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## INTRODUCTION

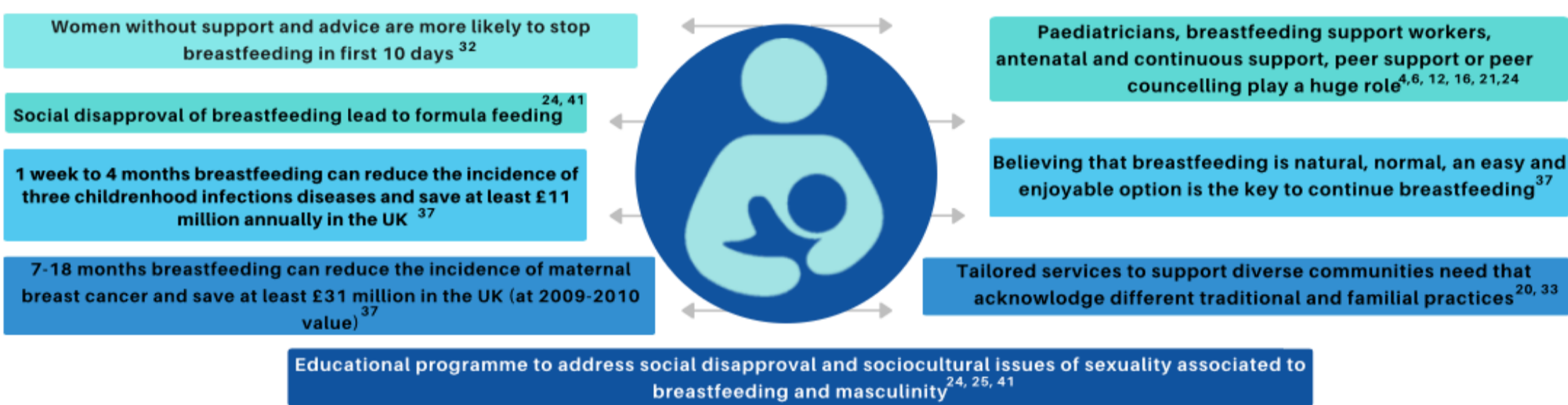
This paper maps some of the research evidence from the literature addressing long-term outcomes of breastfeeding in general; with a comparative focus on factors affecting breastfeeding practices in England and Nepal. It includes facts and figures concerning breastfeeding, long-term health and economic benefits of breastfeeding, challenges in initiating and continuing breastfeeding, and recommended actions. In addition to the literature review, we present empirical findings from a place-based programme evaluation in the East of England, 'A Better Start Southend' (ABSS), a community-based intervention to support children and families in selected areas of the coastal city of Southend-on-Sea.

## OBJECTIVE

1. Review the existing evidence on breastfeeding practices and outcomes.
2. Identify challenges associated with breastfeeding initiation and continuation.
3. Explore the longer-term benefits of breastfeeding and positive initiatives to increase breastfeeding.

