



EDITORIAL

Breastfeeding, complementary feeding practices, and management of wasting in the young children: The significances and the updates

Judhiastuty Februhartanty^{1,2}

1. Department of Nutrition, Faculty of Medicine, Universitas Indonesia, Dr. Cipto Mangunkusumo General Hospital, Jakarta, Indonesia
2. SEAMEO RECFON/PKGR, Universitas Indonesia, Jakarta, Indonesia

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World breastfeeding week

Human milk is the standard for infant nutrition and growth. World Breastfeeding Week (WBW) is essential in raising awareness, providing support, and advocating for breastfeeding, which leads to healthier communities. Over recent decades, there has been a significant increase in breastfeeding rates, a broader acknowledgment of human milk as the primary food for infants, and a deeper understanding of breastfeeding's role in human development, ushering in a new era for breastfeeding.¹ The first World Breastfeeding Week (WBW) was celebrated in 1992. It was initiated by the World Alliance for Breastfeeding Action (WABA) to promote and support breastfeeding practices worldwide and is observed annually from August 1-7, aligning with the anniversary of the Innocenti Declaration adopted in August 1990.² **Table 1** shows a series of important

historical milestones and collaborative efforts in the development of WBW into a global movement.

Over decades, the effects of WBW can be seen in several areas such as 1) increased awareness on benefits of breastfeeding for both infants and mothers, the importance of breastfeeding for infant health, reducing the risk of infections, malnutrition, and chronic diseases, while also benefiting maternal health, 2) support for breastfeeding mothers by encouraging the establishment of supportive environments for breastfeeding, including workplaces, healthcare settings, and communities, leading to improved policies and resources for breastfeeding mothers, such as maternity leave, breastfeeding-friendly workplaces, and access to lactation consultants, 3) advocacy and policy changes at local, national, and international levels, 4) community engagement through events, educational workshops, and campaigns that bring together parents, healthcare providers, and organizations to support breastfeeding initiatives which fosters a more supportive network for breastfeeding mothers, 5) improved health outcomes for both infants and mothers. A recent study on breastfeeding practices during COVID-19 pandemic highlights 81.3% of exclusive breastfeeding and 93.4% of continued breastfeeding which were both associated with intention to breastfeed.³ And these figures may be attributed to over a three decades of WBW campaigns.

Complementary Feeding Practices: the 2021 IYCF Indicators

The WHO's guiding principles for complementary feeding of breastfed children and for feeding non-breastfed children aged 6–24 months provide global recommendations on optimal feeding practices to promote growth, health, and behavioral development in infants and young children under two years old. To aid in program implementation and track progress on infant and young child feeding (IYCF) both nationally and globally, indicators for evaluating IYCF practices were released in 2008. This guidance document outlined eight core indicators and seven optional ones, which have since become the benchmark for data collection and reporting on IYCF practices worldwide. In 2017 and 2018, WHO and UNICEF held two inter-agency technical consultations to review and update the IYCF indicators. These discussions addressed topics such as dietary diversity, food groups, additional breastfeeding indicators, and the consumption of unhealthy foods and beverages. A major takeaway from these consultations was the recommendation to include specific indicators for assessing unhealthy eating practices.⁴

The ASEAN guideline on the minimum standards for management of child wasting

On 7th August 2024, ASEAN Secretariate with WHO, UNICEF, and other development partners launched the four ASEAN guidelines and minimum standards on nutrition for its member states, among them is the guidelines on management of child wasting.

The aim of this guideline is to offer practical advice to help ASEAN Member States enhance efforts in preventing, detecting early, and managing child wasting through their national health systems, including incorporating child wasting treatment into regular primary healthcare services. It specifies the core principles and

minimum standards for providing services to prevent, detect, and treat child wasting, and details key steps for integrating these services into routine primary healthcare. This guideline focuses solely on health system interventions to address wasting, with particular attention to Severe Acute Malnutrition (SAM). An important recommendation is to simplify management protocols to facilitate scaling up and integrating wasting services into national health programs. Common adaptations include family screening for MUAC, community health worker-led treatment, fewer follow-up visits, using a single treatment product, reducing therapeutic food dosages during treatment and recovery, and relying on MUAC and oedema as the only criteria for admission and discharge. It also suggests raising the MUAC cut-off for admitting children with wasting to those with a MUAC above 115 mm. For treating all children with wasting, a single therapeutic food product is recommended, preferably lipid-based nutrient supplements that meet the specifications of ready-to-use supplementary food (RUSF) or ready-to-use therapeutic food (RUTF). Adjustment may be adapted based on feasibility, acceptability, equity considerations, resource availability, and production capacity relevant to each ASEAN Member State.⁵

Conflict of interest

The authors declare that there is no conflict of interest related to the study.

