

# Promoting Breastfeeding A Step Towards Better Future



## Special Report



Cover Photo: A young mother breastfeeding her child at Manahara Slum, Bhaktapur. @Rajesh Ghimire/HERD

This special report is produced by Health Research and Social Development Forum (HERD) to celebrate World Breastfeeding Week.

**B**reastfeeding should be initiated within one hour of birth, but according to Child Health Division (CHD), Department of Health Services, 45 percent Nepali women do not follow this practice. Data provided by CHD to National News Agency shows that, 66 percent women breastfeed until the child is 2 years old and Nepal is among the 23 countries that have achieved exclusive breastfeeding rates above 60 percent. Every year, World Breastfeeding Week is celebrated from August 1 to 7 in more than 170 countries to encourage breastfeeding and improve the health of babies around the world. It commemorates the [Innocenti Declaration](#) made by World Health Organization (WHO) and United Nations Children's Fund (UNICEF) policy-makers in August 1990 to protect, promote, and support breastfeeding. It was first celebrated in 1992 by World Alliance for Breastfeeding Action (WABA). This Year [World Breastfeeding Week](#) is being marked with the slogan “Sustaining breastfeeding together”.



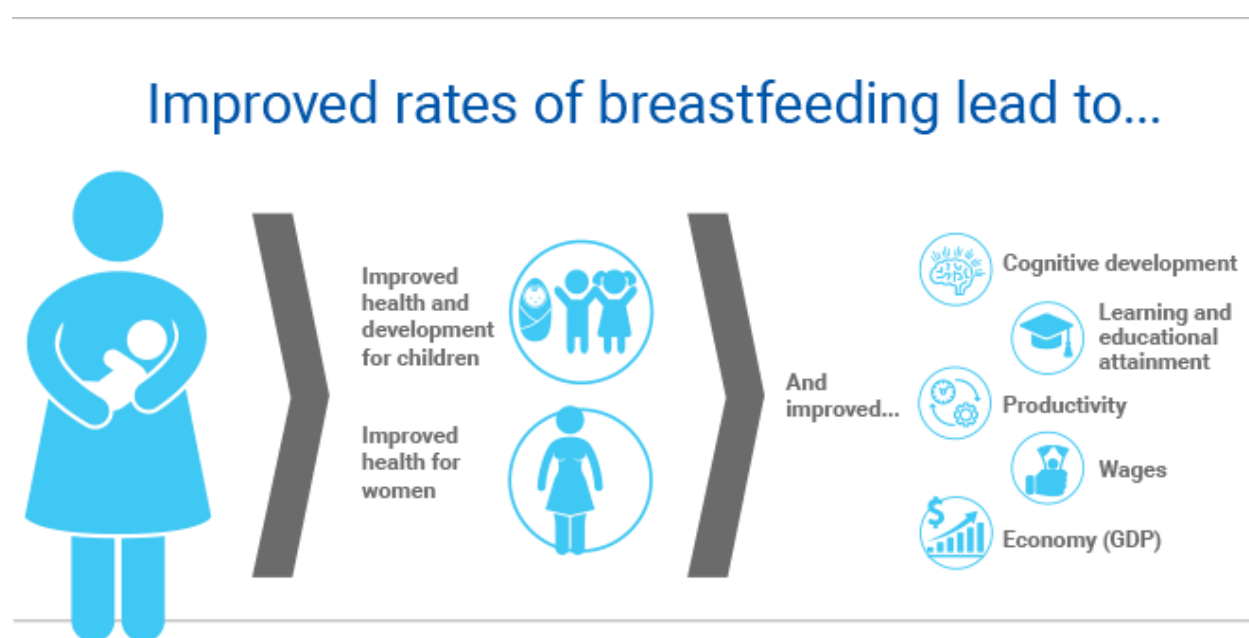
[Breastfeeding](#) is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. Review of evidence has shown that, exclusive breastfeeding for 6 months is the optimal way of feeding infants. Thereafter, infants should receive complementary foods with continued breastfeeding up to 2 years of age or beyond.