## RESULTS

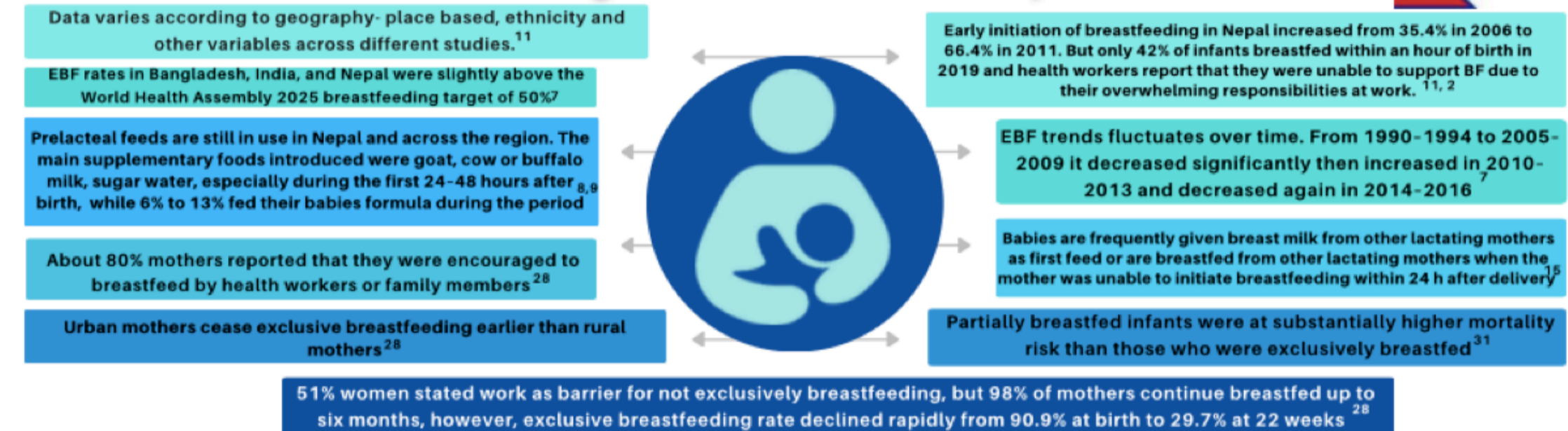
### Evidence map on the relationship between breastfeeding and long-term outcome in England/UK



#### WHAT DOES THE EVIDENCE TELL US?

- | Challenges in initiating and continuing breastfeeding  | Long-term benefits - health and economy  | What works well?  |
|--|--|---|
| <ul style="list-style-type: none"> <li>Lack of advice and support<sup>17, 20, 21, 32</sup></li> <li>Breastfeeding rates linked to indices of multiple deprivation<sup>33</sup></li> <li>Perception of breastfeeding as sexual activity<sup>24, 25, 41</sup></li> <li>Lack of support to young mother<sup>27</sup></li> </ul> | <ul style="list-style-type: none"> <li>Reduced risks of infectious diarrhoea and ear infection<sup>4</sup></li> <li>Improved cognitive development<sup>10</sup></li> <li>Lower rates of obesity among mother and child</li> <li>Reduced risks of diabetes, hypertension, cardiovascular disease, cholesterol, and some types of cancer<sup>10, 26, 42</sup></li> <li>Reduced risks of hospitalisation from gastrointestinal, respiratory and urinary tract infections, asthma, and dental caries<sup>37, 39</sup></li> </ul> | <ul style="list-style-type: none"> <li>Advice and support plays instrumental role in initiating and continuing breastfeeding<sup>25, 41</sup></li> <li>Multifaceted packages including targeted, small group, interactive education programs and peer support for women with low incomes are effective in enabling women to breastfeed, eg. UNICEF baby initiative (BFi)<sup>17, 22</sup></li> <li>Strengthened and mobilised Children's Centres are efficient for supporting breastfeeding<sup>19</sup></li> <li>National policy directives, political support and financial investments is needed to enhance the existing services<sup>22, 37, 38</sup></li> <li>Societal standards and legal regulations that facilitate breastfeeding should be promoted<sup>4</sup></li> <li>Implement local level complementary initiatives and targeted interventions to reduce breastfeeding inequalities<sup>20, 22, 33</sup></li> <li>Increase the capacity of services and Human Resources<sup>4, 6, 19, 24</sup></li> <li>Continued practical support and reassurance throughout their breastfeeding journey<sup>12, 16, 20, 21, 25, 32</sup></li> <li>Targeted interventions to men and extended family<sup>19</sup></li> <li>Use of postcode and deprivation level to identify women most at risk of low breastfeeding and implement targeted interventions<sup>12</sup></li> </ul> |

