## Communication

DOI: 10.5582/bst.2019.01240

## China should take more measures to raise its breastfeeding rate

Yi Wang<sup>1</sup>, Chengchao Zhou<sup>1,2,\*</sup>

## Summary

A growing number of studies show that breastfeeding is the best source of nutrition for infants and young children and one of the most effective measures to ensure the healthy growth and development of children. However, a study from the China Development Research Fund found that the rate of exclusive breastfeeding among Chinese infants within six months of birth is only 29%, a rate that is lower than that in other countries and regions of the world. Other data provided by the World Bank shows that the rate of exclusive breastfeeding in China declined from 1998 to 2013 and that it increased slightly by 2018, but it was still lower than the global average. Compared to other Asian countries, the exclusive breastfeeding rate in China is also low. Establishing a sound breastfeeding support system and creating a breastfeeding environment with full support for mothers of infants is a way to effectively improve the state of breastfeeding in China, to ensure the healthy growth of children, and to achieve the goals of Healthy China 2030.

**Keywords:** Exclusive breastfeeding, infants within six months of birth, rate, China

Children's nutrition and health problems are an increasing concern for the entire world. Improving the health status and nutrition of children has become an important basis for the promotion of all-round human development, the improvement of quality human capital, and sustainable economic and social development. A growing body of research shows that the period from birth to age 2 is critical for determining a child's lifetime nutrition and health status (1). Breastfeeding is the best source of nutrition for infants and young children during this period and is one of the most effective measures to ensure the healthy growth and development of children (2).

The benefits of breastfeeding are self-evident. It is widely recognized as the most effective intervention to improve health status by preventing diseases for both infants and mothers (3-5). A study has pointed out that breastfeeding has positive effects not only for the growth and development of infants but also for nursing women (6). Breastfeeding can prevent breast cancer, shorten the birth interval, and possibly prevent ovarian cancer and type 2 diabetes. Because of its benefits, the World

Prof. Chengchao Zhou, School of Public Health, NHC Key Lab of Health Economics and Policy Research, Shandong University, 44 Wen-hua-xi Road, Ji'nan 250012, China. E-mail: zhouchengchao@sdu.edu.cn Health Organization (WHO) advocates and recommends exclusive breastfeeding for the first six months of life (7). According to the WHO, exclusive breastfeeding means that the baby is not fed water, liquid, or food other than breast milk for 6 months after birth. After 6 months, breast milk can be supplemented with solid food, and breastfeeding can be continued until the age of 2 years or until desired. In 2012, the World Health Assembly proposed that 50% of babies aged 0 to 6 months should be exclusively breastfed by 2025. In 2017, China (8) proposed reaching the same goal by 2020.

However, the exclusive breastfeeding in China still remains rather low (9,10). According to a survey on factors affecting breastfeeding in China (11) by the China Development Research Foundation, the rate of exclusive breastfeeding among Chinese infants within six months of birth is 29%, which is lower than in other countries around the world (Figure 1). Other data provided by the World Bank shows that the rate of exclusive breastfeeding in China declined from 1998 to 2013 and increased slightly by 2018 (Figure 2), but it was still lower than the global average. Compared to other Asian countries, the exclusive breastfeeding rate in China is also low. South Asia had seen the fastest rise in the exclusive breastfeeding rate globally since 2000. Between 2000 and 2015, the exclusive breastfeeding rates in South Asia increased by 17% from 47% to 64%

<sup>&</sup>lt;sup>1</sup>School of Public Health, Shandong University, Ji'nan, China;

<sup>&</sup>lt;sup>2</sup>NHC Key Laboratory of Health Economics and Policy Research, Shandong University Ji'nan, China;

<sup>\*</sup>Address correspondence to:

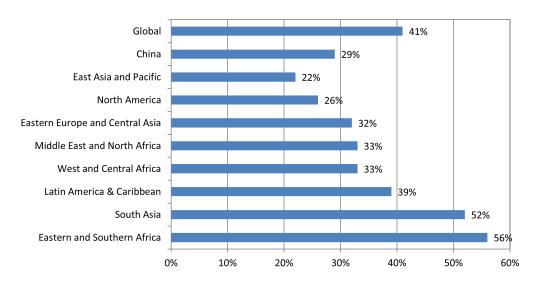


Figure 1. Exclusive breastfeeding rates worldwide in 2018. Data source: United Nations Children's Fund, https://data.unicef. org/topic/nutrition/infant-and-young-child-feeding/

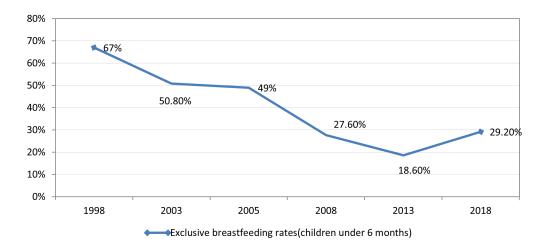


Figure 2. Exclusive breastfeeding rates in China from 1998 to 2018. Data source: The World Bank, https://data.worldbank.org/indicator/SH.STA.BFED.ZS?end=2018&most\_recent\_year\_desc=true&start=1986&view=map

(1). The exclusive breastfeeding rate in India reached 64.5% in 2013, up 18.5% from 2005. Bangladesh's exclusive breastfeeding rate increased from 37.4% in 2006 to 55.3% in 2014 (12).