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Table 1. Milestones and efforts in the history of WBW (synthesized from <https://waba.org.my/wbw/>)

Period	Milestone and efforts
<i>1970s-1980s:</i>	<i>Early advocacy and research</i>
	The global breastfeeding movement gained momentum with the recognition of breastfeeding as a critical aspect of child health. The World Health Organization (WHO) and UNICEF began advocating for breastfeeding and addressing issues related to infant nutrition and maternal health.
<i>August 1990:</i>	<i>Innocenti Declaration</i>
	The Innocenti Declaration on the Protection, Promotion, and Support of Breastfeeding was adopted by the WHO and UNICEF at an international meeting in Innocenti, Italy. This declaration was a significant milestone in establishing breastfeeding as a fundamental right for infants and a critical public health issue.
<i>1992:</i>	<i>Establishment of World Breastfeeding Week</i>
	In response to the Innocenti Declaration, the World Alliance for Breastfeeding Action (WABA) was founded. WABA organized the first World Breastfeeding Week to promote breastfeeding awareness and support. The event was initially celebrated in more than 20 countries, highlighting its early international reach.
<i>1990s-2000s:</i>	<i>Global support and expansion</i>
	As the concept of WBW gained traction, it was embraced by more countries and organizations. The event became an annual observance, with increasing participation from governments, non-governmental organizations (NGOs), health professionals, and communities; focused on raising awareness, advocating for breastfeeding-friendly policies.
<i>2000s-Present:</i>	<i>Integration with global health goals</i>
	WBW continued to align with broader global health initiatives, including the Millennium Development Goals (MDGs) and later the Sustainable Development Goals (SDGs).
<i>Ongoing:</i>	<i>Strengthened collaborations and advocacy</i>
	WABA and other organizations have continued to work collaboratively to enhance the impact of WBW. This includes partnerships with international health organizations, advocacy for policy changes, and the use of media and technology to spread the message.
<i>Local Initiatives:</i>	<i>Cultural and regional adaptation</i>
	As WBW expanded globally, it adapted to various cultural contexts and regional needs. Local organizations and communities have developed tailored programs and events.
<i>Present Day:</i>	<i>Global movement and recognition</i>
	WBW is now celebrated in over 170 countries, involving a wide range of activities, from educational workshops to public campaigns. It has become a significant global movement that not only highlights the benefits of breastfeeding but also advocates for supportive environments and policies worldwide as shown in the 2024 WBW theme “Closing the gap: Breastfeeding support for all”

Table 2. Some key changes between the 2008 and 2021 recommended IYCF indicators⁴

No.	Indicator	IYCF Version	
		2008	2021
1.	Exclusively breastfed for the first two days after birth		Available
2.	Mixed milk feeding under six months		Available
3.	Continued breastfeeding age	12-15 months	12-23 months
4.	Minimum dietary diversity (MDD) 6–23 months	No breastmilk in food group	Breast milk added in food group
5.	Minimum meal frequency (MMF) 6–23 months	Allowed children to achieve the minimum with milk feeds only	At least one non-milk feeding is required to meet minimum for non-breastfed children
6.	Minimum milk feeding frequency for non-breastfed children 6–23 months	Optional	Recommended
7.	Minimum acceptable diet (MAD) 6–23 months		Altered to reflect changes in MDD and MMF above
8.	Egg and/or flesh food consumption 6–23 months		Available
9.	Sweet beverage consumption 6–23 months		Available
10.	Unhealthy food consumption 6–23 months		Available
11.	Zero vegetable or fruit consumption 6–23 months		Available
12.	Bottle feeding 0–23 months	Optional	Recommended

References

1. Lawrence RM, Lawrence RA. Breastfeeding in a New Era, in *Breastfeeding A Guide for the Medical Profession* (Ninth Edition), Editor(s): Ruth A. Lawrence, Robert M. Lawrence, Elsevier, 2022, Pages 1-37, ISBN 9780323680134, <https://doi.org/10.1016/B978-0-323-68013-4.00001-8>.
2. Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding (1990). Accessed from <https://worldbreastfeedingweek.org/2018/wp-content/uploads/2018/07/1990-Innocenti-Declaration.pdf> on 26 August 2024.
3. Februhartanty J, Agustin CA, Fadlina A. Infant Feeding Practices and Associated Factors During the COVID-19 Pandemic: Findings from an Online Cross-Sectional Study in Indonesia. *Malaysian Journal of Nutrition* 2024, 30(2): 167-179. DOI: [10.31246/mjn-2023-0097](https://doi.org/10.31246/mjn-2023-0097)
4. World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), Indicators for assessing infant and young child feeding practices: definitions and measurement methods. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2021. Licence: CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>.
5. Association of Southeast Asian Nations (ASEAN) and the United Nations Children's Fund (UNICEF). 2024. ASEAN Regional Guideline on Minimum Standards for

the Management of Child Wasting in National Health Systems. Jakarta.