### Evidence map on the relationship between breastfeeding and long-term outcome in Nepal



#### WHAT DOES THE EVIDENCE TELL US?

- | Challenges in initiating and continuing breastfeeding  | Long-term benefits - health and economy   | What works well?  |
|--|---|---|
| <ul style="list-style-type: none"> <li>Some barriers to initiate breastfeeding in Nepal: caesarean delivery, home delivery by traditional birth attendants, small sized baby at birth, and lower decision making power of women<sup>2, 15</sup></li> <li>Early discontinuation of breastfeeding due to work commitment of women and lack of maternity leave<sup>29</sup></li> <li>Nepali custom of introducing solid food with a cultural ceremony "Pasni"<sup>28</sup></li> </ul> | <ul style="list-style-type: none"> <li>Breastfeeding reduces the risk of acute respiratory infection (ARI) in children under 2 years<sup>11</sup></li> <li>Lower rates of obesity among mother and child risks of neonatal mortality decrease by 72%<sup>11</sup></li> <li>Lack of studies exploring the relationship between breastfeeding and long term health and economic benefits in Nepal<sup>14</sup></li> </ul> | <ul style="list-style-type: none"> <li>Maternal and child health programme interventions helped increase early initiation of breastfeeding in Western and Far-western regions of Nepal</li> <li>Other possible reasons for the increase of breastfeeding in the regions was taken as inaccessibility to other alternatives of breastfeeding<sup>9</sup></li> <li>Antenatal classes and breastfeeding support groups and who are encouraged to breastfeed by family and friends increase breastfeeding duration<sup>29</sup></li> <li>Mothers higher level of education had positive relation to early initiation of breastfeeding<sup>29</sup></li> <li>Father's involvement, mostly from rural jobs, and father's level of knowledge were related to higher rates of early breastfeeding<sup>25</sup></li> </ul> |

### Empirical findings from 'A Better Start Southend' Programme in England/UK

Breastfeeding rate increased from 39.1% in 2018 to 50% in 2022 in ABSS wards

"I have to say the support and care I received from all the ladies I spoke to at Better Start has been amazing! From first being introduced to the scheme at 16 weeks of my pregnancy and having everything explained to me, I felt that Better Start would give me the support and advice I needed when considering breastfeeding. I then had an appointment at 36 weeks to discuss my colostrum harvesting [...] and then six weeks of breastfeeding support and an introduction to 'bump to breast' group."

"Just being able to talk to someone that understood where I was coming from [...] I've got my mum, she's great, but she never breastfed for longer than three days [...] they just listened to me rant, but they also come [sic] to help different positions, different techniques to try and ease [...] I just felt so much better about everything."

"I gained an incredible emotional attachment to my son. Every single time I fed h [...] it just felt magical. I know that sounds quite cliché [sic], but I could tell it was [...] as soon as I had a drop of milk, I loved that it would calm him right down and it made me feel so special, in a way [...] and we've had that bond ever since."

"Being a first-time mum, I thought breastfeeding would be so easy and I thought it'd be easy option. I've always wanted to do that, but I did not know how hard it was. I was so naive and honestly without the team, I would not have carried on at all to the point where I'm still carrying on now and I absolutely love it. I give true thanks to the support they gave me because I would have given up."

"With the help you get with Better Start, they were fabulous and because I had that extra support, it made the midwife and health visitor visits [...] if it wasn't for Better Start, I don't think I would have breastfed."

"I felt like she knew my anxieties around breastfeeding [...] I feel like with some people you speak to about breastfeeding, that it's very much made clear that it is best [...]."

## CONCLUSION

Data on the breastfeeding practices, either early initiation of breastfeeding, continuous breastfeeding, exclusive breastfeeding or use of pre-lacteal feed suggest various factors influencing to initiate, terminate or continue breastfeeding. Some of the factors include regional and geographical variations, socio-economic deprivation, cultural practices and rituals to introduce pre-lacteal feed or introduction of solid food, socio-economic characteristics of husband and wife and corporate marketing practises of breast milk substitutes. Specialised, system-wide and targeted support and advice from health care workers play significant role in increasing confidence and practical skills in initiating and continuing breastfeeding.

Research focus and available scientific evidence on breastfeeding and its long-term benefits between Nepal and England has a huge gap. Involvement and partnership of higher education institutions including universities in regular research and evaluation of voluntary sector's programme interventions, such as formative evaluation of ABSS can be seen as one of the best practices in England and throughout the UK.

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