mixed milk feeding under six months	MixMF	Infants 0-5 months of age	Percentage of infants 0-5 months of age who were fed formula and/or animal milk in addition to breast milk during the previous day
6	Continued breastfeeding 12-23 months	CBF	Children 12-23 months of age	Percentage of children 12-23 months of age who were fed breast milk during the previous day

Complementary Feeding Indicators				
7	Introduction of solid, semisolid, or soft foods 6-8 months	ISSSF	Infants 6-8 months of age	Percentage of infants 6-8 months of age who consumed solid, semi-solid or soft foods during the previous day
8	Minimum dietary diversity 6-23 months	MDD	Children 6-23 months of age	Percentage of children 6-23 months of age who consumed foods and beverages from at least five out of eight defined food groups during the previous day
9	Minimum meal frequency 6-23 months	MMF	Children 6-23 months of age	Percentage of children 6-23 months of age who consumed solid, semi-solid, or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more during the previous day
10	Minimum milk feeding frequency for non-breastfed children 6-23 months	MMFF	Children 6-23 months of age	Percentage of non-breastfed children 6-23 months of age who consumed at least two milk feeds during the previous day
11	Minimum acceptable diet 6-23 months	MAD	Children 6-23 months of age	Percentage of children 6-23 months of age who consumed a minimum acceptable diet during the previous day

12	Egg and/or flesh food consumption 6-23 months	EFF	Children 6-23 months of age	Percentage of children 6-23 months of age who consumed egg and/or flesh food during the previous day
13	Sweet beverage consumption 6-23 months	SwB	Children 6-23 months of age	Percentage of children 6-23 months of age who consumed a sweet beverage during the previous day
14	Unhealthy food consumption 6-23 months	UFC	Children 6-23 months of age	Percentage of children 6-23 months of age who consumed selected sentinel unhealthy foods during the previous day
15	Zero vegetable or fruit consumption 6-23 months	ZVF	Children 6-23 months of age	Percentage of children 6-23 months of age who did not consume any vegetables or fruits during the previous day
Other Indicators				
16	Bottle feeding 0-23 months	BoF	Children 0-23 months of age	Percentage of children 0-23 months of age who were fed from a bottle with a nipple during the previous day
17	Infant feeding area graphs	AG	Infants 0-5 months of age	Percentage of infants 0-5 months of age who were fed exclusively with breast milk, breast milk and non-milk liquids, breast milk and animal milk/formula, breast milk and complementary foods, and not breastfed during the previous day

### III. INSIGHTS: CURRENT SCENARIO OF BREASTFEEDING IN INDIA

In December 2020, the government released the results of the National Family Health Survey (NFHS) 5 for 2019-20, covering 22 states and Union Territories (UTs). NFHS-5 findings show a concerning trend in child feeding practices. A significant decline since NFHS-4 has been reported in children under three years of age who are breastfed within one hour of birth. NFHS-5 data shows that among the children surveyed, breastfeeding in the first hour of birth had shown a downward trend in 12 states and UTs out of 22. Among 22 states and UTs, Sikkim has shown the sharpest decline of 33.5 percent in initiating breastfeeding within an hour of birth. [5]

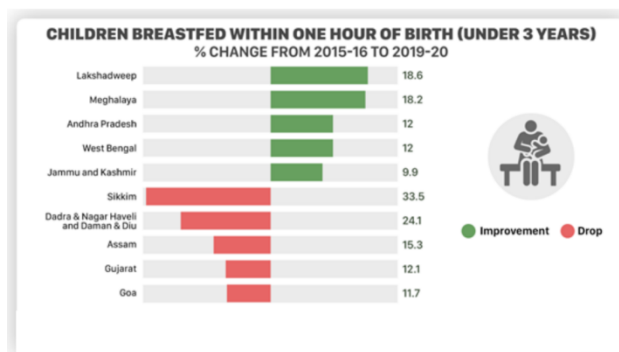


Fig 1. NFHS-5 data shows that among the children surveyed, breastfeeding in the first hour of birth had shown a downfall in 12 states and UTs out of 22.

The NFHS-5 data shows improvement in exclusive breastfeeding with 16 states and UTs. These states and UTs include Andaman and Nicobar Islands, Assam, Bihar, Dadra and Nagar Haveli, and Daman & Diu, Goa, Gujarat, Himachal Pradesh, Karnataka, Kerala, Ladakh, Lakshadweep, Maharashtra, Meghalaya, Mizoram, Telangana, and West Bengal.

