



Our Window of Opportunity

Strengthening Bangladesh's future through policies and programs to improve infant and young child feeding and nutrition



Our Window of Opportunity

We can save millions of children's lives and increase economic opportunity in Bangladesh by improving feeding practices and nutrition for infants and young children. For individuals, good nutrition helps ensure a healthy and productive life. For our country, it is critical to achieving the Millennium Development Goals and securing long-term social and economic development.

However, undernutrition is a crisis situation in Bangladesh. Almost half of children age five and younger suffer from poor nutrition:

- 43% of children are stunted, or too short for their age
- 17% of children are wasted, or too thin for their height
- 41% of children are underweight
- 47% of children are anaemic¹

The time between a child's birth and two years (24 months) of age is a critical window of opportunity to prevent the harmful effects of poor nutrition through good feeding practices. Even mild or moderate undernutrition during this period can cause irreversible and life-long damage. We can teach mothers and families to adopt **three essential feeding practices** for babies:

- Exclusive breastfeeding for the first six months (180 days)
- Feeding babies and children beginning with the seventh month through the second year of life (from six through 23 months of age) a variety of healthy foods, preferably homemade food, in sufficient quantities
- Washing hands with soap before preparing food and feeding young children

Research shows that we can prevent child deaths² and provide better health for generations to come by promoting good feeding practices.

Reaching Health and Economic Goals by Reducing Undernutrition

Health Impact

Poor nutrition is a life-threatening and largely preventable condition. For infants and young children, poor nutrition:

- Weakens the immune system²
- Stunts growth³
- Damages physical, mental, and brain development³
- Increases the risk of severe infectious diseases³

As undernourished children become adults, they are more likely to suffer from chronic diseases like diabetes, heart disease, obesity, and high blood pressure.³

Economic Impact

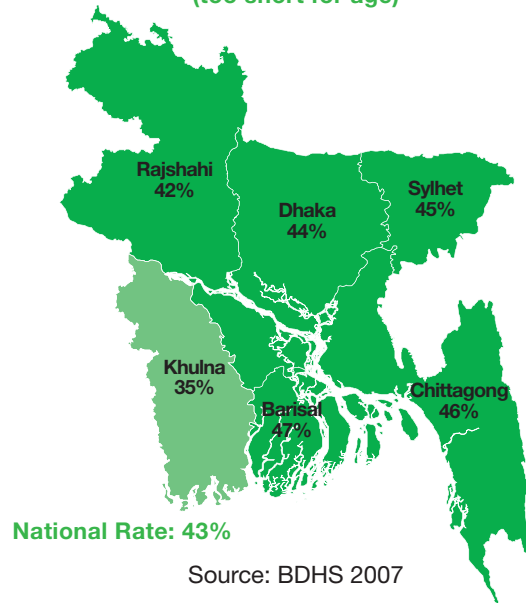
Undernutrition is both a cause and a result of poverty. Children who are undernourished:

- Have less capacity to learn and are less likely to finish school³
- Grow into shorter adults, and women are more likely to have small and underweight babies, which leads to a cycle of poor nutrition and poverty³
- Have 10% lower earnings over their lifetime⁴
- Require more health care expenditures and treatments

The World Bank estimates that undernutrition can cost up to 3% of a country's gross domestic product.⁵

Stunting is very common all over Bangladesh

Percent of children under age 5 stunted (too short for age)



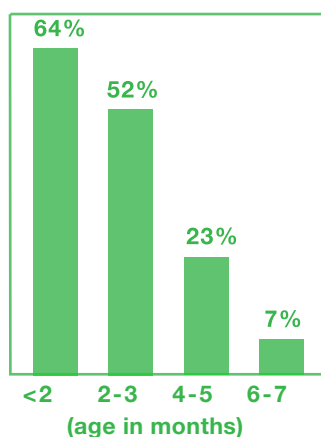
More than 2 in 5 young children in Bangladesh are more likely to suffer illness and developmental delays because of poor nutrition.

Recommended Feeding Practices for the First Two Years of a Child's Life

The Government of Bangladesh and all international health authorities recommend attainable feeding practices for young children.

