

Infant and Young Child Feeding Status in Iran Compared the Different United Nation Regions

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Dear Editor-in-Chief,

Promote and support breastfeeding is an essential element for the health and development of infants so that, it introduced as most cost-effective intervention to reduce infant mortality in developing countries (1). Breastfeeding has an important role to ensure food security for maintain a healthy and productive life for a large proportion of babies in the world, in addition, it is associated with improves intelligence quotient (IQ), school attendance and higher income in adult life (2).

World Health Organization (WHO) indicated exclusive breastfeeding for the first six months of life with starting in the first half hour after delivery for optimal growth and development (3). Early initiation of breastfeeding (first hour after birth) has positive effects on biological and emotional health for mother and child and reduces child mortality (4). It is estimated that if breastfeeding in children aged at 0-23 months have been considered optimally, among children under 5 years old globally over 800,000 life could be saved every year (2). In other hand, protect effects of breastfeeding for mothers against breast and ovarian cancer, osteoporosis have been identified (5).

Low rates and early cessation of breastfeeding can be along with important adverse effects on health. In this letter, we aimed to describe the profile of breastfeeding in Iran compared with other regions of the world, and to express some solutions for promotion of breastfeeding in regard to published studies about this matter.

Key Words: Breastfeeding, Exclusive breast feeding, Children, Iran, United Nation Regions.

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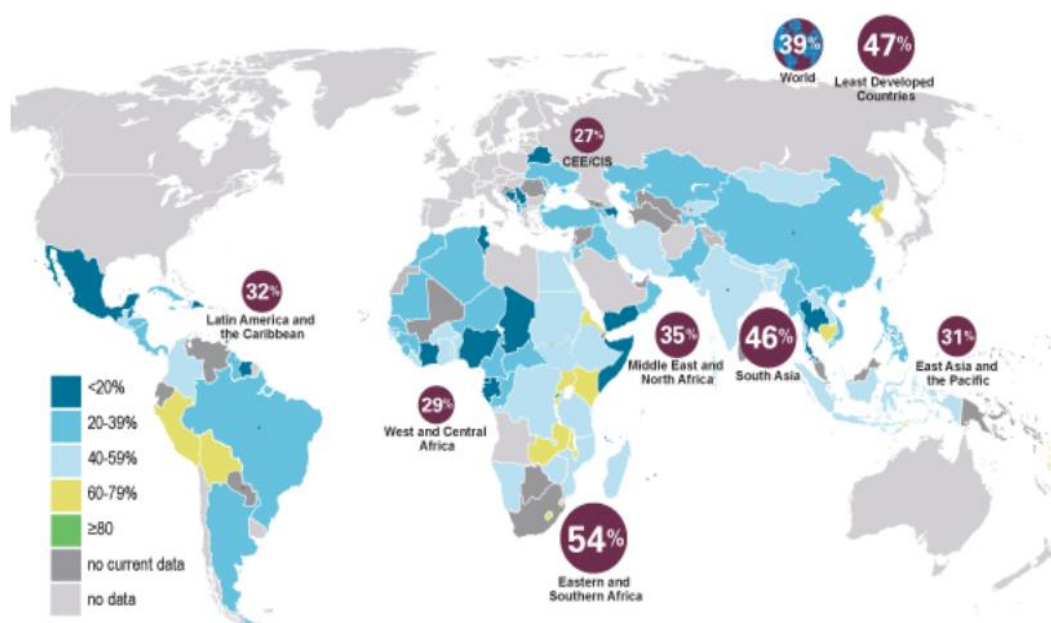


Fig.1: Globally percent of infants < 6 months of age exclusively breastfed in 2015

Table-1: Infant and young child feeding status in Iran compared different UN regions

| Regions | Early initiation of breastfeeding (<1 hour, %) | Exclusive breastfeeding (<6 months, %) | Breastfeeding at 1 year (12–15 months, %) |
|---------------------------------|--|--|---|
| Africa | 46 | 40 | 86 |
| Asia | 41 | 40 | 71 |
| Latin America and the Caribbean | 49 | 32 | 51 |
| Central and Eastern Europe | 54 | 27 | 56 |
| Iran | 69 | 53 | 84 |
| World | 44 | 39 | 74 |

As illustrated in **Figure.1** and **Table.1** (4), Africa and Southern East Asia have lower rate of exclusive breastfeeding in children under 6 month and early initiation of breastfeeding under one hour. In Iran, rate of two former indicators has higher than other part of world and the estimated global averages. Higher percentage of breastfeeding at one year was observed in Africa and Asia. In Iran percentage of breastfeeding at one year was 84% (4). In Iran compared other regions, early initiation of breastfeeding, exclusive breastfeeding and breastfeeding at one year have suitable rates; but it should be noted that about 50% of children have

early cessation of breastfeeding and the results were far from meeting the WHO recommendation (6). Some national studies indicated that considering breastfeeding in the first hour after birth can be associated with mother's educational level, gestational age, previous history of breastfeeding, vaginal delivery, infant weight, infant disease, hospitalization in Neonatal intensive care unit (NICU), rooming in and delivery in public hospitals (7). Enhancing the knowledge of mothers about importance of breastfeeding in the first 6 months of baby's life is undeniable (8). Physician's recommendation, insufficient breast milk,

maternal or infant illness and working mother are some of other causes (9). With considering and embedding some strategies into health care programs, exclusive breastfeeding can be achievable. These strategies are as follow;

1) Breastfeeding policy and/or action plans, 2) Leadership for breastfeeding promotion, 3) Training of health care staff, 4) Baby Friendly Hospital Initiative, 5) Endorsement of the WHO International Code of Marketing for breast milk substitutes, 6) Legislation for working mothers, 7) Community outreach, including mother support, 8) Information, education, communication, 9) Monitoring of breastfeeding duration and exclusiveness and 10) Activities directed towards disadvantaged groups (10).

Conclusion

Estimation of the mentioned indicators is essential to guide investment to improve nutrition and health during the first two years of life. Although, compared other UN regions, Iran has a good situation in this regard, but it is necessary the feeding status rates to be enhanced. The factors which affect these indices are various and complex, thus to achieve adequate and sustained increases in breastfeeding, many other programs including: employment legislation, widespread public education, community support and improved health care practices are needed.

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