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THE STATE OF BREASTFEEDING IN BOLIVIA:  
PRACTICES AND PROMOTION

*Summary Report*

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for the

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# THE STATE OF BREASTFEEDING IN BOLIVIA: PRACTICES AND PROMOTION

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*Due to the critical role of breastfeeding in the health of mother and child, the Agency for International Development (A.I.D.) has developed a major initiative to provide a full range of support to breastfeeding programs. Activities include country level assessments to document the current situation, followed by development of breastfeeding strategies and implementation.*

*As part of this initiative, A.I.D. has requested that Mission staff, together with country counterparts, begin by reviewing national breastfeeding strategies and developing ways to strengthen them. In the Latin America and Caribbean (LAC) region, priority has been given to country assessments in the Dominican Republic, Bolivia, Guatemala, Nicaragua and Peru.*

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## INTRODUCTION

This assessment of breastfeeding activities in Bolivia was requested by USAID/Bolivia, through the MotherCare and the LAC Health and Nutrition Sustainability contracts, to review the available information on the status of breastfeeding in Bolivia, to identify supporting factors and obstacles, and to identify areas requiring immediate action.

The assessment team was composed of Dr. Andrés Bartos, pediatrician and Coordinator of COTALMA, Dr. Mary Ruth Horner, nutritionist and consultant for MotherCare/Manoff Group and Lic. Gloria Peñaranda, M.A., Chief of Nursing at the Children's Hospital in La Paz and Executive Secretary of COTALMA. The assessment lasted three weeks (5-23 August 1991), with the two local members of the team starting work one week earlier to begin identifying and contacting information sources and collecting materials.

The methodology for the assessment was based on the 1991 Guide for a Preliminary Country Analysis of Activities and Practices Supporting Breastfeeding, produced by MotherCare, in collaboration with other

groups. The team first reviewed the Guide and developed a list of sources (documents, specific people, and institutions) from which information could be gathered. Interviews were subsequently scheduled with government, non-government and private sector health and donor officials. In order to complement the activities in La Paz, the team visited four health facilities in Cochabamba and five health centers in Santa Cruz.

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## COUNTRY BACKGROUND

Bolivia has an estimated population of 6.4 million people according to the 1989 National Survey on Population and Housing (DHS 1989), of which 51% lives in urban areas. It includes three geographic regions: the highlands, the valleys and the lowlands. From an ethnic point of view, there is great diversity. The Aymara and Quechua groups prevail in the highlands and in the valleys. There are other ethnic groups in the lowlands, but they represent a small percentage of the country's population. The illiteracy rate in people over 15 years of age is 18.9%.

Gross per capita product is US \$570 (State of the World's Children, 1991, UNICEF). There are high unemployment and underemployment rates, and an estimated 80% of the population live below the poverty line (Morales, 1984). The economic policy of the last few years has achieved a reduction in inflation rates and allowed for economic growth, but has not achieved a reduction in the gap between rich and poor. On the contrary, this gap is likely to have widened.

Although the infant mortality rate in Bolivia has declined steadily during the past decade, it remains high at approximately 100 infant deaths per live births. Anthropometric data suggest an overall profile of chronic malnutrition, affecting 38% of children under five (DHS, 1989). The highest risk for malnutrition is among populations in the highlands, with intermediate risk in the valleys.

The percentage of the national budget allocated to health is approximately 8.5%. The largest share is for social security and wages. Budget allocations for infrastructure, equipment, and inputs come almost entirely from international cooperation agencies.

As to health services coverage for the population, 20 to 30% fall under the Ministry of Social Welfare and Public Health, 20% under Social Security, and 20% under the non-governmental organizations and private voluntary organizations (NGOs and PVOs), mainly in the rural areas. A significant percentage of the population lacks access to health services. Private services offer scant coverage.

An outcome of the economic crisis has been a steadily more active participation of women in the economic support of the family. Some women work in the formal economic sector, but a larger group works in the informal sector. In addition, women perform their traditional role in household chores and are responsible for child care.

