

Leading Article

Breastfeeding Challenges in Bangladesh: Current Status, Global Context, and the Way Forward

SOOFIA KHATOON, SHAHREEN KABIR

DOI: <https://doi.org/10.3329/bjch.v47i3.82879>

Introduction

Breastfeeding is universally recognized as one of the most effective ways to ensure child health and survival.¹ The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of life and continued breastfeeding with appropriate complementary foods up to two years of age or beyond.² Despite these recommendations, breastfeeding practices face significant challenges both globally and within Bangladesh.

The Bangladesh Demographic and Health Survey (BDHS) 2022 provides new insights into the status of breastfeeding in Bangladesh.³ While the country has made considerable progress, several challenges persist, particularly concerning exclusive breastfeeding rates, cultural norms, and workplace policies that inhibit continued breastfeeding. This article explores the current situation in Bangladesh, backed by BDHS 2022 data, and compares it to the global breastfeeding landscape.

Breastfeeding Status in Bangladesh: Insights from BDHS 2022³

According to the BDHS 2022:

- **Exclusive Breastfeeding Rate:** Around **63%** of infants under six months in Bangladesh are exclusively breastfed. This represents a decline from earlier years, as the **BDHS 2017-18** reported a rate of **65%**. Despite being relatively high compared to global figures, this drop raises concerns about the sustainability of breastfeeding practices in the country.

1. Prof. Soofia Khatoun FCPS, MHPEd Academic Director and HOD Paediatrics Institute of Woman and Child Health and Ashulia Women and Children Hospital, Dhaka

2. Dr. Shahreen Kabir FCPS Assistant Professor Paediatric Cardiology National Heart Foundation

Correspondence: Prof. Soofia Khatoun, FCPS, MHPEd Academic Director and HOD Paediatrics Institute of Woman and Child Health and Ashulia Women and Children Hospital, Dhaka. Mobile: 01911-342511, E-mail: soofia_icmh@yahoo.com

- **Initiation of Breastfeeding:** The survey reveals that **52%** of newborns are breastfed within the first hour of birth, slightly lower than the global recommendation of early initiation of breastfeeding. Delayed initiation deprives infants of colostrum, which is rich in antibodies and essential for newborn immunity.
- **Continued Breastfeeding:** The data shows that **88%** of children aged 12-15 months are still being breastfed, while **65%** of children aged 20-23 months continue breastfeeding. Although these rates are commendable, they indicate that a significant portion of children is weaned before the recommended two-year mark.
- **Prevalence of Bottle Feeding:** The BDHS 2022 also highlights the rise in bottle feeding among infants, with **13%** of children under two years receiving bottle feeding, an increase from previous years. This trend is concerning, as bottle feeding is associated with higher risks of infections and can disrupt breastfeeding.

Global Breastfeeding Situation

Breastfeeding practices around the world face various challenges, particularly in low- and middle-income countries. Globally, only **44%** of infants under six months are exclusively breastfed, far below the WHO target of **70%** by 2030 as part of the Sustainable Development Goals (SDGs).⁴

Countries like Rwanda, Sri Lanka, and Vietnam have achieved over **70%** exclusive breastfeeding rates, showing that it is possible to attain high breastfeeding coverage with the right policies and community engagement.⁵ However, in many parts of Africa, Latin America, and even developed regions, exclusive breastfeeding rates remain below **40%**, driven by factors like poor healthcare access, lack of maternal leave policies, and aggressive marketing of breastmilk substitutes.⁶

Challenges Facing Breastfeeding in Bangladesh

1. **Cultural Norms and Practices:** Traditional beliefs around breastfeeding, such as the misconception that colostrum should be discarded, still exist in many parts of rural Bangladesh.⁷ These practices delay the initiation of breastfeeding and deprive infants of essential nutrients. Additionally, social norms in some communities encourage the early introduction of complementary foods or water, undermining exclusive breastfeeding.
2. **Workplace Barriers:** Despite laws mandating maternity leave, many working mothers in Bangladesh, especially those in the informal sector, continue to face significant challenges in breastfeeding. The absence of adequate workplace support, such as designated breastfeeding areas and flexible working hours, often forces mothers to either prematurely stop breastfeeding or turn to formula feeding. Research has shown that both the organized and unorganized sectors in Bangladesh fail to provide appropriate support for breastfeeding, leaving mothers with limited options.⁷ Additionally, a study conducted by UNICEF revealed that less than 30% of workplaces have designated breastfeeding rooms, contributing to the premature cessation of breastfeeding among working mothers.⁸
3. **Aggressive Marketing of Formula Milk:** There is growing concern in Bangladesh over the marketing of infant formula and breastmilk substitutes. Despite the Breastmilk Substitutes (BMS) Act, which regulates the promotion of these products, formula companies continue to target new mothers with misleading advertisements, contributing to a decline in exclusive breastfeeding rates.⁹ Alarming, a multi-country study report published by UNICEF and WHO in 2022 revealed that 57% of health professionals, particularly doctors in Bangladesh, recommended formula milk to mothers—a higher rate than in the other seven countries surveyed. The report also highlighted that formula milk companies spend \$55 billion globally on marketing, using strategies such as organizing national and international training, meetings, and workshops, often providing generous honoraria to health professionals. Unfortunately, some

