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## Exclusive Breast Feeding and Child Survival in Pakistan and Other South Asian Countries

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Exclusive Breast-feeding culture is an important child survival strategy. Breast-feeding is the most effective intervention for saving new born and infant lives and preventing early malnutrition. Nearly, all studies mention that during first 6 months exclusive breast feeding produces higher survival rates than partial breast feeding. The extent and severity of infection among preterm and low birth weight infants are generally greater in infants endangered by infant formula inadequacies (Giashuddin and Kabir, 2004). Hence, Breast feeding puts favorable influence on infections diseases prevention, child development and survival as compared to bottle feeding (Brinton *et al.*, 1995). The earlier breast-feeding expression is commenced the better the lactation outcome (Hill *et al.*, 2001; Hartmann *et al.*, 2003; Riordan, 2005). A World Health Organization study of less developed countries found a doubled risk of death in the second year of life for those weaned prematurely or never receiving breast milk (Morisky *et al.*, 2002).

Breast feeding also plays a major role in birth spacing (Sayers *et al.*, 1995). The longer the duration of breast feeding; the longer is the interval between the last birth and next pregnancy (Economic Survey of Pakistan, 2004-2005).

Of the 9.7 million under-five deaths globally 2.1 million are India alone. 27 millions births occur every year in India and Pakistan out of which 1.7 million children die before one year of age and 1.08 million new born die within one month of age. Most of these deaths during first few months are related to optimal breast-feeding. Early breast-feeding within one hour can reduce newborn infections by 6 times: exclusive breast-feeding for the first 6 months can reduce diarrhea and pneumonia by 3 and 2.5 times, respectively. Breast-feeding is thus an important issue for child survival: we can certainly reduce infant mortality breast-feeding rates are enhanced (Infant Health at Risk in India, 2008).

World development report 2005 indicates that child survival statistics present a much bleaker picture for Pakistan as compared to other South Asian countries. Historical data shows that for Pakistan IMR was much below that of Bangladesh and only slightly higher than India but due to differences in rate of decline in 2005 IMR is the highest in Pakistan (Fig. 1).

Table 1: United nations population division world population prospects: The 1998 revision. (United Nations publication, forthcoming)

Country	IMR	U5MR	PGR	EBF
Pakistan	67	95	1.9	16
India	55	78	1.5	51
Bangladesh	52	69	1.7	52

IMR: Infant Mortality Rate per 1000 Year 2003, U5MR: Mortality Rate under 5 per 1000 Year 2003, PGR: Population Avg. Annual (%) Growth Year 2003, EBF: Exclusively Breast Fed (0-3 Months), Source: World development report 2005

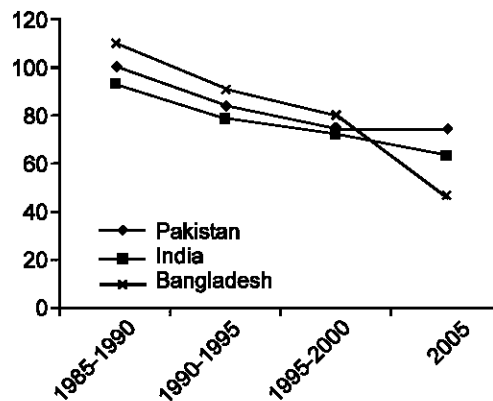


Fig. 1: Source of data for 1985-2000: United nations population division world population prospects: The 1998 revision

This situation must be a serious cause of concern for all of us. Comparative statistics of exclusive breast feeding, population growth rates and child survival indicators in three South Asian countries (Table 1) points out towards potential role of exclusive breast feeding.

IMR Infant Mortality Rate (IMR) and U5MR in Pakistan is higher and population growth rate and exclusive breast feeding rate is lower than those in India and Bangladesh. It indicates that probably India and Bangladesh have succeeded in controlling IMR UMR and PGR due to much higher rates of Exclusively Breast Fed (EBF). In Pakistan we need to pay immediate attention towards this fact and urgent and robust actions needs to be taken to promote exclusive breast feeding for at least six months (U.N. Population Division World Population Prospects, 1998).

Now more than ever, the breast-feeding right of every woman and her child for health and adequate nutrition should be at the top of every agenda (Anonymous, 2008).

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