

Breastfeeding: Reality, advantages and challenges

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The Director-General of the World Health Organization (WHO), Dr. Tedros Adhanom Ghebreyesus, has stressed upon the importance of breastfeeding by commenting “Breastfeeding gives babies the best possible start in life” [1].

Global scenario

At the beginning of the World Breastfeeding Week 2017, the WHO, UNICEF, and The Global Breastfeeding Collective unveiled the “The Global Breastfeeding Scorecard 2017.” The scorecard revealed that globally, 44% of newborns were started on breastfeeding within the 1st hour after birth. Among 194 countries which were evaluated, it was found that only 40% of children lesser than 6 months of age were exclusively breastfed. Only 23 nations were found to have exclusive breastfeeding rates more than 60%. Overall, rates of continued breastfeeding were 74% at 1 year of child’s age. However, at 2 years of age, rates of continued breastfeeding dropped to 45%. The collective targets for continued breastfeeding at 1 and 2 years are 80% and 60%, respectively [2].

In 2012, the 194 countries of the World Health Assembly (WHA) committed to a target of increasing the global prevalence of exclusive breastfeeding in the first 6 months of life from the baseline of 37% (2012) to at least 50% by 2025. However, the Assembly considered this as a starting point, rather than an endgame [3]. The World Bank’s new “Investment Framework for Nutrition” noted that meeting the WHA target for exclusive breastfeeding in the first 6 months would save 520,000 children’s lives over the next 10 years.

National scenario

The National Family Health Survey-4 (NFHS-4) conducted during 2015–2016 reveals that there were 78.9% institutional deliveries across India. The percentage of children <3 years old who were breastfed within an hour of birth was 41.6%. Exclusive breastfeeding rates among children <6 months were 54.9%. Children in the age group of 6–8 months who were receiving solid or semi-solid food along with breastmilk constituted 42.7%. As compared to the earlier NFHS of 2005–2006 (NFHS-3), the NFHS-4 looked into the adequacy of the diet received by the children between 6 and 23 months of age. It was found that 8.7% of the breastfed children between the ages of 6 and 23 months received an adequate diet, while

14.3% of the non-breastfed children of the same age group received an adequate diet [4].

In 1991, the Baby-Friendly Hospital Initiative (BFHI) was launched to scale up ten interventions in birthing facilities to protect, promote, and support successful breastfeeding [5]. The very fact that in spite of about 78% of institutional deliveries, only about 41% of newborns are breastfed in the 1st hour of life calls for upscaling of the BFHI.

Effect of promotion of breastfeeding

The scaling up of breastfeeding to a near universal level could prevent 823,000 annual deaths in children younger than 5 years (13% of all under-five deaths). A 7% reduction in the risk of breast cancer among mothers was noted which translates into about prevention of extra 20,000 deaths from breast cancer globally [6]. Results of a meta-analysis conducted by Victora et. al. have found that breastfeeding could reduce about half of all episodes of diarrhea and about one-third of respiratory infections in low-income and middle-income countries (LMIC) of the world [6]. The protection given by breastfeeding toward preventing hospital admissions is even greater: Breastfeeding could prevent 72% of admissions for diarrhea and 57% of those for respiratory infections.

India is overshadowed by the dual burden of high population and high under-five mortality. In India, it could reduce 156,000 child deaths each year and reduce a minimum of 3,436,560 respiratory infections and 3,900,000 episodes of diarrhea, particularly in young children [7]. A meta-analysis done by Collins et. al. found that nonbreastfeeding is associated with lower intelligence [8].

But, knowing isn’t the same as doing. The challenge lies in its upscaling in the real-life scenario. The study entitled “Awareness regarding feeding practices among mothers attending immunization centre: an institutional study” comes up with the same ominous results [9]. The authors noted that in spite of the positive claims regarding initiation of breastfeeding from most of the mothers, upon further probe, they showed lack of correct knowledge regarding initiation—both for normal and cesarean deliveries. Only 17.5% of mothers correctly knew that breastfeeding should be initiated as soon as possible right after normal delivery of the child.

A systematic review and meta-analysis conducted by Smith et. al. regarding breastfeeding initiation time and infant morbidity had come up with the objective evidence of this seemingly simple but neglected time and life-saving technique. The meta-analysis

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found the evidence of a dose-response relationship; increased delay in breastfeeding initiation time was associated with an increased risk of neonatal mortality. Infants who initiated breastfeeding 2 ± 23 hours after birth had a 33% greater risk of neonatal mortality. Infants who initiated breastfeeding more than 24 hours after birth were more than twice as likely to die during the neonatal period (pooled relative risk: 2.19, 95% confidence interval: 1.73 ± 2.77) when compared to those who initiated breastfeeding within 1 hours of birth [10].

Investment needed

A meta-analysis done by Collins et. al. found that nonbreastfeeding was associated with economic losses of nearly \$302 billion annually (0.49% of the world's Gross National Income [GNI]) [8]. The Global Breastfeeding Scorecard suggested that an annual investment of just US\$4.70 per newborn was required to increase the global rate of exclusive breastfeeding among children under 6 months of age to 50% by 2025 [2]. If the WHA targets of increasing exclusive breastfeeding (among children <6 months of age) to 50% were to be reached by 2025, almost \$300 billion in additional economic gains across lower-middle income countries could be generated as a result of reduced illness, health-care costs, increased productivity subsequent to cognitive development, and improved child survival rates [3]. It has been found that every dollar invested in achieving the breastfeeding target can generate a return of \$35 in economic benefits [11].

The high level of child mortality and growing number of deaths in women from cancers and type II diabetes attributable to inadequate breastfeeding have been estimated to drain the Indian economy of \$7 billion. Together with another \$7 billion in costs related to cognitive losses, India stands to lose an estimated \$14 billion in its economy, or 0.70% of its gross national income [3].

Besides saving lives, breastfeeding would enable in the achievement of many of the Sustainable Development Goals (SDG). It would improve food security and nutrition (SDG-2), prevent child mortality and decrease the risk of noncommunicable diseases (SDG-3), promote cognitive development and education (SDG-4) as well as promote positive climate change (SDG-13). All these would be helpful in reducing poverty (SDG-1), promoting economic growth, and reducing inequalities (SDG-10), thus achieving universal health care.

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Competing Interests

The author declares that he has no competing interests.

Funding

Sources of funding: None.

Please cite this paper as: Banerjee A. Breastfeeding: Reality, advantages and challenges. *Int J Stud Res* 2017;7(1):9-10.

Access this article online

Quick Response Code:



Website:
www.ijsonline.net

DOI:
10.4103/ijsr.Int_J_Stud_Res_12_18

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