

One-Year Survey Shows Improvements in Infant and Young Child Feeding Practices

International guidelines recommend that infants be breastfed within an hour of birth, be exclusively breastfed for the first six months of life, and then be introduced to complementary foods while breastfeeding continues for up to two years. These practices, known as infant and young child feeding (IYCF) practices, are essential for the nutrition and overall health and development of children around the world.

The Government of Bangladesh has made a strong commitment to improving IYCF practices. The country's breastfeeding culture is strong, and demographic and health survey data from 1993 to 2011 show that many indicators of good breastfeeding and complementary feeding practices are improving. However, the most recent demographic and health survey data show that other indicators are stagnating. For example, the proportion of young children with adequate

dietary diversity was 25.2 percent in 2011 and 27.6 percent in 2015; the proportion with adequate meal frequency was 64.5 percent in 2011 and 63.6 percent in 2015.

Inspired by the Bangla term "*shisukekhawano*," which means infant and young child feeding, the SHIKHA project works to improve nutrition among pregnant women and children ages 0 to 2 in rural Bangladesh. It is based on a programmatic approach developed and proven by Alive & Thrive to effectively improve IYCF practices in developing countries. When it began in 2013, SHIKHA also added a unique maternal nutrition component to its five core IYCF interventions.

A household survey after one year of SHIKHA's implementation has shown that—even in a short amount of time—the IYCF interventions have had a positive effect. Breastfeeding and complementary feeding practices have increased in the project areas, as have handwashing practices, which are important for keeping children safe from infection during feeding.



FIVE CORE INTERVENTIONS

- 1. Home visits:** Nutrition workers counsel pregnant women and young mothers about maternal nutrition and IYCF.
- 2. Community mobilization:** Orientation sessions with fathers, doctors, religious leaders, and the local government promote good maternal nutrition and IYCF practices.
- 3. Health forums:** Meetings are held with pregnant women, mothers, mothers-in-law, adolescents, and other community members to discuss health, nutrition, and hygiene.
- 4. Antenatal and postnatal sessions:** Community health workers provide pregnant and lactating women with medical care and counseling about maternal nutrition and IYCF.
- 5. Media campaign:** A mass media campaign reaches villages that lack access to nationally televised advertisements on IYCF and handwashing.

Household Surveys

SHIKHA's one-year progress was determined by comparing the results of a one-year household survey with the results of a baseline household survey conducted in November and December 2013, when the SHIKHA interventions were beginning. The one-year survey was conducted from December 2014 to March 2015 in 255 villages from 10 of the 26 subdistricts receiving the interventions.

As part of both surveys, approximately 1,500 mothers with children ages 0–23 months were interviewed about their IYCF practices. The interviews focused on seven of the eight World Health Organization core indicators for assessing breastfeeding and complementary feeding practices, as well as on handwashing practices.

Key Findings

BREASTFEEDING

- Early initiation of breastfeeding increased significantly from 61.1 percent to 66.8 percent among infants ages 8 months and younger ($p < 0.05$).
- Exclusive breastfeeding under 6 months increased significantly from 78.4 percent to 83.8 percent ($p < 0.05$).

WORLD HEALTH ORGANIZATION CORE INDICATORS

- 1. Early initiation of breastfeeding:** Proportion of children under 24 months of age who were put to the breast within one hour of birth.
- 2. Exclusive breastfeeding under 6 months:** Proportion of infants ages 0–5 months who received only breast milk the previous day.
- 3. Continued breastfeeding:** Proportion of children ages 12–15 months who received breast milk the previous day.
- 4. Introduction of solid, semi-solid, or soft foods:** Proportion of children ages 6–8 months who received solid, semi-solid, or soft foods the previous day.
- 5. Minimum dietary diversity:** Proportion of children ages 6–23 months who received foods from at least four food groups the previous day.