### Global Scenario

According to the report, “[Nurturing the Health and Wealth of Nations: The Investment Case for Breastfeeding](#)” breastfeeding is one of the best investments in global health: every \$1 invested in breastfeeding generates \$35 in economic returns. It is not only an investment in improving children’s health and saving lives, but also an investment in human capital development that can benefit a country’s economy.

It has been estimated that over 820,000 children under age five and 20,000 women each year die because of not breastfeeding and suboptimal breastfeeding practices. Breastfeeding has positive impacts on child’s body; it helps in the prevention of diarrhea and pneumonia, which are the

major causes of child mortality. By encouraging mothers for proper breastfeeding, it is possible to avoid 50% of diarrhea cases and a third of respiratory infections. It further has an impact on the cognitive development and IQ of a child. The failure to support women for proper breastfeeding has been costing economic loss, higher mortality among women and children, loss of cognitive capacity in children who are not breastfed and disease burden resulting to higher expenditure in health care.



Source: <https://www.unicef.org/breastfeeding/>

It is estimated that, annually only \$85 million is spent by donors and about \$250 million by governments, on breastfeeding programs in low- and middle-income countries. The report further points an additional \$5.7 billion is required to meet the World Health Assembly's target of increasing the percentage of children under 6 months of age who are exclusively breastfed to at least 50 percent by 2025. This investment translates to just \$4.70 per newborn. Greater progress is possible, with the right level of ambition and the right policies and investment; countries can fully realize the potential gains from breastfeeding.

According to the report, "[Tracking Progress for Breastfeeding Policies and Programmes](#)" the worldwide performance on recommended policies and programmes for breastfeeding is poor. No country is highly compliant on all indicators, illustrating that substantial progress on all fronts is needed. Although every mother decides how to feed her child, the

decision is strongly influenced by economic, environmental, social, and political factors.

The Global Breastfeeding Collective, a partnership led by UNICEF and WHO, has set targets for all of the indicators: funding, the international code of marketing of breastmilk substitute, maternity protection in the workplace; baby friendly hospital initiative; breastfeeding counselling and training; community support programmes and monitoring system, as well as four critical breastfeeding practices, to be met by 2030. The Global Breastfeeding Scorecard has been prepared which has stressed on urgent call to action for policy makers worldwide.

Breastfeeding has a huge impact on the health and development of the infant since the first hour of birth. It has a large impact on child mortality. According to The Lancet, “scaling up breastfeeding to a near universal level could prevent 823,000 child deaths per year”. Additionally, breastfeeding reduces the risk of obesity and diabetes in children. Research has shown that breastfeeding is associated with a lower risk of breast and ovarian cancers for nursing mothers, later in life. The Lancet estimates 20,000 breast cancer deaths can be prevented annually through optimal breastfeeding.

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## Nepal's Scenario

According to '[Nepal Demographic Health Survey- 2016](#) (NDHS)', 99% of the under 6 month's babies are breastfed; of those only 66% of the infants under age 6 months are exclusively breastfed. In addition to breast milk, 6% of these young infants consume plain water, 6% consume non-milk liquids, 10% consume other milk, and 12% consume complementary foods. What is evident is breast milk substitutes, including infant formula and other commercial milks, are detrimental when they displace breastfeeding. Nine percent of infants under the age of 6 months are fed using a bottle with a nipple, a practice that is discouraged because of the risk of illness to the child. NDHS further points that the rate of exclusive breastfeeding for two months has increased (79.6%) as women are being provided maternal leave at workplaces.

According to 'The Global Breastfeeding Scorecard', in Nepal 5.1 \$ donor funding was allocated per live birth donors. Full provision in law has been made, the country has enacted for the code of marketing of breast-milk; the legislation of Nepal

mandates 7 weeks of maternity leave with 100 % of previous earning paid for by employer fund. No births of a baby occurs in a child friendly hospital and maternities, 100% of the primary healthcare facilities provide individual with Infant Young Child Feeding (IYCF) counselling, 100% district have implemented community programmes. 49% of infants are breastfed within an hour of birth; 98% children are breastfed till 1 years of age while 89% till 2 years of age.

