

I. The prevalence of Protein - energy malnutrition remains high and the cause of improper feeding plays an important role

It is estimated that two third of deaths among under 5 children in the world are related to feeding factors¹. Improper feeding is a direct cause of malnutrition and micronutrient deficiencies (such as Vitamin A, Iron, iodine, Zinc and other essential micro-nutrients)

The malnutrition prevalence in Vietnam is still high and is a problem of public health significance as classified by the WHO. Nationwide, in 2005 the prevalence of underweight (low weight for age) was 25.2%, and the prevalence of stunting was 29.6%, and the prevalence of wasting was 6.9%². In many rural areas, the prevalence of malnutrition is even as high as 40%. There was no gender discrepancy of malnutrition, although there was remarkable difference in the prevalence of underweight and stunting among different ecological regions nationwide. Growth retardation is commonly prevalent in the age group of 6-24 months. Besides, in the past years, the prevalence of overweight and obesity in children under 5 is on the rise (it was 1.2% in 2000 and 1.7% in 2004)³. In Vietnam, it is estimated that there are 240,000 babies born every year with impaired cognitive performance due to iodine deficiency, about 2,000 children died due to reduced infection resistance, 10% of children with impaired immune system and growth as a result of vitamin A deficiency³. Improper breastfeeding practice (intermittent breastfeeding, early and sudden stop of breastfeeding) or too early introduction of complementary feeding with foods of low protein and energy density are the main causes of malnutrition⁴.

Breastfeeding is a common practice in Vietnam with the proportion of over 98% children being breastfed. This proportion varies by geographic regions, ethnic groups, maternal education and place of delivery but not significantly. It is as lowest as 90%, anyway⁵. Even though this proportion is quite high, the existing problems still are improper timing of BF initiation and BF duration.

As recommended by WHO, newborn babies should be breastfed right after birth and exclusively breastfed in the first 6 months. Data on BF practice in 2004 showed that there was some progress made in BF, such as the proportion of early initiation of BF within 30 minutes after birth was 75.2%, the proportion of mothers breastfeeding colostrums was 82%. However, 38.7% of mothers gave other foods than breast milk in the very first week, 7% of babies were weaned as early as 12 months old, and upto 21.9% infants were bottle-fed⁶.

¹ Global Strategy of Infant and Young Child Feeding. WHO -UNICEF. Page 5

² Annual nutrition surveillance report. NIN. 2005.

³ MI (Micronutrient Initiative): Vitamin and Mineral Deficiency - A report assessment for Vietnam (leadership briefing). MI and UNICEF. 2004

⁴ Annual nutrition surveillance report. NIN. 2005

⁵ NIN/UNICEF. Maternal and child nutrition situation in 1999. Medical Publishing House, Hanoi 2000.

⁶ The situation of maternal and child nutrition 1994 - 2004. NIN and GSO - 2005

There are many reasons to explain the early introduction of weaning food in children under 6 months old. There are many relevant factors. *Mothers who have to go back to work early* are 14 times more likely not to exclusively breastfeed their babies than those do not have to work yet. Other factors maybe related to *counseling of nurses, midwives and medical practitioners*. Other factors, which are not yet significantly important but somehow, have an impact on exclusive BF such as maternal confidence (in having enough breast milk to feed their babies), number of children, maternal age, maternal education, sex of children and maternal socio-economic status. Recent studies show that mothers are not very confident in their capability of BF and do not understand the importance of BF⁷. Besides, decision-making process in family regarding BF depends much on other family members and also the community. If the mothers are provided with good counseling and proper nutrition messages, they are more willing to change from wrong to right and active behavior in child feeding and care. Then, the issue will be whether the counselors have appropriate knowledge and skills to do the job.

The Baby Friendly Hospital Initiative (BFHI) has been responded and started in Vietnam since 1993. So far, 53 hospitals at the central and provincial levels have been acknowledged as BFHs. The implementation of BFHs has changed the breastfeeding practice. Mothers are counseled on breastfeeding since their first visits for antenatal care. After delivery the mother and child are placed side by side to assist breastfeeding. Infants are breastfed right after delivery, and upon their need. However, the existing difficulty is the sustainability of BFHs. Some hospitals after a short time of reaching the standards of BFH (according to 10 criteria of BFHI) were found violating. The most popular violation is that the hospitals let infant formula companies advertise and market breast milk substitutes within their settings.

Breastfeeding in exceptionally difficult condition, such as when the mothers are infected with HIV/AIDS, abandoned children and orphans, is a new issue but very important and needs to have specifically professional guidelines. Professionals, and sectors at all levels, social organizations, international, non-government and government organizations need to have a commitment and specified actions in order to bring children the right of having optimal nutrition care.

One of basic causes of remaining high prevalence of child malnutrition is improper complementary feeding practice such as the early initiation of complementary feeding, inadequate and unbalanced complementary foods, which do not meet child nutrition requirement.

In Vietnam, according to data of the nutrition surveillance (NIN 2002), infants have been given complementary food very early. Half of infants under 6 months old in Vietnam have started weaning practice while they are supposed to be breastfed exclusively. At present, the percentage of infants given foods other than breast milk starting at the age of 3 months is still

⁷ Arun Gupta et al. Report on Assessment of Breastfeeding Policy. Promotion and Practice in Vietnam. NIN/UNICEF. Hanoi. 2004

high, 30-80%, and varies by areas. The wrong practices of early initiation of complementary feeding and poor quality of complementary foods might lead to a clear consequence of rapid increase of the prevalence of wasted children (low weight for height) after the age of 5-6 months old and it reaches the highest point at the age of 13-17 months old. This situation shows the importance of proper complementary feeding in reduced child malnutrition. For children over 24 months old, food frequency is low since their diet almost depends on their family's meals, which means 3 times a day on average. Even among the children aged 24-36 months, there are only 17.5% of them being fed more than 3 meals per day. This figure is low in all regions, but lowest in the Northwest mountainous area and the North-Central area. Due to heavy workload, particularly in rural areas, mothers have very little time for taking care of and feeding their children. Complementary foods have low energy density; the diet is poor in fat, protein and micronutrients. Weekly frequency of foods such as meat, egg in the meals of children in many areas is only 50%, particularly in the Central Highland, South-Central and North-Central regions⁸. It is evident that the children's diet is still not ensured in both quantity and quality and the initiation of complementary feeding is not proper.

⁸ National nutrition surveillance. NIN-2003