Bangladeshi health professionals, particularly Paediatricians, have attended these events, knowingly or unknowingly engaging in conflicts of interest.¹⁰

Despite Bangladesh having an internationally recognized BMS Act, gazetted in 2013 with rules established in 2017, the authorities have made minimal efforts to implement and enforce these regulations.^{11,12} While the Bangladesh Breastfeeding Foundation (BBF) has conducted some monitoring activities and taken remedial actions, including raids against eight companies, the powerful influence of these corporations has thwarted any significant consequences. Moreover, BBF has faced substantial pressure and threats from governmental authorities, hindering their efforts. It is deeply unfortunate that, as a nation, we fail to provide adequate support for breastfeeding mothers—a responsibility that lies especially with pediatricians who should champion the importance of breastfeeding for the health of the nation.

4. **Healthcare System Gaps:** While healthcare facilities in Bangladesh promote breastfeeding, the quality of breastfeeding counseling remains inconsistent. The antenatal counselling is almost non-existent in Bangladesh, so pregnant mothers are not ready to breastfeed their babies immediately after birth. Many mothers do not receive adequate support from healthcare professionals on critical aspects such as proper breastfeeding techniques, latching, and overcoming common breastfeeding problems, leading to premature cessation.¹³ Support for initiation of breastfeeding and continued support for breastfeeding in the family is also inadequate. The Baby-Friendly Hospital Initiative (BFHI) faces significant obstacles, including frequent staff turnover, improper assignment of trained staff to relevant duties, irregular training schedules, and the involvement of trainers lacking sufficient expertise to deliver high-quality BFHI training.^{14,15} Currently, most hospitals do not adhere to BFHI practices effectively. These gaps hinder the sustainability and effectiveness of BFHI within the healthcare system. To ensure the proper functioning of BFHI, the Bangladesh Breastfeeding Foundation (BBF), as a pioneer and key implementing organization, should be actively

involved in this process. BBF should also collaborate closely with the government to serve as expert implementers and strengthen the BFHI across healthcare facilities. Lactational management center (LMC) is very important for mothers with various breastfeeding problems. There are few appropriate functioning LMC in the country.¹⁴ The mothers with complaints of 'not enough breast milk', sore nipple, engorged breast and other problems face difficulties and without the active help of health worker may end up with bottle feeding. Although the medical curriculum of Breastfeeding is adequate but lack of regular capacity development on breastfeeding has been largely absent for medical teachers, so there is lack of motivation in teachers. Another factor is that there is non-compliance of doctors to the BMS Act which leads to inappropriate prescription of artificial formula milk in the market.

5. **Lack of Community Support:** Community-based breastfeeding support, such as peer counseling and mother-to-mother support groups, remains limited in Bangladesh.^{14,15} The Bangladesh Breastfeeding Foundation (BBF) has started forming Mother Support Groups and building their capacity to provide support at the community level. However, many mothers, particularly first-time mothers, still lack the necessary guidance and encouragement to breastfeed for the recommended duration. Expanding these community-based initiatives is essential to ensure mothers receive the support they need to continue breastfeeding.

Steps Forward: Recommendations for Improving Breastfeeding in Bangladesh

1. **Strengthening Policy Implementation:** The government should enforce stricter implementation of the **BMS Act** to regulate the marketing of formula milk and ensure that health professionals are adequately trained to support breastfeeding mothers.
2. **Maternity Leave and Workplace Support:** Expanding maternity leave and ensuring workplace accommodations for breastfeeding, such as the provision of nursing rooms and flexible work schedules, are essential for enabling continued breastfeeding among working mothers.
3. **Community-Based Programs:** Increasing investment in community-based breastfeeding

support programs, particularly in rural areas, can provide mothers with the guidance and encouragement they need to initiate and sustain breastfeeding.

4. **Public Awareness Campaigns:** The government and health organizations should launch mass media campaigns to educate the public on the importance of exclusive breastfeeding and the risks associated with formula feeding.
5. **Healthcare System Reforms:** Strengthening training programs for healthcare providers is essential to ensure consistent and effective breastfeeding counseling. This includes addressing issues such as high staff turnover, ensuring that trained staff are appropriately placed in relevant roles, and providing regular, high-quality training under the **Baby-Friendly Hospital Initiative (BFHI)**. By engaging expert trainers and maintaining continuous education, healthcare professionals will be better equipped to assist mothers with breastfeeding techniques, latching, and managing common challenges, ultimately improving breastfeeding initiation and continuation rates. Establishment of LMC in every hospital where maternity service are provided should be a key factor. Professionals and other health care providers should not be involved with conflict of interest and follow BMS Act 2013 and its bylaw 2017.