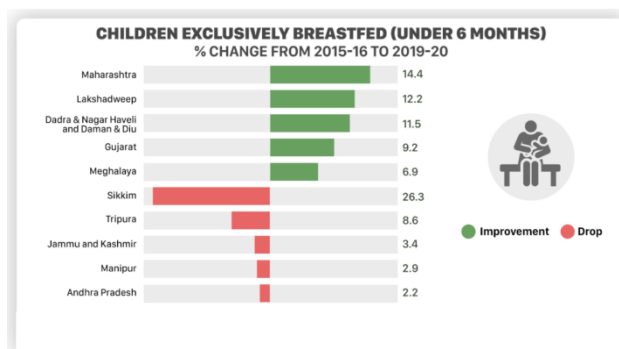


Fig 2. NFHS-5 data shows improvement in exclusive breastfeeding with 16 states and UTs reporting a rise. [5]

Despite the importance of breastfeeding practices for the healthy growth and development of infants and young children and the health of mothers, the data does not seem to be so encouraging. The NFHS-5-phase-1 (Data from 22

States/UTs) revealed that 88% of women deliver in hospitals, only 51% can begin breastfeeding within an hour of birth whereas 61.9% breastfed exclusively during 0-6 months, 56% received timely complementary feeds at 6-8 months and only 16.1% received adequate diet during 6-23 months. (See Fig.1).

26.9% of children are underweight, 31.9% stunted, 18.1% wasted and 5.5% obese. Even as 88% of mothers deliver in hospitals, only 51% can begin breastfeeding within one hour. The rate of breastfeeding within one hour has come down by 2.5 % points from NFHS-4 (2015). Various challenges hinder breastfeeding practices at various levels that require correction. [8]

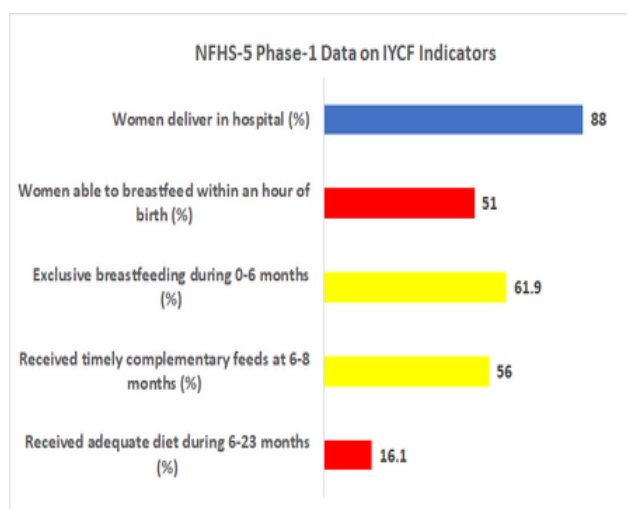


Fig 3. BPNI; WBW- Action Folder-2021. [9]

#### IV. RECOMMENDATIONS FOR OPTIMISING BREASTFEEDING: NEED OF THE HOUR

Following are a few recommendations for optimizing Breastfeeding practices:

##### 1. Building Alliance:

Build an alliance locally with individuals and organizations free from conflicts of interest to garner support for breastfeeding action.

##### 2. Peer Counseling Support:

Promote the peer counseling support model for increasing breastfeeding rates in your state/district.

##### 3. Responsibility of Infant food corporations:

Baby food corporations need to be accountable and follow the national food standards and abide by the national legislation to control the marketing of baby foods/breastmilk substitutes i.e., the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1991 (IMS Act) and Amendment Act 2003.

##### 4. Counseling at Family Level:

A supportive husband/partner, family members such as in-laws or friends play a key role in the success of breastfeeding. The support could be in the form of assisting with childcare and household tasks, or emotional by providing empathy and/ or revealing an understanding nature or by providing resources to give correct information and looking for professional problem solving, etc.

##### 5. Counseling at Community Level:

Supporting Breastfeeding and IYCH practices at the community level and engaging with community support groups and local governments to promote this model for all districts in the state.

##### 6. Enhanced funding and implementation of Government policies and programs:

To safeguard the public interest and the needs of breastfeeding mothers and children, policymakers should avoid partnering with baby food industry associations and front organizations.

#### V. CONCLUSION

Human Rights are the basic rights and freedoms to which all human beings are entitled. Breastfeeding as the basic right to food, nutrition and health is based on unique cultural, legal and economic frameworks of each place. Growing evidence demonstrating the importance of breastfeeding and the risks of formula /mixed feeding is compelling us all to take action. Yet, it is clearly evident that breastfeeding practices are far from optimal. Therefore, to promote breastfeeding should be an integrated effort of government, community nutritionists, public health experts, practitioners and all citizens of the country

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