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## FINDINGS OF THE BREASTFEEDING ASSESSMENT

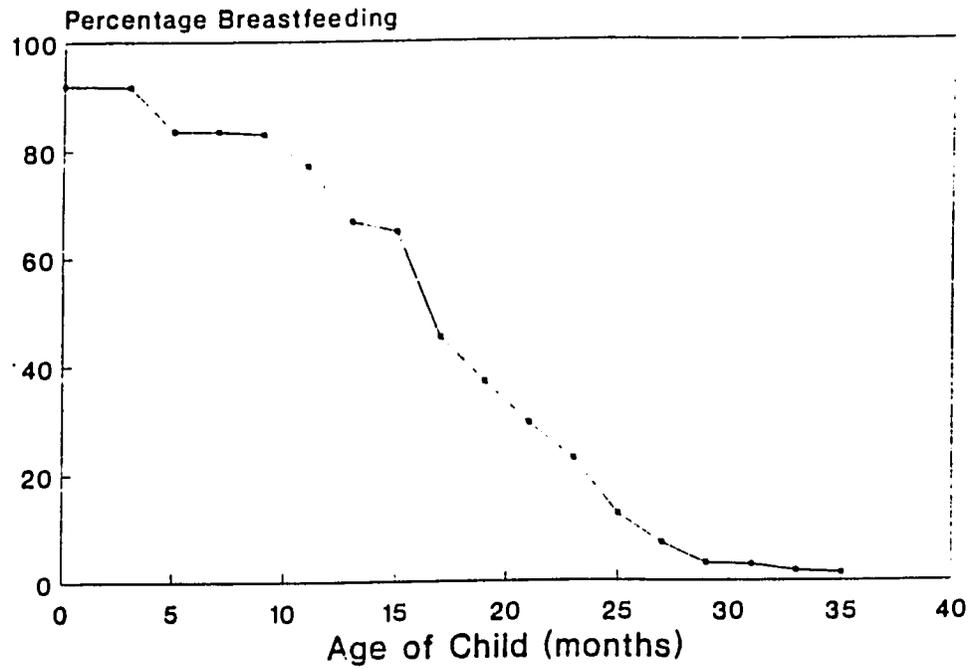
### Nature and magnitude of the problem of suboptimal breastfeeding practices

The fact that the overall duration of breastfeeding is fairly prolonged in Bolivia reflects an environment supportive of breastfeeding. Approximately 71% of children are still being breastfed at 12 months of age (see Figure 1).

Overall, the median duration of breastfeeding is highest in the highlands (19.7 months), intermediate in the valleys (16.4 months), and lowest in the lowlands (13.2 months). Throughout the country, the duration of breastfeeding is higher in rural areas than in urban (see Figure 2).

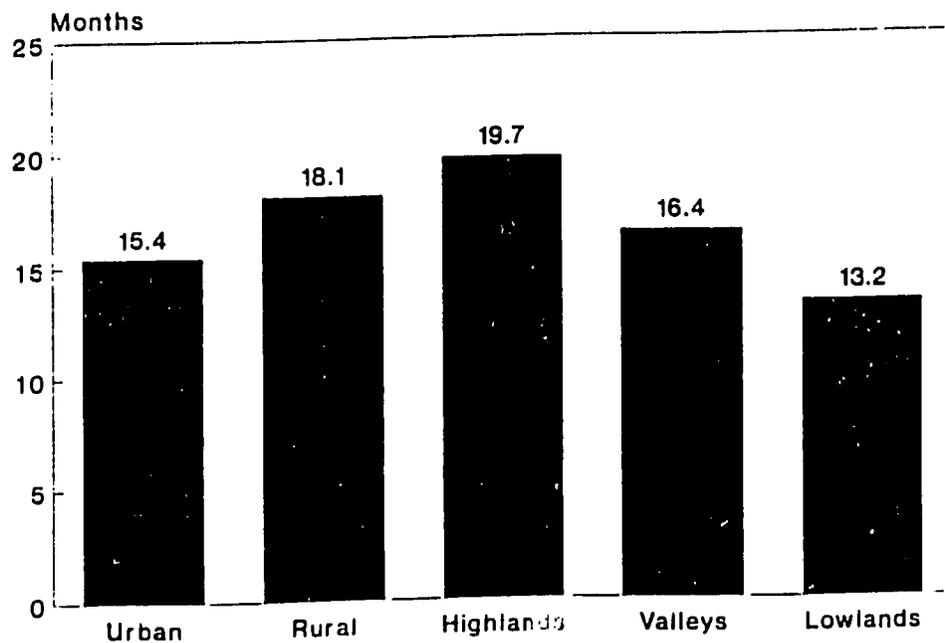
Since breastfeeding is rather ubiquitous for infants in Bolivia, it is easy for many to conclude that there is no need for concern in this area. However, there has been a documented decrease in the prevalence and duration of breastfeeding in Bolivia over the past decade (see Figure 3). Negative influences which affect successful, exclusive and prolonged breastfeeding are prevalent and strong, even in rural areas.

