

Strategy of national nutrition and current IYCF & child health situation in Bangladesh

Volume 5 Issue 9 - 2016

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Received: October 29, 2016 | **Published:** December 29, 2016

Introduction

Appropriate feeding practices are essential for proper nutrition, growth, development & Survival of infant and young children. These feeding practices which include both Breast Feeding & Complementary feeding are collectively known as infant and young child feeding (IYCF) practice. It includes (i) early initiation of breast feeding (ii) Exclusive Breast feeding (iii) Complementary feeding and (iv) Continued Breast feeding upto 2 years and beyond along with safe complementary food. Infants in Bangladesh improve slightly in their linear growth after birth due to the protective effects of exclusive breastfeeding but after about 3 months, growth declines sharply due to poor IYCF combined with infections up to about 18 months of age Graph 1. Damage to growth and development before the age of two years is largely irreversible. This means IYCF should be the highest health priority for health care providers and families of young children.)

Situation analysis of IYCF in Bangladesh

Compared to recommended practices shown in Table 1 much needs to be done to improve the current situation. Many infants and young children do not receive the benefits of optimal breastfeeding. Bangladesh is committed to end preventable child death by 2035 and bring down NMR < 12/1000 live birth by 2030 and < 10 by 2035 and under 5 mortality to < 25 by 2030 and < 20/1000 live birth by 2035. Though Bangladesh has gained much achievement in reducing under 5 mortality by 2015 (Achieved MDG – 4). Poor breastfeeding and complementary feeding practices are widespread, particularly in South Asia, leading to the excessively high levels of mortality and stunting in this region. Initiation of breastfeeding is often delayed, increasing neonatal mortality. Water, honey, tea, glucose water are sometimes given mistakenly causing delayed breast milk supply, infections from contamination, and creating barriers for effective suckling by the newborn.

Complementary foods are often introduced too early or too late and are often nutritionally inadequate and unsafe. Fortunately, there have been improvements in exclusive breastfeeding trends globally. More than 25 countries, including Bangladesh have seen over 20% point increases in levels of exclusive breastfeeding. In Bangladesh, complementary feeding is started in infants of 6 to 9 months but the quality of complementary feeding remains poor and child growth declines rapidly.

Table 1 Child Health Situation in Bangladesh

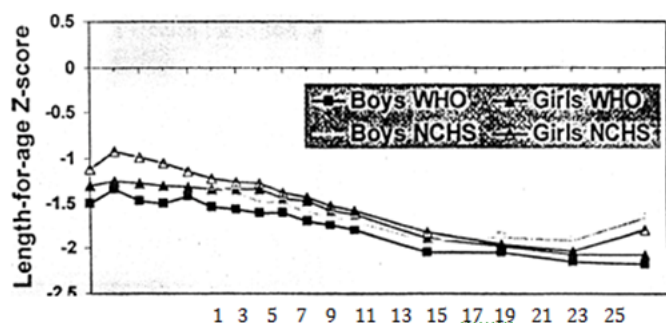
Indicator	Ratio/Rate	Source
Neonatal Mortality Rate	23/1000 Live Birth	(UN 2015)
Infant Mortality Rate	31/1000 Live Birth	(UN 2015)
Under five Mortality Rate	38/1000 Live Birth	(UN 2015)
Low Birth Weight	36/1000 Live Birth	NLBS 2004
Stunting (Low height for age)	41%	BDHS 2011

Indicator	Ratio/Rate	Source
Early initiation of breast feeding	43%	BDHS 2007
Exclusive Breast Feeding (<6 months)	64%	BDHS 2011
Adequate Complementary Feeding	21%	BDHS 2011
Hand washing with soap before preparing foods & feeding child	<5%	Shewa-B Health Impact study 2010, ICDDRDB
Counseling on IYCF by H&FW workers during ANC & EPI	<10%	Alive & Thrive Formative Research 2009

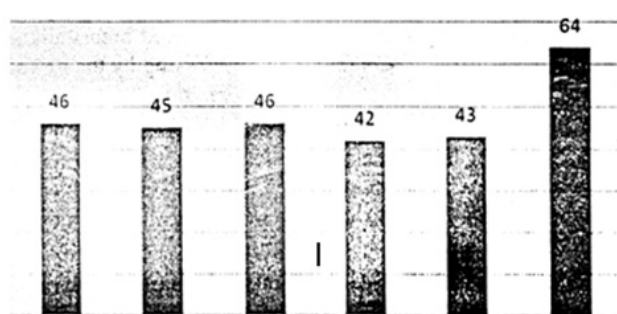
Child nutrition and IYCF in Bangladesh

- I. In Bangladesh 64% children of 0-6 month's breast feed exclusively. As result only these children get complete benefit from breast feeding.
- II. Only 21% children of 6-23 months get adequate complementary feeding. Even middle and higher class family also do not give adequate complementary foods to their children.
- III. According to a large survey in 2010 (Shewa-B, ICDDRDB) less than 5% of mothers and caregivers washed their hands before feeding young children.
- IV. Most mothers do not receive support and guidance on IYCF to improve their practices; less than 10% health and family welfare workers provide advices to the mothers about infant and young child feeding during ANC visit and EP1 services.
- V. Under-nutrition in children less than 2 years is a major public health problem- one of the highest in the world. Nutritional indicators continue to lag with 4J% children stunted.

