# Feeding Hope or Fueling Risk?

## The Decline of Exclusive Breastfeeding in Zambia

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**Exclusive breastfeeding (EBF)** for infants aged 0-5 months remains one of the most critical interventions for child survival and development, particularly in developing countries like Zambia. It is widely recognized as a cost-effective public health measure, that provides optimal nutrition, strengthens immunity, and supports the healthy development of newborns. Recognising its importance, breastfeeding has been prioritised within the 2030 Agenda for Sustainable development, specifically under the third goal, as part of the United Nations' objectives[1]. The World Health Organization (WHO) recommends that infants should be exclusively breastfed, either directly at the breast or using expressed breast milk, for the first six months to ensure they receive essential natural nutrients that support their growth and development .[2]

Over the past three decades, Zambia has made substantial progress in promoting EBF, with the proportion of infants who are exclusively breastfed rising from just 10% in 1992 to an impressive 73% by 2013–14. However, this positive trend has not been sustained, with rates declining to 70% in 2018 and has further dropping to 64% in 2024 [3]. This downward trend threatens to undo decades of public health gains. It raises urgent concerns for child health and survival, particularly in developing countries where suboptimal breastfeeding remains a leading contributor to morbidity and mortality. It demands urgent attention from policymakers, healthcare providers, and communities alike to safeguard child well-being.

To understand the recent decline, it is important to first examine what drove Zambia's earlier successes in improving EBF rates. The Ministry of Health has adopted EBF as a National Policy and has promoted it into its antenatal and postnatal care services, ensuring that mothers receive education, practical support, and counselling on optimal infant feeding practices.

The government has also extended maternity leave to 14 weeks under the Employment Code Act No. 3 of 2019, aiming to provide mothers with more time to exclusively breastfeed their infants[4]. Additionally, the Baby Friendly Hospital Initiative (BFHI), launched in the 1990s, has played a pivotal role by ensuring that health facilities support mothers to initiate breastfeeding within the first hour of birth and continue exclusively for six months [5]. National advocacy and mass media campaigns, often run-in partnership with UNICEF and other organizations, use radio, television, and community outreach to educate families about the benefits of EBF and dispel common myths.

Furthermore, integrated nutrition and cash transfer programmes, such as the 1,000 Days in Social Cash Transfer (SCT) Pilot, target the critical window from conception to a child's second birthday [6]. These programmes combine financial support with nutrition education and health services to improve EBF rates and overall child nutrition. International partners like UNICEF, WHO, and the scaling Up Nutrition (SUN) Movement provide technical and financial support for breastfeeding promotion, health worker training, and community-based interventions.

Extensive research demonstrates that EBF is a significant predictor of positive infant health outcomes [7]. Infants who are not exclusively breastfed are at a higher risk of dying from infectious diseases, including pneumonia and new-born sepsis conditions that remain among the leading causes of death for Zambian children under five, as highlighted in the 2020 Vital Statistics Report from the Zambia Statistics Agency and Ministry of Home Affairs.[8 9]

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5 Ministry of Health Zambia. (2009, February 19). Infant and Young Child Feeding Mass Campaign Programme launched in Zambia. WHO Regional Office for Africa. https://www.afro.who.int/news/infant-and-young-child- feeding-mass-campaign-programme-launched-zambia-19th-february-2009
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*Infants aged zero to five months who are not breastfed have a higher risk of dying as compared to their counterparts who are breastfed.* [10]

EBF also reduces the risk of Human immunodeficiency virus (HIV) transmission compared to mixed feeding, supports neurocognitive development, and fosters parental sensitivity and emotional attachment, providing psychological benefits for both mother and child [11 12].

In low- and middle-income countries (LMICs), breastfeeding is recognized as an ideal and cost-effective source of nutrition for optimal infant growth and development. Evidence indicates that exclusive breastfeeding for the first six months can reduce infant mortality rates in developing countries by up to 13 percent [13 14]. Despite these benefits, EBF rates in sub-Saharan Africa remain low, with only about 37 percent of infants under six months being exclusively breastfed, and in Zambia, the national rate has recently declined to about 64 percent [15 16].

Multiple factors contribute to the failure to maintain exclusive breastfeeding, including inadequate milk production, maternal illness, negative attitudes and beliefs about breastfeeding, physical discomfort, and the pressures of returning to paid employment[17 18]. Beyond these individual-level challenges, societal pressures, such as heavy household chores, lack of support from spouses, misinformation, and cultural beliefs, also play a significant role. This is particularly true for employed mothers in both the formal and informal sectors, who often lack sufficient maternity protection or workplace support [19].

A systematic review examining factors affecting EBF during the first six months in developing countries found that maternal employment emerged as the most commonly reported obstacle. Many studies included in the review noted that mothers often perceived their breast milk supply as inadequate. Health-related challenges, such as illnesses affecting either the mother or the infant, along with breast complications, were also significant barriers. Furthermore, the review emphasised the powerful influence of socio-cultural factors, showing that beliefs held by mothers and their close contacts about infant nutrition often strongly discouraged EBF [20].

Beyond health implications, low EBF rates are associated with significant economic costs. They are associated with increased healthcare expenditure and reduced productivity [21]. Research further indicates that women who engage in early preparation for breastfeeding are more likely to be physically and psychologically ready for exclusive breastfeeding, highlighting the importance of prenatal education and support [22]. Despite Zambia's policy efforts, including increased maternity leave and integration of breastfeeding counseling into antenatal and postnatal care, adherence to EBF remains a challenge. This highlights for continued investment in maternal support systems and community education to sustain and improve breastfeeding rates.

Globally, WHO and UNICEF have been at the forefront of advocating for EBF through initiatives like the Global Strategy for Infant and Young Child Feeding and the Breastfeeding Advocacy Initiative. These organizations call for comprehensive national policies, stronger legal protections for breastfeeding mothers, increased funding, and improved access to skilled lactation counseling. In Zambia, they work closely with the government to support the scale-up of the BFHI, provide technical assistance for monitoring and evaluation, and run mass media campaigns to promote EBF. Their efforts are crucial in ensuring that national policies are effectively implemented and that progress towards global breastfeeding targets is tracked.

The recent decline in exclusive breastfeeding rates in Zambia is not just a statistic, it is a public health crisis with far-reaching implications. Addressing barriers such as inadequate workplace support, limited community education, and insufficient access to skilled counseling is essential. Strengthening the enforcement of existing laws and expanding support to mothers in the informal sector will be critical for reversing the downward trend. Ultimately, EBF is not just a health issue but a societal one, requiring the collective efforts of government, communities, and international partners to ensure that every child receives the best possible start in life. By learning from past successes and addressing current gaps, Zambia can reclaim its progress and ensure that every child has the best start in life. The time to act is now.

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