Figure 1  
Percentage of Children Breastfeeding



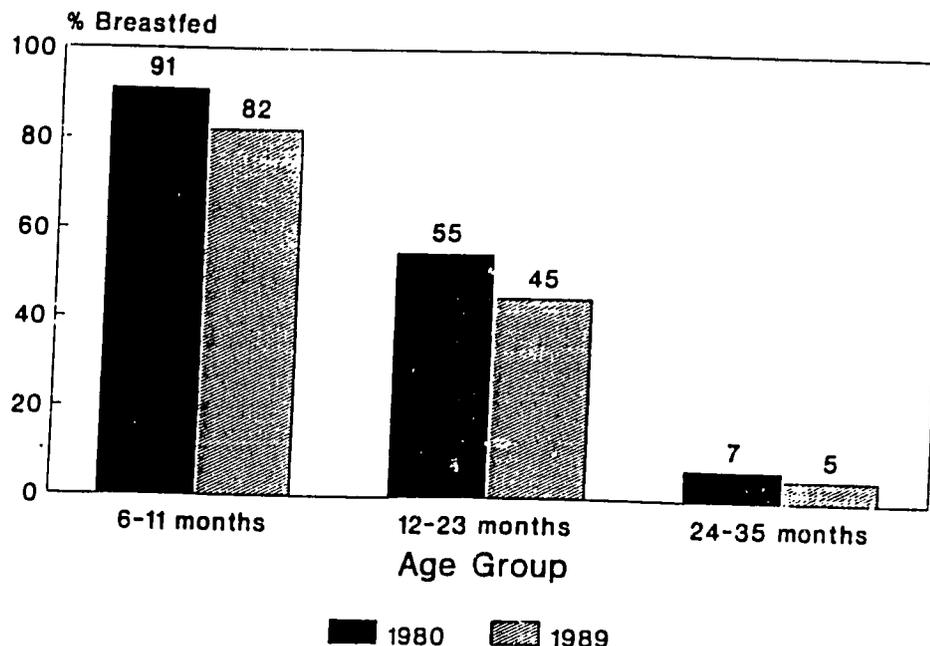
Source: DHS 1989

Figure 2  
Median Duration of Breastfeeding



Source: DHS 1989

Figure 3  
Decline in Breastfeeding Duration



Source: INAN 1981, DHS 1989

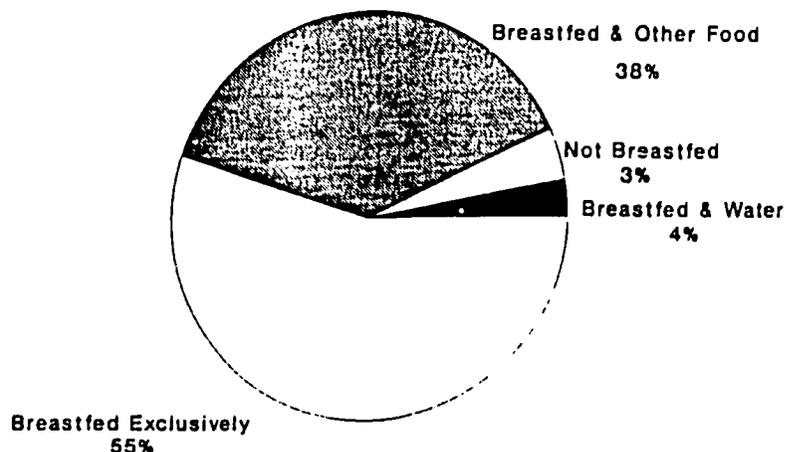
Moreover, the increasing practice of unnecessarily and prematurely replacing exclusive breastfeeding with partial breastfeeding places many infants at high risk for diarrhea, acute respiratory infections, malnutrition and subsequent death. In contrast to the WHO/UNICEF recommended practice of universal exclusive breastfeeding in infants to 4-6 months of age, scarcely half of children aged four months and younger are breastfed exclusively (see Figure 4).

