

Breastfeeding in Myanmar

PROGRESS, OPPORTUNITIES, AND RECOMMENDATIONS FOR THE NUTRITION COMMUNITY



GIACOMO PIROZZI | ALIVE & THRIVE

PROGRESS

DRAMATIC IMPROVEMENT IN EXCLUSIVE BREASTFEEDING

In Myanmar, the prevalence of exclusive breastfeeding among infants under six months of age has increased substantially, according to data from the 2009–2010 Myanmar Multiple Indicator Cluster Surveyⁱ (MICS) and the 2015–2016 Myanmar Demographic and Health Surveyⁱⁱ (MDHS). To gain a better understanding of this dramatic improvement, UNICEF and Alive & Thrive (A&T) recently compared the two surveys, analyzing the feeding practices of infants 0 to 5 months in eight states and regions¹. As illustrated in Figure 1, the prevalence of exclusive breastfeeding nearly doubled, from 26.2 percent to 49.3 percent.

WHAT CHANGED FROM 2009 TO 2016?

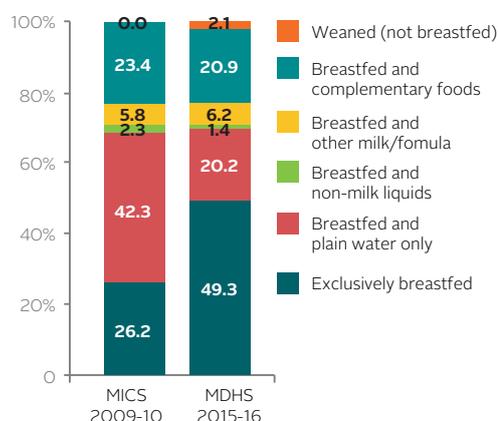
Fewer infants under six months given water or food.

Giving water or food during the first six months of a child's life is a dangerous and unnecessary practice that can expose vulnerable infants to disease-causing pathogens. In 2009–2010, 42 percent of infants under six months were given water in addition to breastmilk. This dropped to 20 percent in 2015–2016. There was also a reduction in the proportion of infants under four months of age that were given food. These critical changes in behavior at the household level increased the prevalence of exclusive breastfeeding, and they suggest that rapid change is possible for future initiatives.

WHAT CONTRIBUTED TO THESE IMPROVEMENTS?

Nutrition interventions and policy changes. From 2011 to 2016, the Ministry of Health and Sports (MoHS), UNICEF, and other partners, implemented a National Strategy for Infant and Young Child Feeding and a Five-Year Plan of Action (2011/12 - 2015/16) that focused on improving the nutritional status, growth, development, health, and survival of children in Myanmar. This strategy included behavior change communication interventions at the interpersonal, community, and mass media levels, updates to pre-service training on

FIGURE 1. COMPARISON OF FEEDING PRACTICES OF INFANTS 0 TO 5 MONTHS IN 8 STATES AND REGIONS



infant and young child feeding (IYCF) for health workers, policy advocacy for breastfeeding, and a revitalization of the Baby-friendly Hospital Initiative (BFHI).ⁱⁱⁱ The following major policy changes were also implemented during this period, which have created an enabling environment for exclusive breastfeeding:

- Myanmar joined the Scaling Up Nutrition (SUN) Movement in 2013;
- The Order of Marketing of Formulated Food for Infant and Young Child (the Code) was passed in 2014; and
- The duration of paid maternity leave increased from 12 weeks to 6 months in the public sector, and from 12 to 14 weeks in the private sector in 2014.

Increased resources and political commitment. Since 2011, the country has undergone substantial political, economic, and administrative reforms, with shifts to democratic governance and a market-based economy. This has resulted in increases in foreign investment and development assistance.^{iv} A strong commitment to nutrition has been demonstrated by the development of institutional governance mechanisms at the highest levels of government. This has been a critical factor in improving nutrition behaviors and outcomes.^v The MoHS also substantially increased its budget for nutrition in 2014, with increases continuing today.