Exclusive breastfeeding declines rapidly in the first six months

Percent of exclusively breastfed infants



Source: BDHS 2007

Exclusive Breastfeeding for the First Six Months

Exclusive breastfeeding is giving infants only breast milk and no other foods or liquids—not even water—for the first six months (180 days) of life. Studies show that:

- Starting breastfeeding within one hour of birth can prevent one in five newborn deaths⁶
- Breast milk has maternal antibodies that help babies fight diseases⁷
- Exclusive breastfeeding protects against infections from unclean food and liquids—a leading cause of death in Bangladesh
- Exclusively breastfed infants are at least two times less likely to die from diarrhea or pneumonia²

Unfortunately, most children in Bangladesh are not exclusively breastfed for the first six months:

- Only 43% of newborns are put to the breast right after birth
- More than six in ten newborns (62%) receive food other than breast milk during the first three days of life (prelacteal feeding), including sugar water, honey, or milk other than breast milk
- Exclusive breastfeeding rates have not increased significantly over the past 15 years

Only **1 in 4** mothers exclusively breastfeeds by the fourth month of their child's life





Feeding the Right Amount of Nutritious Foods Once a Child Reaches Six Months Through 23 Months of Age

To continue growing properly, infants need to start eating enough healthy semi-solid and solid foods once they reach six months (181 days) of age, along with continued breastfeeding. An infant or young child should eat foods from four or more food groups every day:

- This includes animal sources, vitamin-rich fruits and vegetables, dairy products, oil and fats, peas and lentils, and grains
- Foods from animals—such as eggs, meat, chicken, liver, and fish—provide energy, vitamins, minerals such as iron, and high quality protein that are essential for healthy growth

However, **less than half of children between ages 6 and 23 months and only 16% of children between 6 and 8 months of age** receive the right amount or type of local foods.

Studies show that animal foods are available in many homes. However, too few families feed them to young children.

Vitamin A is a vital nutrient that protects against infection and blindness. Every child should receive vitamin A supplements, as should mothers for the first six weeks after child birth. Children and breastfeeding women should eat vitamin A rich foods such as mangos, carrots, and spinach.

A lack of iron is a common cause of anaemia, which can slow physical, mental, and intellectual development in young children. Just one in four infants eats enough iron-rich foods such as liver, fish, and spinach.

Poor nutrition is not due entirely to poverty.

Half of Bangladesh's wealthiest families do not feed an appropriate diet to children between 6 months and 2 years old. This indicates that beliefs and a lack of knowledge, not just a lack of money or food, prevent good feeding practices and nutrition.

Recommended Feeding for Children From Birth to Age Two



Newborn

Begin breastfeeding within one hour of birth; continue breastfeeding only (no other liquids or water) for six months



Starting with 7th month (6 to 8 months)

Introduce local family foods; half of a 250 ml bowl or bati of semi or solid food two times a day, plus two snacks, along with continued breastfeeding



Starting with 10th month (9 to 11 months)

Rapidly increase the amount of food for a young child to a half bowl or bati of food three times a day, plus two snacks, along with continued breastfeeding



Starting with second year (12 to 23 months)

Rapidly increase food to one full bowl or bati of food three times a day, plus two snacks, along with continued breastfeeding



Foods to feed infants starting with the seventh month (6 through 23 months of age)

A child should be fed at least one serving from each group daily to complement continued breastfeeding:

- **Food from animals:** fish, chicken, liver, eggs, and meat
- **Vegetables:** dark green leafy vegetables (red shak and spinach), pumpkin, and carrots
- **Fruits:** ripe papaya, jackfruit, and mango
- **Pulses:** beans, peas, and lentils
- **Dairy products:** yogurt, cheese, and food cooked with whole milk like payesh, halua, and pudding
- **Grains:** rice and wheat

These foods are available in most households. Babies only need small amounts, even less than a handful, to grow properly.

Washing Hands with Soap Before Preparing Food and Feeding

In Bangladesh, almost all babies are fed by hand. This can cause infections if hands are not thoroughly washed with soap and safe water.

- Fewer than 5% of caregivers wash their hands with soap before feeding babies⁸
- Unwashed hands can spread infections, especially diarrhea and pneumonia⁸
- Caregivers can teach children to wash hands with soap before eating, and should also wash children's hands when children start to feed themselves



Overcoming Myths About Child Feeding Improves Nutrition

The Myth of Insufficient Breast Milk

Some mothers feed other liquids to their infant because they think they don't produce enough milk, or because crying means the baby is still hungry.⁹ In fact, not having enough breast milk is extremely rare. Providing counseling to mothers and families about how to keep up a good flow of milk can help increase exclusive breastfeeding.

Some doctors and health care providers reinforce this myth by unnecessarily prescribing formula or milk powder, even though mothers and families depend on them for accurate feeding advice. We can and must train and motivate doctors and other health care providers to encourage breastfeeding.