The early introduction of teas such as *mate de anís* and other liquids to newborns is another threat to breastfeeding in Bolivia. Unfortunately, this negative indigenous practice is not recognized as harmful by most health workers. There is also an

alarming high rate of early introduction of weaning liquids and foods, such as starches and cereals, and low consumption of energy-rich weaning foods. Data from Community and Child Health (CCH) show that liquids other than breastmilk are started between 1 and 3.5 months, with solids being introduced shortly thereafter, between 3.4 and 5.5 months.

Suboptimal exclusive breastfeeding has not been well studied, since it is often a somewhat masked phenomenon which becomes quantifiable through investigations explicitly designed to ferret out these subtle trends in maternal behavior. Given the critical health and nutrition impact of breastfeeding in the first six months of life, reversing the decline in exclusive breast-

Figure 4  
Infant Feeding Patterns  
Children 0-4 months of age



Source: DHS 1989

feeding should be a principal focus of breastfeeding promotion efforts in Bolivia.

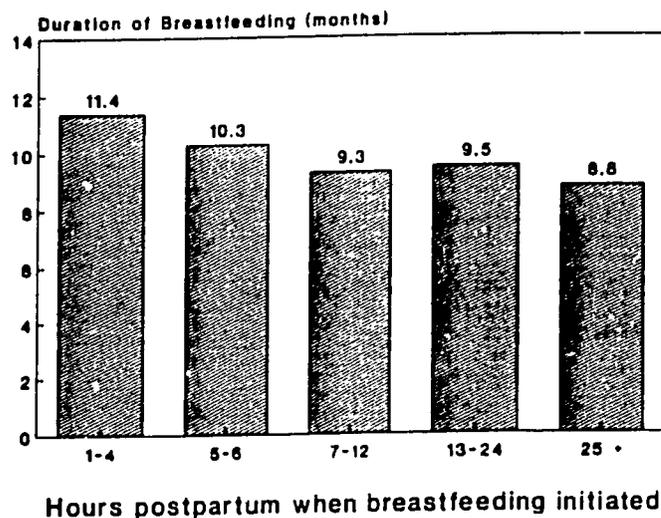
One of the factors considered important for establishing breastfeeding is putting the newborn to the breast as soon as possible after birth. In Bolivia, this practice is not yet widespread. Data from the National Food and Nutrition Institute (1981) show that mothers who started to breastfeed within hours after the birth tended to breastfeed their infants for more months than mothers for whom the initiation of breastfeeding was delayed (see Figure 5).

In general, mothers seem to understand quite well the importance of breastfeeding, but lack the self-confidence and the proper information and close support for dealing

with problems. In particular, the influence and negative role of uninformed health personnel is highlighted through the explanations that mothers give for their breastfeeding practices. Although regional and cultural differences in breastfeeding practices are great in Bolivia, a mother who is having trouble breastfeeding, no matter where she lives, is very vulnerable to short-term solutions which reduce her milk supply and her baby's desire to breastfeed.

Mothers from urban areas, those from a higher social class and those with a higher degree of education tend to breastfeed their children less and introduce mixed feeding earlier than other mothers. These urban breastfeeding practices are well known in the rural sector and have a negative

Figure 5  
Duration of Breastfeeding of Infants



Source: INAN (Vera, 1981)

influence well beyond their geographical point of origin. Understanding the factors underlying any regional and cultural differences in breastfeeding practices is important for designing possible interventions.

Of special note is the declining negative influence of the Catholic Church, which traditionally has prohibited the use of artificial methods of contraception. Since family planning services are now becoming more available to women, they are better able to plan and space their pregnancies. Exclusive breastfeeding has an important role to play in child spacing and now can be more openly discussed in this regard.

Yet for those women who wish to practice both breastfeeding and modern contraceptive methods, the options are limited. Currently, progestin-only oral contraceptives are not available in Bolivia through the national contraceptive procurement under UNFPA/PAHO. Making progestin-only pills available would permit women to safely breastfeed while taking oral contraceptives.

#### Political, legal and financial context

The legal environment -- which includes regulations regarding pre- and postnatal leave, a one-hour break for nursing, and institutionalized day care -- is favorable but the outcome of these regulations is not

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significant. Regulations are not only insufficient, but their application is limited as well.

The Bolivian Code to regulate the commercialization of breastmilk substitutes was approved by the Ministry of Health in 1984 but lacks the power of actual national law. Its contents are similar to those of the WHO Code and do not contemplate sanctions in case of non-compliance.

