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India lags behind in Infant Mortality, Lancet Shows the Way Forward

New evidence Calls upon the Government of India to Scale Breastfeeding and Complementary Counselling to a Coverage of 99%

With the publication of the new Lancet series on maternal and child undernutrition, new hope has emerged for rapidly reducing infant mortality and improving Child Undernutrition in India. On an average, 57 infants out of 1000 live births die each year in India, with UP (73), Chhattisgarh (71) and MP (70) registering the highest deaths. The better performing states are Kerala and Goa with an IMR of about 15. 'Breastfeeding promotion' alone contributes to 11.6% reduction in IMR if coverage of promotion is 99%, and can avert 21.9 million DALYs (Disability Adjusted Life Years) at 3 years.

The new Lancet series reiterates that 'promotion' of breastfeeding and complementary feeding has to be scaled up to reach 99% coverage if we want a significant dent in both these parameters. However, it specifies that such promotion has to be 'one to one individual counselling' and 'group counselling', and not the traditional IEC campaigns. Correct counseling has the potential of increasing exclusive breastfeeding substantially during first 6 months. The new research points out that even if all other nutrition risks were addressed, a substantial number of child deaths still require interventions related to breastfeeding practices. 77% (1.06 million) child deaths attributable to suboptimal breastfeeding are due to non-exclusive breastfeeding during 0-6 months of life.

Breastfeeding Counselling is among three interventions found to have the greatest benefits. Predominant breastfeeding (breastfeeding plus water) increases the risk of child mortality 1.48 times as compared to exclusive breastfeeding. Partial breastfeeding (breastmilk plus other milks or foods) increases the child mortality 2.8 times as compared to exclusive breastfeeding. The relative risk for prevalence of diarrhea is 3 times higher and for pneumonia 1 2.5 times higher for partial breastfeeding as compared to exclusive breastfeeding. With the exception of Chhattisgarh, the rest of the Indian states have extremely low rates of exclusive breastfeeding. The national average is close to 46.4%, with Haryana being lowest at 16.9%. Clearly, exclusive breastfeeding for a period of six months is not a practice among more than 20 million infants of the 26-27 million born each year.

Other recent epidemiological evidence suggests that beginning breastfeeding within first hour would have additional benefit with regard to mortality even in exclusively breastfed infants. The Lancet series reaffirms the recommendation to begin breastfeeding immediately after delivery. According to NFHS 3, the rate of early initiation of breastfeeding is a mere 24.5% nationally, ranging between 3.7% in Bihar to 66.4% in Mizoram.

Says Arun Gupta, national coordinator of Breastfeeding Promotion Network of India (BPNI), "The Lancet series has yet again provided unequivocal evidence that one to one "breastfeeding counseling" is the most critical intervention to improve exclusive breastfeeding rates during first six months. Given the high infant mortality and undernutrition, India needs a time bound action plan for each state with earmarked budgetary resources to scale up coverage of breastfeeding and complementary feeding promotion to 100%.

According to the editor of Lancet Series, Richard Horton, "...The compelling logic of this scientific evidence is that governments need national plans to scale-up nutrition interventions, systems to monitor and evaluate those plans, and laws and policies to enhance the rights and status of women and children."

Meanwhile the World Health Organisation (WHO) has also provided evidence that suggests breastfed babies were found to have a lower mean blood pressure and lower total cholesterol, reduced prevalence of overweight/ obesity and type-2 diabetes in adulthood. The researchers also compared these effects with those observed for other public health interventions. For total cholesterol among adults, the magnitude of the

breastfeeding effect was similar to that of dietary advice in adulthood. Similarly, for the prevention of type- 2 diabetes, the magnitude was similar to that of diet and physical activity. Concerning obesity, WHO study found that breastfeeding was associated with a 22% reduction in the prevalence of overweight/ obesity. For blood pressure, the effect of breastfeeding was less than those derived from other public health interventions targeted at adults, such as dietary advice, physical activity, salt restriction, and multiple risk factor interventions.

Since breastfeeding is interfered by commercial interests, the key author, Dr. Robert Black Said Robert Black during the technical briefing on the Lancet series on maternal and child malnutrition at New Delhi on 13th May, 2008 - "wide sanctions against violations of International Code Marketing of Breast-milk Substitutes are needed at national level." He was responding to a question By Radha Holla from BPNI.

In response to a question from Dr JP Dadhich from BPNI regarding role of globalization, marketing practices and conflict of interest in the functions of a nutrition system, Dr. Black admitted that the current series has not looked into these important issues. He suggested that a separate series may be required to look into issues like globalization, climate change, food prices etc. and their role in the child and maternal nutrition.

Public health authorities are calling for breastfeeding and complementary feeding promotion to be the key strategies to reduce the burden of undernutrition, stunting and disease and prevent lifestyle diseases in adulthood.

What is keeping us back?

For questions

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