## Nepal's effort

Government of Nepal has affirmed its commitment to support

optimal [breastfeeding practices](#). In 1992, Nepal passed its own national legislation for commercial infant and young child food products, the Mother's Milk Substitutes (Control of Sale and Distribution) Act. The Act was passed to regulate the sale, distribution and promotion of substitutes for breastmilk within Nepal, including breastmilk substitutes and 'any other such food or beverage marketed or otherwise distributed as is suitable for feeding to the infant' (Nepal Government 1992), which was a remarkable effort for protection and promotion of breastfeeding. WHO and UNICEF initiated Baby Friendly Hospital Initiative in 1991, to ensure that hospitals protect, promote and support breastfeeding. In Nepal till date, there are 7 Baby Friendly hospitals. The Child Health Division is in the process of finalizing the strategy on Infant and Young Child Feeding. In addition, GoN has done various activities for the protection and promotion of IYCF counselling and carried out IYCF training in 7 districts.

In Nepal, government and non-government sectors along with the private sectors have been promoting breastfeeding through series of awareness campaigns where importance of breast feeding are being disseminated through mass media channels like radio, television and print as well as through exhibitions and interaction sessions. Nepal Breastfeeding Promotion Forum has been constantly working for advocacy in policymaking, action plan, and assessment to improve the breastfeeding scenario of the country. Female Community Health Volunteers (FCHVs) are the focal person for disseminating messages related to importance and best practice of breastfeeding in the community level. Distribution of behaviour change related messages through different NGOs and INGOs has been in line for the promotion of breastfeeding.

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The Government of Nepal has policies and programs in place to promote optimal practices for breastfeeding and complementary feeding, with the aim of achieving targets set by the WHO. However, the 2012 [World Breastfeeding Trend Initiative Nepal Report](#) identified gaps in IYCF policy and programs, scoring countries based on international recommendations for IYCF policy support. Nepal scored only 40.5 out of 100, compared to an average performance of 54.3 among the 40 countries assessed.

GON developed a [Multi-Sectoral Nutrition Plan](#) (MSNP) for the improvement of maternal and child nutrition and accelerated reduction of chronic under nutrition under the strategic leadership of the National Planning Commission (NPC) and Ministry of Federal Affairs and Local Development (MoFALD). As per Programme Cooperation Agreement (PCA) between [Health Research and Social Development Forum \(HERD\)](#) and UNICEF, HERD is providing technical support to implementation of MSNP through deployment of District Coordinator (DC) and Planning, Monitoring & Information Management Officer (PMIMO) in 28 MSNP districts. We talked to the District Coordinators of different districts and learned their opinion about breastfeeding in the districts they have been working.

## Breastfeeding in the districts

### Dinesh Bam, District Coordinator, Humla



The number of mother's practicing exclusive breastfeeding seems very low in Humla. Only few feed their baby with mother's milk within the first hour of birth. The reason behind it is the lack of accessibility of health facilities, practice of home delivery and unavailability of skilled

birth attendants.

The child is provided with other food supplements like honey, ghee, water and sugar after two or three months. The main reasons are insufficient milk, which may be due to the early age of marriage, less age gap between two consecutive births and early childbirth. Low literacy rate of females (40%), low socio-economic condition and obligation of mothers to earn their livelihood also contribute to the situation. Cultural

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### Dil Bahadur Dhant, District Coordinator, Mugu



The scenario of the lactating mothers in the district has been changing gradually. Women have started opting institutional delivery. Earlier, the infants were not fed with the first milk whereas now they are not only fed with first milk but are also exclusively breastfed. One interesting fact noted was that there is a practice of feeding mothers milk to son for 6 months and daughter for 5 months.

The people are aware as various programmes have been launched in the district, focusing on the importance of breastfeeding, at different times. However, due to poverty, some, even though being aware are not being able to breastfeed the child exclusively and provide them proper attention. Most of the people in the district are daily wage labourer. Many mothers take their child along with them so that they can feed them but the child are exposed to dust.

### Unnati Rawal, District Coordinator, Accham

In Accham, though the scenario is better as compared to earlier days, it is not very satisfactory. There is no proper breastfeeding practice in the district. Rather than the child's need, it depends on the mother's availability. The mothers go to work and are unable to feed the baby time and again due to which the child depends on other food supplement. In urban areas, the people are educated and are aware about the importance of exclusive breastfeeding whereas in rural areas, the people are illiterate and unaware about it. This has resulted in the lack of proper care of the child. In most cases, exclusive breastfeeding is not practiced in remote areas.