Under the Social Security system, mothers receive a "nursing subsidy" which consists of food, including powdered milk, from the fifth month of pregnancy to the child's first anniversary. The Multipurpose Project BOL/WFP 2801 (MPSSP 1990) also offers food rations for the last 5 months of pregnancy and the 5 months immediately after pregnancy; these rations also include powdered milk. These allocations induce new mothers to use the donated milk to feed their newborns to the detriment of breastfeeding.

The Ministry of Health has recently developed norms for breastfeeding as part of its 1990 National Plan. Although these norms contribute to a favorable environment for breastfeeding, they suffer from insufficient dissemination and application.

No major agency -- governmental, non-governmental, multilateral or bilateral -- has a specific program or budget dedicated to breastfeeding. However, there is increasing national and international attention being given to the topic, thus increasing the possibility of securing funds for more interventions to address breastfeeding

problems. A very positive factor is a local volunteer group, called COTALMA (Comité Técnico de Apoyo a la Lactancia Materna - Technical Support Committee for Breastfeeding), comprised of 16 graduates of the Wellstart Lactation Management Education Program based in San Diego, California. Since its formation in 1989, COTALMA has been involved in the promotion of breastfeeding, with a special focus on training health professionals.

### Formal health services

Health workers at all levels, and associated with all kinds of institutions, have been identified as having a major negative influence on breastfeeding. While the health workers' behavior towards pregnant and lactating women is not assumed to be malicious in any way, the difficulties in addressing their inadequate knowledge, poor attitude and lack of positive experience with breastfeeding must be taken seriously.

Negative practices in the majority of hospitals (both public and private) interfere with the successful initiation of breastfeeding and therefore seriously jeopardize the mother's chances to breastfeed at all. Hospital directors exert considerable influence over the support given (or not given) to breastfeeding. For the most part, unless they have received specific training in the promotion of breastfeeding, those health professionals working in the private sector are unaffected by the breastfeeding norms issued by the Ministry of Health.

As a result of these factors inherent to the health sector, successful initiation of

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breastfeeding is seriously jeopardized. In addition, any lack of confidence in a mother's ability to breastfeed is reinforced by the lack of the right information and support.

Rooming-in is prevalent in hospitals, but is only one of the many necessary conditions for the successful initiation of breastfeeding. A few positive hospital models do exist for specific practices related to breastfeeding, having been influenced particularly by members of COTALMA. These hospitals include the Hospital San Gabriel with its prenatal counseling program, three hospitals with "kangaroo mother" programs for premature babies, and the Children's Hospital with its novel approach to day care.

In this latter case, female staff are allowed to bring their newborns to work and to care for them in their immediate work place, since there is no day care center per se. The results have been extremely positive: the babies are breastfed and all have remained quite healthy, and the mothers show increased efficiency and dedication to their work with reduced absenteeism. The Children's Hospital also has a breastfeeding clinic, encourages mothers to sleep over with their sick children, and has a unit devoted to training staff in primary care programs, such as control of severe diarrheal disease, acute respiratory infections, and promotion of normal growth and development.

### Traditional health services

The majority of deliveries in Bolivia take place in the home, unattended by a trained

health worker. A new program by the Ministry of Health is designed to train the husband and other family members in the techniques of a clean delivery.

### Training programs for health care providers

Due to the role of health personnel in influencing breastfeeding practices, a major effort must be undertaken to train them in proper lactation management. Fortunately in Bolivia, many key elements for such a training program are already in place. The activities of COTALMA are testimony that training can make a difference in the behavior of entire institutions and the health professionals associated with them. However, in order for COTALMA to expand its efforts in a serious fashion, it must secure financial support.

The current university curricula for the health professions are not supportive of breastfeeding. However, a positive example is provided by the University of San Andrés (Universidad Mayor de San Andrés) which has shown that changing the curriculum to support breastfeeding is not a formidable task.

### Women's work and support systems

The existence of laws which provide for maternity leave, compensatory time for breastfeeding, and day care support are necessary but not sufficient conditions to support breastfeeding. These laws need to be enforced and the women who can benefit from them must be empowered to defend their rights in this regard. Bolivian culture is traditionally not supportive of women's

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rights. However, forces from various sectors are addressing this issue, including the model day care program at the Children's Hospital and the international and Bolivian NGOs dedicated to supporting women. The numerous formal and informal women's groups which exist in Bolivia provide considerable potential for introducing proper information and training in breastfeeding management.