VI. The major causes of neonatal and infant mortality and child under-nutrition are suboptimal breastfeeding and complementary feeding (Graphs 1–3).

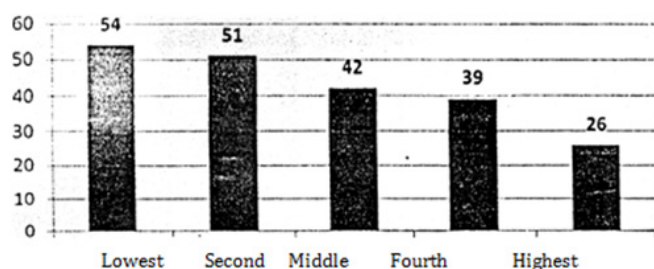


Graph 1 Growth of children in the first two years in Bangladesh Source: K. Saha et al. 2009.



Graph 2 Percent of children under 6 months who are exclusively breastfed in Bangladesh.

Graph 3 Complementary Feeding by Household Wealth Quintiles (BDHS 2007).



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Long term consequences of under nutrition

During fetal life and the first two years after birth, nutritional requirements to support rapid growth and development are very high. Average height for age scores are already low at birth in several regions and decline sharply during the first 24 months of life, but they show no further decline or any improvement ultimately leading to short stature.

Why stunting matters

Children throughout the world can reach their growth potential if they are nurtured in healthy environments and their caregivers follow recommended health, nutrition, and care practices. Stunting indicates a failure to achieve one’s genetic potential for height. The main causes of stunting include intrauterine growth retardation, inadequate

nutrition to support the rapid growth and development of infants and young children, and frequent infections during early life. Although a child may not be classified as stunted until 2-3 years of age, the process of becoming stunted begins in vitro. The process of becoming stunted begins in vitro. The result a very short height usually reflects the persistent, cumulative effects of poor nutrition and other deficits that often span across several generations.

Consequences of stunting

Childhood stunting is related to long term consequences in two ways:

- As a direct cause of short adult height and sub optimal function later in life as a key marker of the underlying processes in early life that lead to poor growth and other adverse outcomes.
- The study group concluded that small size at birth and childhood stunting were linked with short adult stature, reduced lean body mass, less schooling, diminished intellectual functioning, reduced earnings, and lower birth weight of infants born to women who themselves had been stunted as children. Recent evidence also indicates that children born to women who are stunted are at greater risk of dying than children of mothers with normal height.

Investing in early childhood nutrition: program and policy options

To achieve significant improvements in child nutrition, health, and survival, countries need to develop a comprehensive policy that includes actions to address the immediate causes of child under nutrition inadequate food and nutrient intake and poor health as well as the underlying causes poverty, lack of access to food, inadequate maternal and child care, low education, and limited access to water, sanitation, and health facilities. By combining programs and policies that address the environment in which under nutrition occurs Characterized by poverty, food insecurity, gender inequity, and low access to services with direct, targeted nutrition interventions, developing countries can generate an enabling environment for sustained improvements nutrition and derive enormous benefits for individuals and for their whole economy.

Interventions to address the immediate causes of under nutrition

The lancet series on Maternal and child under nutrition published in early 2008 identifies. A series of effective targeted nutrition interventions are identified which if implemented at scale during the window of opportunity from pregnancy through the Childs second birthday, could reduce the under nutrition related mortality and disease burden by 25 percent in the short term. The recommended interventions focus on preventing under nutrition through improved maternal nutrition during pregnancy, optimal and timely infant and young child breastfeeding, and complementary feeding practices combined with vitamin A and zinc supplementation and hygiene interventions.

Conclusion

Bangladesh is committed to end preventable child death and bring down Neonatal and under five mortality significantly by 2035 Bangladesh’s child survival call for action under “A promise Renewed” declared in July 2013 endorsed 13 maternal, child health and newborn strategies to achieve this goal. Under nutrition should be prevented by appropriate IYCF practice to cut down mortality.

Community mobilization and participation, effective utilization of community health workers (HA, FWA) and community clinic health care providers (CHCPs) and finally political commitment of ruling government with the support of development partners, we shall reach the target of SDG by 2035.¹⁻⁴

Acknowledgements

None.

Conflict of interest

The authors declare no conflict of interest.

Funding

None.

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