

# Indicators for assessing infant and young child feeding practices

## PART 3 COUNTRY PROFILES





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# Introduction

Adequate nutrition is essential for children's health and development. Globally it is estimated that undernutrition is responsible, directly or indirectly, for at least 35% of deaths in children less than five years of age. Undernutrition is also a major cause of disability preventing children who survive from reaching their full development potential. An estimated 32%, or 186 million, children below five years of age in developing countries are stunted and about 10%, or 55 million, are wasted (1). Unless massive improvements in child nutrition are made, it will be difficult to achieve Millennium Development Goals 1: *Eradicate extreme poverty and hunger* and 4: *Reduce child mortality* by 2015.

Simple, valid, and reliable indicators are essential to track progress and guide investment to improve nutrition and health during the first two years of life. This document gives details on indicators for assessing breastfeeding and complementary feeding that were agreed by WHO, UNICEF and partners in 2007 (2). It presents information on infant and young child feeding practices for 46 countries for which data were available in Demographic and Health Surveys (DHS) conducted between 2002 and 2008. Several of the values have not been calculated or published before. In particular, the document includes new data on the duration of exclusive breastfeeding and the quality of complementary feeding practices. This information is crucial for programme managers to understand the constraints associated with local infant and young child feeding practices and to target appropriate programme actions.

In 1991, WHO and UNICEF published indicators for assessing breastfeeding practices that have since been widely measured and used to guide programmes (3). However, until recently, indicators to assess feeding practices in children 6–23 months of age have not been very informative. Limited knowledge about the type, scale and distribution of inadequate complementary feeding practices has hampered action to improve child feeding (4).

Child feeding practices are multidimensional and they change rapidly within short age-intervals in the first years of life. Unlike exclusive breastfeeding, which can be summarized in a single indicator, the measurement of feeding practices in children aged 6 months and older involves assessing various dimensions of feeding simultaneously. These dimensions include continued breastfeeding, appropriate timing of introduction of complementary foods, and optimum quantity and quality of the foods consumed.

In 2008, WHO published the document *Indicators for assessing infant and young child feeding practices. Part 1: Definitions* which presented fifteen indicators for assessing infant and young child feeding practices (2). The updated set of indicators includes eight core and seven optional indicators (for details, see Box 1 and the Annex). The core list includes new indicators for dietary diversity (a proxy for adequate micronutrient-density of foods and liquids other than breast milk), feeding frequency (a proxy for adequate energy intake from non-breast milk sources), and minimum acceptable diet among breastfed and non-breastfed children aged 6–23 months. The list also includes previously used breastfeeding indicators, updated indicators for exclusive breastfeeding in infants aged less than 6 months and appropriate breastfeeding in children aged less than 24 months. Other dimensions of optimum feeding, such as responsive feeding and adequate texture of food, are not yet included as they require more complex measurement approaches.

## Box 1. Summary list of infant and young child feeding indicators

### Core indicators

Early initiation of breastfeeding  
 Exclusive breastfeeding under 6 months  
 Continued breastfeeding at 1 year  
 Introduction of solid, semi-solid or soft foods  
 Minimum dietary diversity  
 Minimum meal frequency  
 Minimum acceptable diet  
 Consumption of iron-rich or iron-fortified foods

### Optional indicators

Children ever breastfed  
 Continued breastfeeding at 2 years  
 Age-appropriate breastfeeding  
 Predominant breastfeeding under 6 months  
 Duration of breastfeeding  
 Bottle feeding  
 Milk feeding frequency of non-breastfed children

In this document, thirteen of the above indicators are presented by country. The indicator 'Exclusive breastfeeding under 6 months' is further disaggregated for infants 4 to 6 months of age. The indicators 'Minimum meal frequency' and 'Minimum acceptable diet' are only reported for breastfed children, because the necessary information for calculating these indicators for non-breastfed children was not available. The indicators 'Consumption of iron-rich or iron-fortified foods' and 'Milk feeding frequency of non-breastfed children' are not reported, because relevant data were not collected.

The data are presented in country profiles that include graphs with breastfeeding and complementary feeding indicators, as well as an area graph to illustrate the progression of infant and young child feeding practices over time. Data on mortality and nutritional status of children under five years of age are also presented for each country. In addition, the document includes summary tables by indicator to allow for a rapid overview and comparison between countries. The median duration of breastfeeding by country is reported in the summary tables only.

The proposed indicators can be derived from questions already incorporated in widely implemented population-based surveys, such as the Demographic and Health Surveys. The document *Indicators for assessing infant and young child feeding practices. Part II: Measurement* provides sample

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