Editorial

INFANT AND YOUNG CHILD FEEDING (IYCF) PRACTICES NEED A FILLIP

Deoki Nandan* and Shariqua Yunus**

About 35 per cent of the children under five years of age die each year due to under-nutrition, and many more are permanently disabled by the physical and mental affects of a poor dietary intake in the early years of their lives. By the time children reach their second birthday, if under-nourished; they could suffer from irreversible physical and cognitive damage, affecting their future health, economic well-being and welfare. The consequences of insufficient nourishment continue into adulthood and are passed on to the next generation. As per the National Family Health Survey-III (2005-'06), 48 per cent of the children under-five years of age are stunted and 43 per cent are underweight in India. The survey also establishes the fact that the proportion of children who are stunted or underweight increases rapidly with the child’s age during 6-23 months. It may also be noted from the survey data that even during the first six months of life, when most babies are breast-fed, 20-30 per cent of the children are under-nourished as per the three nutritional indices namely, stunting, wasting and underweight. The major reason for such poor nutritional status amongst children is inappropriate, inadequate and faulty infant and young child feeding practices.

Optimal infant and young child feeding (IYCF) practices form the cornerstone of child care and development. According to the Lancet Series on Child Survival, infant and young child feeding ranks among the most effective interventions to improve child nutrition/health and reduce child mortality. The achievement of universal coverage of optimal breast-feeding could prevent 13 per cent of the deaths occurring in children less than 5 years of age globally while appropriate complementary feeding practices would result in an additional 6 per cent reduction in under-five mortality. Optimal infant and young child feeding practices as recommended by the World Health Organization includes early initiation of breast feeding i.e., within an hour of birth; exclusive breast-feeding till 6 months of age; and introduction of complementary feeding at 6 months while continuing breast-feeding up to 2 years or beyond.

In India, as per figures available from the district Level Health Survey (DLHS, 2007-'08), only 40.2 per cent of the children under three years are breast-fed within one hour of birth, 46.4 per cent of the children aged 0-5 months are exclusively breast-fed, 24.9 per cent of the children aged 6 to 35 months are breast-fed for at least 6 months and a miniscule 23.9 per cent of the children aged 6 to 9 months receive solid, semi-solid foods and breast milk. According to the recently concluded WHO-INCHEN study, the reasons for such abysmally low levels of good IYCF practices points to myths/misconceptions amongst the mothers and key decision makers in the family about feeding, limited availability of time with the mothers for preparation of modified

*Director, National Institute of Health and Family Welfare, Munirka, New Delhi-110067; **Programme Officer (Health and Nutrition), World Food Programme, UNDAF Cluster on Hunger and Malnutrition (UNDAF Cluster on Hunger and Malnutrition is chaired by the World Food Programme (WFP) and has WHO, UNICEF, FAO, Sol Ex and UNRCO as members).
home food and active feeding for under-two children, consequent dependence on commercially available ready to eat food in the market and inadequate responsiveness of the government health system and schemes to address the issue of under-nutrition. According to the study, mothers in most of the households in India have little time for preparing special foods for infants and small children or modifying the food cooked for the adults. Further, while breast-feeding and child feeding are natural acts, they are also learned behaviours. An extensive body of research has demonstrated that mothers and other caregivers require active support for establishing and sustaining appropriate IYCF practices. However, this aspect of child health is often not well addressed in the basic training of doctors and nurses and other allied health and nutrition personnel. Because of lack of adequate knowledge and skills, health professionals in fact are often barriers in improving IYCF practices.

The Government of India is cognizant of the importance of IYCF and the need to improve infant and young child feeding practices in the country. The Government has launched a series of schemes and programmes to this effect. While recognizing the value of the range of programmes under various Government ministries and departments, gaps in the IYCF interventions have been noted both at the level of policy and individual capacities. These gaps can be addressed through the introduction of policy protocols, inter-sectoral convergence and coordination, advocacy and communication, capacity building and empowerment, and community involvement.

National guidelines on IYCF and existing strategies like IMNCI (Integrated Management of Neonatal and Childhood Illness) need to be widely disseminated and implemented. A cadre of nutrition counsellor needs to be created in all institutions where deliveries are conducted. Further, there is an imperative need to revitalize the “Baby-friendly Hospital Initiative” and strengthen the implementation of the IMS Act. A joint operational framework for optimal IYCF must be developed between the ministries of Health and Family Welfare and Women and Child Development to achieve the convergence of purpose, synergy in implementation and joint monitoring. Opportunities for behavioural change are diverse and need to be coordinated at the local, district, state and national levels with programmes reaching caregivers of children under two (NRHM & ICDS). All hospitals, maternity establishments, health and ICDS staff need to be directed to counsel pregnant/lactating mothers at every possible opportunity on the benefits of appropriate IYCF. An extensive and focused communication campaign on IYCF needs to be launched to address all target groups including counseling to mothers through health and Anganwadi centres. There is a need to harmonize behavioural change communication goals across all levels and sectors including media. Media and other stakeholders need to be engaged to ensure continued attention to nutrition and a focus on children under-two. It is imperative to build knowledge, capacity for behaviour change communication, counselling and develop problem solving skills among Anganwadi Workers (AWWs), Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs) for improving the IYCF practices. It is not only important to build the capacities of the field level functionaries but the medical and paramedical personnel at the hospitals and health centres as well need to be capacitated in the area of IYCF as they are the first point of contact in cases of institutional deliveries. Often, it is observed that the mothers in the community are committed to feed their children as per the desired IYCF practices but the requisite community support is missing. Hence, there is a need to sensitize the entire communities to the needs of children under-two, including family members, panchayat members, women’s groups,
mothers’ committees and other local resource groups. The participation of fathers and elders in the family in child care and sharing household responsibilities are important for improving IYCF practices. The community support groups have a vital role in providing information on correct IYCF practices and supporting mothers in problem solving and care seeking.

Optimal IYCF practices have the potential in preventing under-five child deaths. The policy and strategies of the Government of India provide a favourable environment for the implementation of this low-cost intervention. The practice of breast-feeding children is culturally acceptable; however, the community practices related to early initiation and exclusive breast-feeding for six months and optimal complementary feeding from six months of age needs to be strengthened. This can be achieved through catalytic inputs and inter-sectoral convergence and coordination to overcome the barriers in the efficient implementation of the robust Government programmes in place.