### Asmita Shrestha, District Coordinator, Bardiya



In the FY 2072/73, 95.6% mothers had exclusively breastfed their child. According to the data till Mid-April (Chaitra) this year, more than 90% of the mothers have exclusively breastfed the child. They are aware that the child should not be given any other food supplement.



Institutional delivery is preferred and the infant is provided with mother's milk within one hour of birth. The health workers have been promoting this practice. Compared to other places in the district, the practice of exclusive breastfeeding and feeding first milk is seen less in Gulariya, the district headquarter. The level of awareness is less and at places even if the people are aware, it is not in practice.

**Anand Kumar Labh, District Coordinator, Dhanusha**

The level of awareness is low in the district. Although the FCHVs have been informing about the importance of exclusive breastfeeding, there is a practice of feeding baby with water and lentil soup. The programmes targeting the lactating mothers haven't yet reached every VDC. The people in those areas where the programmes have reached along with the educated people are aware about the issue. There are certain barriers for exclusive breastfeeding like education, culture and lack of awareness. A nutrition register has been maintained in the village clinic where the information's are recorded. Nevertheless, the parents don't ask any questions related to exclusive breastfeeding to the health workers. Earlier, the first milk used to be thrown but now the infants are fed with the first milk. However, not every infant is being fed with the first milk. Practice of exclusive breastfeeding is very less.



The first milk used to be thrown but now the infants are fed with the first milk.

**Brajesh Kumar Jha, District Coordinator, Mahottari**



The level of awareness about exclusive breastfeeding is very low in the district. Messages regarding the issue is disseminated very less in the district. 75% of the people have practiced feeding infant, the first milk. The mothers also have no idea about the proper food behaviour. The scenario is different in various communities. At places, which has mixed communities, the level of awareness is comparatively better. Some mothers, who are aware or not, also feed the child till two and half years of age. There are FCHVs who inform mothers about when to feed, how to feed and what to do but even though the mothers are seen, confused. Even the health in-charge lacks enough knowledge.

### Reena Khulal, District Coordinator, Dolpa

In Dolpa, 78% women have been exclusively breastfeeding their child. The sons are more prioritized than daughters are. Some campaigns have been conducted and the information about breastfeeding has been disseminated in the district. The level of awareness has increased compared to earlier days. As most of the women are labourers; earlier, they used to feed the child in the morning before going to work and later in the evening after returning. Now they have started taking the child along with them so that they can feed them properly. The practice of exclusive breastfeeding is in the increasing pace now.



### Anil Nyaupane, District Coordinator, Panchthar



The practice of exclusive breastfeeding is not very nice in the district. The mother starts feeding other food supplement to the child after two or three months. Most of the women go to foreign country for work as a result, the child is not exclusively breastfed. Young mothers also stop breastfeeding to maintain their beauty, mostly in the Limbu community. The level of awareness is also very low in the area. Some of the organisations have been doing some work but not many campaigns have been conducted in the area.

### Conclusion

Promoting the practice of exclusive breastfeeding has been one of the major challenge globally. It does not just support in the proper mental and physical growth and development of a child but has a huge impact on the country's economy. Donors have been spending money to increase the practice, especially in the low and middle-income countries.

In Nepal, the number of mothers practicing exclusive breastfeeding is still not satisfactory. Many programmes have been launched by government and non-government bodies, which has brought positive changes in many areas. These programmes needs to be expanded and has to reach every VDC of the district. Health officials and FCHVs need to be provided with adequate information and institutional delivery needs to be promoted. Mothers have to be

encouraged to practice exclusive breastfeeding. Cultural and social practices, which affects the child's health, should not be practiced. Supplementary food should be provided only after six months. Awareness campaigns should be conducted with various mediums. The community has to be informed about the proper food practice so that the child gets the required nutrition and their growth and development is not hampered.

*By Rajesh Ghimire, Kritagya Regmi and Aanchal Parajuli*

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