

7. Global data on child-feeding practices

7.1 Prevalence of breast-feeding and complementary feeding by age and region

There is a vast amount of information on infant feeding practices in different countries and regions throughout the world. The literature includes data not only on the rates and duration of breast-feeding but also on the determinants of various feeding practices. In addition, WHO has recently developed a global data bank on breast-feeding with information from numerous surveys in all regions (WHO, 1996e), including data collected by the World Fertility Survey and the Demographic and Health Surveys (DHS). This data bank will be continuously updated and lists data (whenever available) for several different indicators, including the percentage of infants ever breast-fed; the mean and median duration of breast-feeding; the percentage exclusively breast-feeding at 1, 2, 3, 4, 5 and 6 months; the percentage of infants under 4 months who are exclusively or predominantly breast-fed; the "timely complementary feeding" rate; the rates of continued breast-feeding at 1 and 2 years; and the percentage of infants under 12 months receiving anything by bottle.

For the sake of brevity, and because breast-feeding rates were recently summarized by Saadeh et al. (1993) and WHO (1996e), this section will be confined to recent data that have been compiled at the regional level, primarily from developing countries. The determinants of breast-feeding will not be reviewed, as this topic is outside the scope of this paper.

7.1.1 Breast-feeding initiation

The percentage of infants who are ever breast-fed varies considerably among regions and among countries within a region (Saadeh et al., 1993). DHS data from surveys carried out between 1984 and 1990 (Perez-Escamilla, 1993a; Perez-Escamilla, 1993b) indicate that in Africa the rate of breast-feeding initiation in each country ranged from 92% to 99%, whereas in Latin America and the Caribbean the range was much wider, from 77% to 94%. Comparable data (i.e. the range across developing countries) have not been published for Asia, but data summarized by WHO for the period of 1980-1989 (Saadeh et al., 1993) indicate a rate of 63-89% in the Western Pacific Region and 73-94% in the South-East Asia Region. Breast-feeding rates are higher in rural areas than in urban areas in all regions.

There is little information on the timing of initiation of breast-feeding after delivery. In many cultures, colostrum is reportedly withheld for up to 3 to 4 days, primarily because it is believed to be harmful to infants. A survey of the Human Relations Area Files showed that the delay in initiating breast-feeding was more than 2 days in 50 of the 120 cultures with relevant information in the files (Morse, Jehle & Gamble, 1990). In many cases, substitute prelacteal feeds are given until the "true" milk has come in. However, while the

beliefs underlying the withholding or discarding of colostrum may be widespread (Gunnlaugsson & Einarsdottir, 1993; Gunnlaugsson, da Silva & Smedman, 1992), there is considerable variability within cultures with regard to actual practices: in a recent study of 248 mothers in Bangladesh, for example, no infant was totally deprived of colostrum, and almost 30% of infants were breast-fed within the first 24 hours (Rizvi, 1993). "Discarding" of colostrum may entail the expression of only a few drops. Thus there is a need for careful questioning in surveys collecting data on the timing and exclusivity of breast-feeding in the first few days postpartum.

7.1.2 Prevalence of exclusive breast-feeding in the first 4 months

There is a paucity of accurate information on the prevalence of exclusive breast-feeding, in part because many past surveys did not ask the appropriate, specific questions regarding the use of other fluids and foods. With increased attention to this issue there are now some data from a number of countries, which have been tabulated by WHO (1996e) and are shown in Table 36. The exclusive breast-feeding rates for infants less than four months of age are generally lower than desired, ranging from 19% in Africa to 49% in south-east Asia. Only a few countries report a prevalence of more than 45%. In West Africa, where water supplementation is prevalent, the rates of exclusive breast-feeding are less than 10%. These estimates are consistent with most other reports (Saadeh et al., 1993) and indicate that at present, most breast-feeding mothers in developing countries use other fluids and foods within the first four months. However, when promotion of exclusive breast-feeding is intensive, these practices can change substantially (Valdés et al., 1993; Alvarado et al., 1996; Haider et al., 1998).

Data on infant feeding practices also indicate widespread use of feeding bottles to provide fluids other than breast milk. Data on bottle use in the first six months from 22 national surveys in developing countries were compiled by Boerma et al. (1991). Only 6 of the 22 countries had a bottle use rate of less than 20% (all of which were in sub-Saharan Africa). The range was 2-48% in Africa, 53-63% in Asia and 32-87% in Latin America and the Caribbean.

7.1.3 Rates of timely complementary feeding

The "timely complementary feeding" rate is defined by WHO as the percentage of infants 6-9 months of age who are fed solid or semi-solid complementary foods in addition to breast milk. When this percentage is low, it may be because such foods are not consumed by many children, or the rate of breast-feeding at 6-9 months of age is low, or both. Data for this indicator from the WHO data bank are still being compiled; at present there are no regional summaries. Within Africa, data for 1988-1993 indicate a range from 30% in Guinea to 94% in Zimbabwe, with the average for 18 countries being 66%. As mentioned above, it is generally more common for other foods and fluids to be added too early (e.g. before four months) than too late, although the items consumed may not fall under the WHO definition of complementary foods (i.e. solids or semi-solids) and are often of low

Table 36. Exclusive breast-feeding and median duration of breast-feeding: a global and regional overview, 1996

WHO Region	Countries of the region included ^a		Infants in the region included ^b		Exclusive breast-feeding rate < 4 months of age ^c	Median duration of breast-feeding	
	Total No. of infants (millions)	Total No. of countries	(No.)	(%)			(%)
Africa	23.3	46	25	54	71	19	21
The Americas	16.0	35	14	40	38	34	10
South-East Asia	42.2	10	5	50	93	49	25
Europe	11.5	50	4	8	19	16	11
Eastern Mediterranean	15.5	22	11	50	84	36	19
Western Pacific	28.7	27	2	7	7	33	14
World total	137.2	190	61	32	58	35	18

Source: WHO Global Data Bank on Breast-feeding

^a Includes countries for which nationally representative data are available.

^b Percentage of children less than one year of age by region for which nationally representative data are available.

^c Percentage of infants under four months of age whose sole source of nourishment and fluid intake is breast milk.

nutritional value. However, in some regions (e.g. south Asia), delayed introduction of complementary foods is common. Regardless of the timing of complementary foods, the nutritional and hygienic quality of the foods is of concern in all regions

7.1.4 Duration of breast-feeding

There is considerable variation in the duration of breast-feeding both across and within regions (Saadeh et al., 1993). In Africa, median duration ranged from 15.2 to 24.4 months in 1986-1990 (Perez-Escamilla, 1993a). In Latin America and the Caribbean, median duration ranged from 9 to 18 months in urban areas and from 10 to 22 months in rural areas (Perez-Escamilla, 1993b). Data from Asia have not been compiled in a similar fashion, but WHO data (1996e) indicate an average duration of 14 months in the Western Pacific Region and 25 months in the South-East Asia Region (Table 36). WHO is still compiling data on the continued breast-feeding rates at 1 and 2 years of age.