According to the literature, there are several possible reasons for the low rate of exclusive breastfeeding in China. First, Zhang *et al.* (13) conducted a survey in China and found that the maternal perception that one has an "insufficient supply of breast milk" may be the main reason for introducing infant formula before 6 months postpartum. Second, some researchers have pointed out that many mothers have limited awareness of the importance of breastfeeding, especially in their understanding of the benefits of the exclusive breastfeeding in the first 6 months after birth (14).

To resolve this situation, relevant laws, regulations, and policies in China need to be drafted and implemented. Providing breastfeeding-related health

education to fertile women is vital to raising the breastfeeding rate in China. In addition, the resources and backing of the government, medical and health care facilities, companies, communities, and families need to be mobilized to establish a multi-faceted breastfeeding support system with the participation of the entire society, and a breast-feeding environment and support system with full support for mothers of infants needs to be provided to promote and support breastfeeding.

All in all, improving the state of breastfeeding in China is not just the responsibility of parents and families but also of the country and the entire society. Establishing a sound breastfeeding support system and creating a breastfeeding environment with full support for mothers of infants is a way to effectively improve the state of breastfeeding in China, to ensure the healthy growth of children, and to achieve the goals of Healthy China 2030.

## References

- United Nations International Children's Emergency Fund. From the first hour of life: Making the case for improved infant and young child feeding everywhere. https://www. unicef.org/publications/index\_93027.html (accessed August 10, 2019)
- World Health Organization, United Nations International Children's Emergency Fund. Global strategy for infant and young child feeding. https://www.who.int/nutrition/ publications/infantfeeding/9241562218/en/ (accessed August 10, 2019)
- Entwistle F. Breastfeeding and relationship building: Turning evidence into practice. Pract Midwife. 2015; 18:29-31.
- 4. Li R, Darling N, Maurice E, Barker L, Grummer-Strawn LM. Breastfeeding rates in the United States by characteristics of the child, mother, or family: The 2002 National Immunization Survey. Pediatrics. 2005;115:e31-e37.
- Praveen P, Jordan F, Priami C, Morine MJ. The role of breast-feeding in infant immune system: A systems perspective on the intestinal microbiome. Microbiome. 2015; 3:41
- Victora CG, Bahl R, Barros AJ, França GV, Horton S, Krasevec J, Murch S, Sankar MJ, Walker N, Rollins NC. Lancet Breastfeeding Series Group. Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect. Lancet. 2016; 387:475-490.
- World Health Organization, United Nations International Children's Emergency Fund. Global nutrition targets 2025: Breastfeeding policy brief. https://www.who.int/ nutrition/publications/globaltargets2025\_policybrief\_

- breastfeeding/en/ (accessed August 12, 2019)
- The State Council, the People's Republic of China. National nutrition plan (2017-2030). http://www.gov. cn/zhengce/content/2017-07/13/content\_5210134.htm (accessed August 12, 2019) (in Chinese)
- 9. Peng D. Why is China's exclusive breastfeeding rate still lower than the world average. China newsweek. 2019, August 5. See <a href="http://www.inewsweek.cn/society/2019-08-05/6603.shtml">http://www.inewsweek.cn/society/2019-08-05/6603.shtml</a> (accessed August 13, 2019) (in Chinese)
- Guo S, Fu X, Scherpbier RW, Wang Y, Zhou H, Wang X, Hipgrave DB. Breastfeeding rates in central and western China in 2010: Implications for child and population health. Bull World Health Organ. 2013; 91:322-331.
- China Development Research Foundation. A survey on the factors influencing breastfeeding in China. https:// cdrf.org.cn/jjh/pdf/mu.pdf (accessed August 13, 2019) (in Chinese)
- World Health Organization. Global Health Observatory data repository. http://apps.who.int/gho/data/?theme=main (accessed August 14, 2019)
- Zhang K, Tang L, Wang H, Qiu L, Binns CW, Lee AH. Why do mothers of young infants choose to formula feed in China? Perceptions of mothers and hospital staff. Int J Environ Res Public Health. 2015; 12:4520-4532.
- Shenyang Network. Exclusive breastfeeding rate is low in the 6 months after birth, public awareness needs to be raised. http://m.sohu.com/a/246099856\_362110 (accessed August 15, 2019) (in Chinese)

(Received August 15, 2019; Revised August 27, 2019; Accepted August 31, 2019)