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.

Especially, 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. Breastfeeding is an unequalled way of providing ideal food 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 later good health. 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. About 800 000 lives among children under 5 can be saved every year globally, if all children 0–23 months are optimally breastfed (WHO, 2014g). Breastfeeding also benefits mothers through assisting in fertility control, reducing the risk of breast and ovarian cancer in later life and lowering rates of obesity.

The Global Strategy for Infant and Young Child Feeding, 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. WHO also recommends continued breastfeeding up to two years and beyond.

Globally, 38 % of infants under six months of age are exclusively breastfed (WHO, 2014g). In the Asia/Pacific region, more than half of the countries that report data have exclusive breastfeeding rates greater than the global average, but there are variations across countries (Figure 2.3.1). More than three-quarters of infants are exclusively breastfed in DPR Korea and Sri Lanka, followed by above 70% in Cambodia and the Solomon Islands, while exclusive breastfeeding rates are less than 20% in Hong Kong, China; Thailand and Viet Nam. 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.

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 next 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). Bangladesh also carried out intensive mass media campaigns that focused on maternal health, newborn care and child health, resulting in the increase of exclusive breastfeeding for the first six months from 43% in 2007 to 64% in 2011 (DHS, 2011).

In most countries in the Asia/Pacific region, exclusive breastfeeding is slightly more common among poorer women with lower education living in rural areas than richer women with higher education living in urban areas, but there are some exceptions (Figure 2.3.2). 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. In Thailand and Myanmar, women with the highest education level are much more likely to follow exclusive breastfeeding recommendations than those with the lowest education.

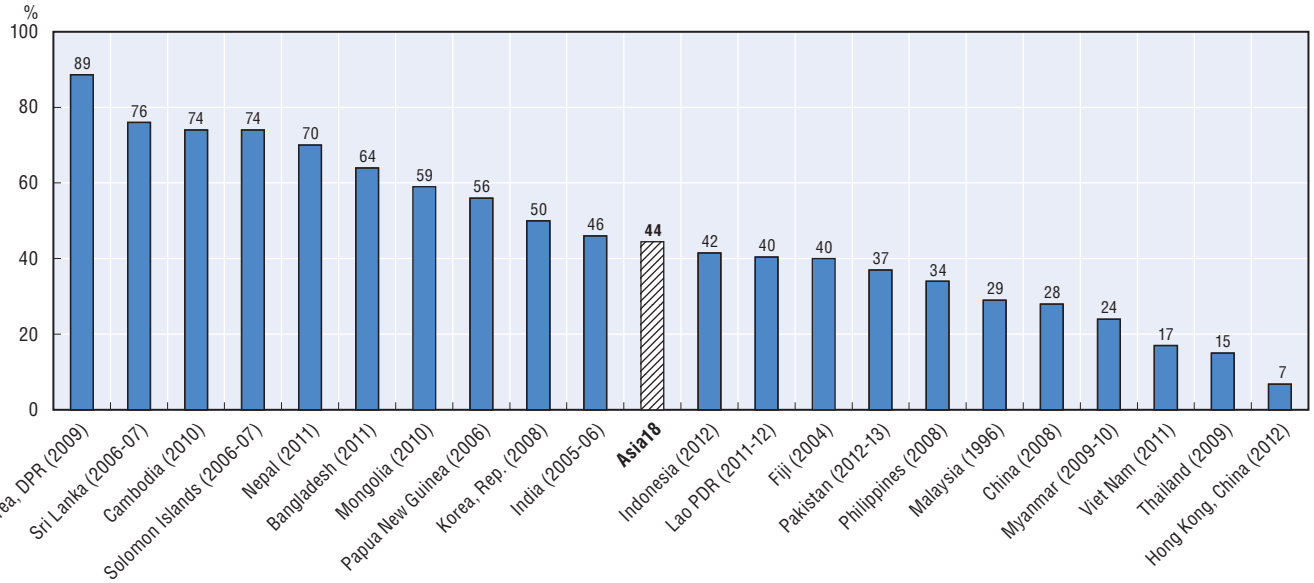
Considering the remaining high levels of childhood malnutrition (see Indicator 2.4), infant and young child feeding practices must be further improved. Even though complementary foods are introduced to a majority of infants after six months in countries with available data and most young children continue to be breastfed at 12-15 months (Figure 2.3.3), early initiation and exclusive breastfeeding rates remain low in most countries. Less than half of all infants under six months in Asia are exclusively breastfed. Complementary foods are not introduced to the majority of children in DPR Korea, Thailand and China between 6-8 months, and less than 40% of young children are continuously breastfed through the first year of life in Thailand and China.