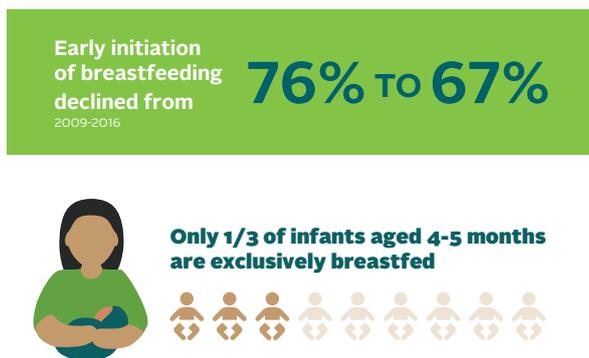
¹ States and regions analyzed: Sagaing, Tanintharyi, Bago, Magway, Mandalay, Mon, Yangon, and Ayeyarwaddy

OPPORTUNITIES

WHAT GAPS STILL EXIST?

Despite recent progress, there is still much work to be done, as shown in Figure 2. According to the MDHS 2015–2016, only about one third of 4 to 5 month-old infants in Myanmar are exclusively breastfed as recommended. Foods and other liquids are being introduced too early, putting the health and survival of young children at risk. Furthermore, early initiation of breastfeeding appears to be on the decline in Myanmar. This is a missed opportunity given the increasing number of births taking place with skilled providers in health facilities.

FIGURE 2. AREAS FOR IMPROVEMENT



Source: MMICS 2009-10 and MDHS 2015-16

WHAT IS BEING DONE TO ADDRESS THESE GAPS?

The National Nutrition Center (NNC) and UNICEF, in collaboration with A&T and other partners, are planning to develop and implement a new five-year plan of action for IYCF, after reviewing and updating the previous strategy. UNICEF and A&T are also continuing to work closely with the government, United Nations' agencies, civil society organizations, and the private sector to create an enabling environment for breastfeeding through improved monitoring and enforcement of the Code, policy advocacy on maternity protection, workplace lactation support, and interventions to make the health system more breastfeeding-friendly. These interventions include:

- **Facility-based quality improvements for breastfeeding**, such as capacity building on newborn care and lactation management, provision of human milk bank services for at-risk newborns, and integration of the World Health Organization (WHO)/UNICEF Ten Steps to Successful Breastfeeding into hospital quality standards.

- **Community-based quality improvements for breastfeeding**, such as capacity building of health workers and community volunteers in order to strengthen interpersonal communication to support improved breastfeeding and newborn care services.

Recognizing that breastfeeding is an essential component of the country's universal health care policy, Myanmar has included counseling on infant and young child feeding as a part of the Essential Health Package of Services under the National Health Plan (2018–2022). Breastfeeding support has also been explicitly included in the new guidelines for antenatal care.

WHAT CAN WE LEARN FOR FUTURE NUTRITION INITIATIVES?

A coordinated multi-sectoral approach and a comprehensive set of interventions are needed. The improvements in exclusive breastfeeding have shown the importance of a coordinated multi-sectoral approach that addresses societal and policy-level changes. As Myanmar adopts the World Health Assembly's (WHA) nutrition target aiming to reduce the prevalence of stunting by 2025, a similar approach is needed, particularly since breastfeeding behaviors alone are not likely to impact this new target.

To achieve this goal, Myanmar is implementing the Multi-Sectoral Plan of Action for Nutrition (MS-NPAN) 2019–2023. The plan includes a package of essential nutrition-specific and nutrition-sensitive interventions for mothers, children, and adolescent girls, which will be implemented through a coordinated approach across key ministries and departments. By improving breastfeeding and complementary feeding behaviors, while at the same time increasing access to essential health services and safe water and sanitation, Myanmar can further accelerate improvements in child nutrition and survival and meet its global WHA 2025 and Sustainable Development Goal (SDG) 2030 targets.

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