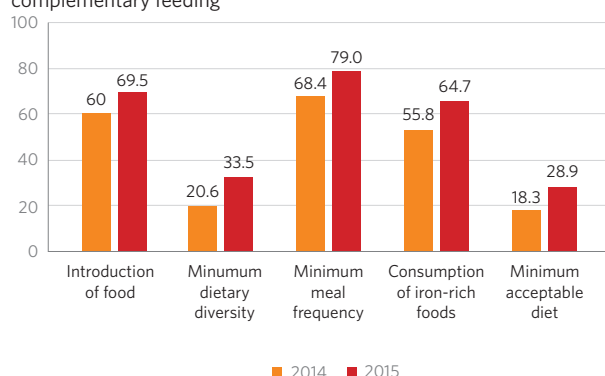
- 6. Minimum meal frequency:** Proportion of children ages 6–23 months who received solid, semi-solid, or soft foods the minimum number of times or more the previous day. Minimums are two times for breastfed children ages 6–8 months, three times for breastfed children ages 9–23 months, and four times for non-breastfed children.
- 7. Minimum acceptable diet:** Proportion of children ages 6–23 months who received a minimum acceptable diet apart from breast milk the previous day. For breastfed children, a minimum acceptable diet refers to both minimum dietary diversity and minimum meal frequency. For non-breastfed children, it refers to minimum dietary diversity only.
- 8. Consumption of iron-rich or iron-fortified foods:** Proportion of children ages 6–23 months who received an iron-rich food or iron-fortified food the previous day.

The largest increases were for older infants, suggesting that the interventions successfully encouraged mothers to exclusively breastfeed for the recommended time frame.

COMPLEMENTARY FEEDING

- The introduction of solid, semi-solid, or soft food improved significantly from 60.0 percent to 69.5 percent ($p < 0.05$).
- Minimum dietary diversity increased significantly from 20.6 percent to 33.5 percent ($p < 0.001$).
- Minimum meal frequency increased significantly from 68.4 percent to 79.0 percent ($p < 0.001$).
- Consumption of iron-rich foods increased significantly from 55.8 percent to 64.7 percent ($p < 0.05$).
- Minimum acceptable diet increased significantly from 18.3 percent to 28.9 percent ($p < 0.001$) (**Figure 1**).

Figure 1. Percentage of children who received optimal complementary feeding



HANDWASHING

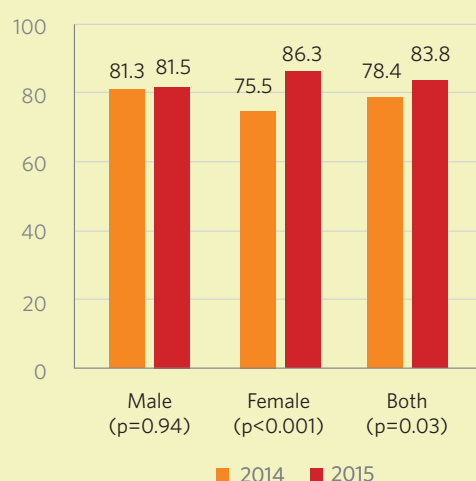
- Based on observations of the data collectors, the proportion of child-feeding areas that contained handwashing stations more than doubled, from 12.2 percent to 26.5 percent ($p < 0.001$).
- Mothers of children ages 6–23 months reported washing their hands more frequently when their hands

were dusty, before eating, before preparing food, after using the toilet, and before feeding their children.

EXCLUSIVE BREASTFEEDING: BOYS VERSUS GIRLS

Data on exclusive breastfeeding showed that, for this indicator, female infants benefited the most from the SHIKHA interventions (**Figure 2**). While the proportion of male infants who were exclusively breastfed stagnated, the proportion of female infants who were exclusively breastfed increased very significantly from 78.4 percent at baseline to 83.8 percent at one year—an improvement of nearly 11 percent. The project is exploring the possible reasons for this finding and whether male children are being offered breast milk substitutions.

Figure 2. Percentage of infants under 6 months who were exclusively breastfed



RESOURCES

- Hanif HM. Trends in infant and young child feeding practices in Bangladesh, 1993–2011. *Int Breastfeed J*. 2013;8(1): 10.
- World Health Organization. Indicators for assessing infant and young child feeding practices. Conclusions of a consensus meeting held 6–8 November 2007 in Washington D.C., USA. Geneva: World Health Organization; 2008.