Definition and comparability

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

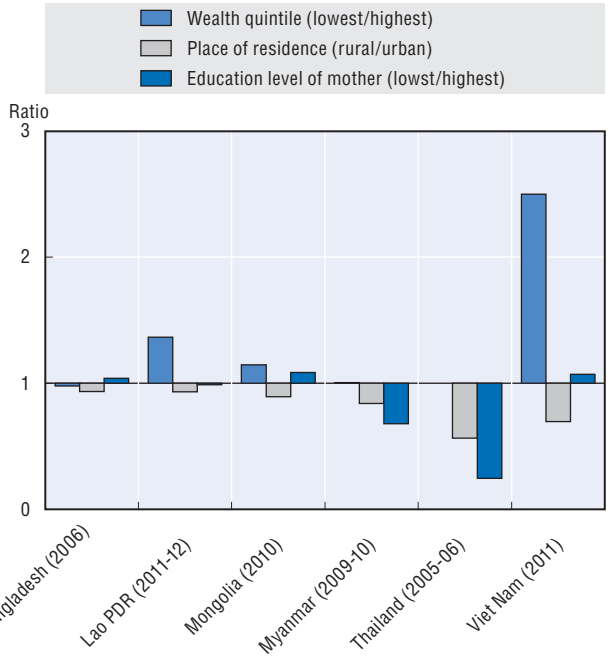
The usual sources of information on the percentage of infants and young child feeding practices are household surveys.

2.3.1. Infants exclusively breastfed for first six months of life



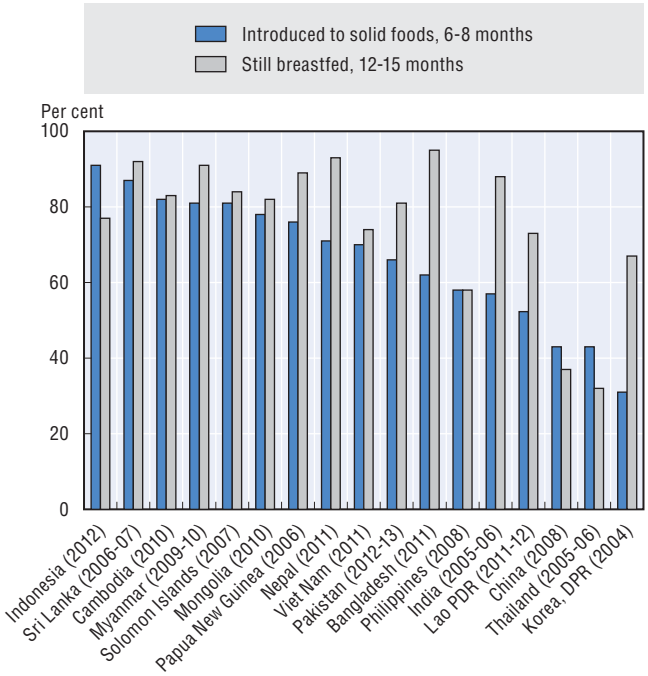
Source: DHS & MICS surveys 2005-13, WHO GHO 2014, and Survey on Diet and Nutrient intake, Hong Kong, China, 2012.

2.3.2. Exclusive breastfeeding of infants during first six months, by socio-economic and geographic factor, selected countries and years



Source: DHS & MICS surveys 2005-13.

2.3.3. Feeding after age six months, selected countries and years



Source: DHS & MICS surveys 2005-13 and UNICEF Childinfo.

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