Panel 7.5

Brazil’s achievements in improving stunting prevalence and breastfeeding practices: Ingredients of success

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In the past three decades, Brazil has experienced rapid changes in key social determinants of health and nutrition and undergone major healthcare system reforms (Victora et al, 2011). These changes are reflected in Brazil’s impressive improvements in stunting levels and breastfeeding practices since the mid-1970s. Stunting prevalence, for example, dropped from 37 percent in 1974–1975 to 7 percent in 2006–2007. During the same period, the median duration of breastfeeding increased from around 2.5 months to 14 months. Exclusive breastfeeding rates in children younger than four months of age similarly rose steeply from a low of around 4 percent in 1986 to 48 percent by 2006–2007 (Victora et al, 2011).

These achievements were made through a vast expansion in access to maternal and child health and nutrition services coupled with broad social, economic, and political changes. The most notable changes included steady reductions in poverty and fertility, a transition from a military dictatorship to a stable democracy that introduced many social reforms, huge investments in primary and secondary schooling that led to substantial improvements in women’s education, food supplementation programs targeted at mothers and children, extensive water and sanitation programs, and cash transfer programs targeted at the poorest population groups (Pérez-Escamilla et al, 2012).

In an effort to reduce Brazil’s high child mortality and stunting rates, particularly in comparison with other countries at a similar income level, strong vertical child survival intervention programs were scaled up starting in the 1980s and were eventually integrated into the primary healthcare system for greater sustainability (Pérez-Escamilla et al, 2012). These programs included highly coordinated actions to promote optimal breastfeeding practices such as the 1981 National Program for the Promotion of Breastfeeding, which involved a baseline needs assessment, successful advocacy and media campaigns to sensitize decisionmakers and the general public about the urgent need for changes in the then-dismal breastfeeding rates, training for health workers on counseling women on lactation, the development of mother-to-mother support groups, and the engagement of civil society organizations, like the International Baby Food Action network, to increase community awareness of the relationship between breastfeeding and maternal and child health. At the policy level, the International Code of Marketing of Breast-milk Substitutes was introduced and has been strongly enforced since 1988, and maternity leave was gradually extended from two months to six months by 2006. More than 300 maternity hospitals have been certified by the Baby Friendly Hospital Initiative—an important measure given that almost all births occur in facilities and the critical role of early initiation of breastfeeding on women’s ability to exclusively breastfeed for the first six months and to continue breastfeeding for up to two years and beyond. Brazil also has more than 200 human milk banks, enabling women to provide breast milk to their babies in the event that they are unable to breastfeed.

Brazil’s success in drastically reducing stunting and improving breastfeeding practices shows what is possible through a set of coordinated, sustained actions across multiple sectors that increase access to maternal and child nutrition-related services, improve women’s educational and social status, increase
political will to address poor child nutrition through effective programmatic action, and create a supportive legal environment that enables women to choose breastfeeding.

References