The Myth of Poor Appetite

Mothers often say that their very young children do not want to eat. In fact, this is more often because age appropriate and appealing foods have not been offered at the right time, in the right way. Teaching mothers how to introduce foods and continue appropriate feeding starting with the seventh through 23 months of age, in addition to breast milk, will improve good nutrition.



Promoting Correct Feeding Practices Reduces Poor Nutrition

Decision makers have a particularly important role to play in supporting policies and programs that help families to get the best information about feeding infants and young children. Together we can reduce poor nutrition in Bangladesh.

Doctors and Health Care Providers

Policies and programs should encourage health care providers to:

- Counsel parents on infant feeding during every visit, including family planning, maternal health, immunization, and preventive and sick child care. Just one in 10 mothers says she gets infant feeding information during these visits.⁹
- Help mothers start breastfeeding right after birth (even in caesarian section deliveries) and continue exclusive breastfeeding for six months.
- Not recommend formula, powdered milk, and other products before a child reaches six months of age.
- Emphasize the importance of feeding appropriate complementary foods, in addition to continued breastfeeding, once a child is older than six months.
- Teach mothers how to maintain their breast milk supply and how to help children with poor appetites to eat properly.
- Not recommend combined oral contraceptives with the hormone estrogen that can interfere with breastfeeding for the first six months after birth.

Mothers and Families

Policies and programs should provide enough resources to reach mothers and families, so they remember to:

- Maintain enough breast milk supply for six months of exclusive breastfeeding.
- Not make complementary foods very watery. Babies need food, not water, to grow properly.
- Not give honey and sugar water to newborns, which can cause infection and interfere with breastfeeding.
- Give children healthy foods like foods from animal sources, vegetables, and fruits instead of snacks with little nutritional value, like chips, candy, and biscuits.
- Take time and be patient when feeding young children so they eat enough.
- Wash their hands with soap and water before preparing food and feeding children.
- Give their children iron and vitamin A supplements, oral rehydration therapy with zinc during diarrhea, and de-worming medicine.

Policies and Practices Are Key to Progress

We are making progress in Bangladesh with new policies and practices to reduce undernutrition. We can continue this progress by implementing and increasing these commitments:

- **Make nutrition a national development priority.** The economic development of Bangladesh rests on a healthy, educated, and productive workforce. No country will prosper when 40% of its workforce is held back by undernutrition.
- **Support good child feeding practices in community and health services:**
 - Provide resources to train, supervise, reward, update, and monitor all levels of health care staff and community volunteers within existing health services.
 - During each health care visit, make nutrition counseling a top priority for pregnant women, mothers, adolescent girls, and families of young children.
 - Forbid health providers from promoting breast milk substitutes in health services.
 - Provide information about maternal nutrition and healthy feeding practices in schools.
- **Continue to enforce and implement existing laws and policies,** especially laws against promoting infant formula and breast milk substitutes¹⁰, and laws in support of clean and uncontaminated food. Stop faulty advertising so that wrong information does not reach health workers and local communities.
- **Promote good child feeding practices in the media** by regularly sharing feeding recommendations and information on legislation, laws and regulations, and the code of conduct for health care providers.
- **Update the IYCF National Plan of Action,** and fully fund and support its implementation.
- **Enact new laws that support women's ability to work while also maintaining optimal feeding practices.** The government allows 6 months of maternity leave for employees. This policy, along with others like providing daycare centers at workplaces, should be extended to every worker in Bangladesh.

Bangladesh can only achieve the Millennium Development Goals, including the target to reduce the prevalence of underweight children to 33% by 2015, or the Government of Bangladesh goal of reducing the prevalence of stunting among children under 5 to 38% by 2016, by taking urgent action to improve breastfeeding and complementary feeding.

Solutions Are Within Our Reach

We know what works. Simple, proven solutions to address undernutrition give families the tools to make the best feeding choices for their young children—solutions that work for all families.

It is within our reach to help millions of children in Bangladesh grow and thrive. Nutrition is a good investment that will pay for itself in future benefits and help us to achieve our health and economic goals. It is the right thing to do for our children, our families, and our nation.

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The information in this booklet comes primarily from the Bangladesh Demographic and Health Survey 2007 (BDHS), carried out by the National Institute of Population Research and Training (NIPORT) of the Ministry of Health and Family Welfare. The survey was implemented by Mitra and Associates, a Bangladesh research firm located in Dhaka. ICF Macro International Inc. provided technical assistance as part of its MEASURE DHS project. The U.S. Agency for International Development (USAID) provided financial assistance.

For additional information about the Bangladesh DHS, contact:

NIPORT
Azimpur
Dhaka, Bangladesh
Telephone: 862-5251

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