Conclusion

Bangladesh has made significant strides in promoting breastfeeding, but challenges remain. The findings from BDHS 2022, which indicate a slight decline in exclusive breastfeeding rates, underscore the need for renewed efforts to protect and promote breastfeeding. By addressing cultural barriers, enhancing workplace support, and enforcing existing laws, Bangladesh can achieve better breastfeeding outcomes and set an example for other nations working to improve maternal and child health.

Breastfeeding is not only a nutritional necessity for infants but a public health priority that requires concerted efforts from the government, healthcare providers, communities, and international organizations. As the global community works towards achieving SDG targets, it is imperative for Bangladesh to continue its journey towards improving breastfeeding practices for the health and well-being of its future generations.

Involvement of different professional organisations like Bangladesh Paediatric Association, Bangladesh Neonatal Forum, Bangladesh Perinatal Society and Obstetrics and Gynaecological society of Bangladesh in Breastfeeding teaching and training is crucial for promotion and protection of breastfeeding in Bangladesh.

References

1. World Health Organization. Implementing the Global Strategy for Infant and Young Child Feeding: Geneva, 3-5 February 2003: meeting report. World Health Organization; 2003.
2. WHO. Exclusive breastfeeding for optimal growth, development and health of infants;2019.
3. National Institute of Population Research and Training (NIPORT). Mitra and Associates, and ICF International. Bangladesh Demographic and Health Survey 2022.
4. Abhiyan WN. Sustainable Development Goals: Agenda 2030. India 2017: A Civil Society Report. 2017 Jul 6.
5. United Nations Children's Fund (UNICEF). Why family-friendly policies are critical for increasing breastfeeding rates worldwide [Internet]. New York: UNICEF; 2019 [cited 2024 Oct 29]. Available from: <https://www.unicef.org/press-releases/why-family-friendly-policies-are-critical-increasing-breastfeeding-rates-worldwide>
6. United Nations Children's Fund (UNICEF). Breastfeeding in Latin America and the Caribbean [Internet]. New York: UNICEF; 2021 [cited 2024 Oct 29]. Available from: <https://www.unicef.org/lac/en/topics/breastfeeding>
7. Ghosh, R., Spindler, H., Morgan, M. C., Cohen, S. R., Begum, N., Gore, A., Mahapatra, T. & Walker, D. M. (2019). Diagnosis and management of postpartum hemorrhage and intrapartum asphyxia in a quality improvement initiative using nurse-mentoring and simulation in Bihar, India. PLOS ONE, 14(7), Article e0216654. <https://doi.org/10.1371/journal.pone.0216654>
8. Arendt M, Sterken E. Maternity Protection at Work. Breastfeeding Benefits Special Edition. IBFAN position paper. 2019.
9. United Nations Children's Fund, World Health Organization. Marketing of breast-milk substitutes: National implementation of the international code. Geneva: WHO; 2022.
10. World Health Organization. How the marketing of formula milk influences our decisions on infant feeding, 2022.
11. Bangladesh Breastfeeding Foundation (BBF). Breast-Milk Substitute Act (BMS Act) 2013 [Internet]. Bangladesh: BBF; 2013 [cited 2024 Oct 29]. Available from: <https://bbf.org.bd/bbf/bms-act-2013bengalibreastmilk-substitute-act-breastfeedingbms-act-2013bengali-law-in-bangladesh/>
12. Directorate General of Health Services (DGHS), Ministry of Health and Family Welfare. Breast-Milk Substitutes (BMS) Rules 2017 [Internet]. Bangladesh: DGHS; 2017 [cited 2024 Oct 29]. Available from: <https://etoolkits.dghs.gov.bd/toolkits/bangladesh-program-managers/breast-milk-substitutes-bms-rules-2017>
13. Hossain S, Miharshahi S. Effect of exclusive breastfeeding and other infant and young child feeding practices on childhood morbidity outcomes: associations for infants 0–6 months in 5 South Asian countries using Demographic and Health Survey data. International Breastfeeding Journal. 2024 May 16;19(1):35.
14. Uddin MF, Jabeen I, Islam MA, Rahman M, Chisti MJ, Ahmed T, Sarma H. Barriers to breastfeeding are shaped by sociocultural context: an exploratory qualitative study in Bangladesh. Journal of Health, Population and Nutrition. 2022 Aug 13;41(1):34.
15. Bangladesh Breastfeeding Foundation (BBF). Inception Report on Breastfeeding Program in Bangladesh [Internet]. Bangladesh: BBF; 2006 [cited 2024 Oct 29]. Available from: https://ibfanasia.org/enewsletter/BBF%20rep%20Jan_Jun_%2006.pdf