### Marketing of breastmilk substitutes

The marketing activities of retailers of breastmilk substitutes are both hidden and effective. The Marketing Code for Breastmilk Substitutes may be a useful tool, but in its present form it has enough loopholes to defeat its purpose. As previously mentioned, dissemination and

knowledge of its contents are very limited, and it lacks legal enforcement mechanisms. Compliance monitoring is almost non-existent.

### Information, education and communication activities

Outside of the health sector, dissemination of information about breastfeeding is not widespread in Bolivia. However, commercial interests in promoting breastmilk substitutes, bottles and other products not conducive to breastfeeding are increasing as the country becomes more urban and more experienced in the use of sophisticated communication technologies.

#### **Supportive Factors for Breastfeeding**

- Widespread acceptance of breastfeeding
- Existence of Bolivian Code on commercialization of breastmilk substitutes
- Establishment of norms and procedures for breastfeeding promotion
- Existence of COTALMA, which has provided lactation management training for health personnel
- Existence of a model for improving breastfeeding curricula in health sciences training
- Passage of laws supporting working women

#### **Constraints to Breastfeeding**

- Inadequate attention to needs of working nursing women; limited enforcement of women's legal rights
- Insufficient dissemination of MOH breastfeeding norms
- Inadequate knowledge and training of health care providers, including traditional birth attendants
- Lack of support from hospital directors to enforce new norms
- Supplemental feeding programs distribute powdered milk to new mothers
- Lack of knowledge among families of importance of early initiation and exclusive breastfeeding
- Limited women's support systems

PROCOSI (Programa de Coordinación en Supervivencia Infantil - Program of Coordination in Child Survival) provides a positive example of coordinated development of educational materials by its PVO members and the Ministry of Health. PROCOSI and its collaborators recently produced a popular manual for the training of field health workers in the basics of breastfeeding management. Any new effort to develop more materials should include a review of the Buena Madre materials and experience from the early 1980s.

The relatively favorable situation of breastfeeding in Bolivia -- in comparison with other countries in Latin America -- may at first seem a reason not to prioritize actions in the areas of protection and promotion of the same. However, since a substantial decline has been documented, there is concern that if immediate and serious actions are not taken, this trend will be exacerbated, interfering with the efforts to reduce infant morbidity and mortality.

Nevertheless, there is a favorable climate for action, encouraged by the activities of COTALMA, the institutional model of the Children's Hospital in La Paz and the declining negative influence of the Catholic Church. This is the right time to act while the damage is still limited and therefore reversible. Besides the human and infrastructure resources already mentioned, there is political will within the country as well as support from international sources and from various aid agencies.

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## RECOMMENDATIONS

The practice of prolonged breastfeeding in rural areas (particularly in the highlands) should be protected. Investigations should be carried out to understand the bases of mothers' behavior and to provide guidelines to propose changes in knowledge, attitudes and practices that interfere with breastfeeding, especially exclusive breastfeeding. These studies should also include the husband -- the person who assists most deliveries -- and the community. Some priority issues are: the lack of colostrum use, late beginning of breastfeeding, the use of bottles, the reasons behind and potential motivation for changing early or very late weaning, and increasing the prevalence and duration of exclusive breastfeeding.

In order to provide a national administrative structure for new activities to support breastfeeding, the National Breastfeeding Promotion Committee should be reactivated. The Ministry of Health's national breastfeeding norms should be reviewed and disseminated, with the intent of securing their adoption and application at operational levels. Program emphasis must be placed on encouraging exclusive breastfeeding in the first 4-6 months of life and on ending practices of health workers that negatively affect breastfeeding. The COTALMA group should continue to seek funding to maintain its breastfeeding promotion efforts, particularly in the area of sensitizing and training health personnel.

Linkages and opportunities for mutual reinforcement between breastfeeding

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promotion and other health and nutrition activities must be more fully exploited. In the case of supplementary feeding, if milk powder is distributed as part of food aid programs for women and children, it should be done so in accordance with the guidelines set forth by the U.N. High Commission for Refugees and adopted by the World Food Programme. With respect to family planning, methods which are conducive to breastfeeding, such as progestin-only pills, should be made available in Bolivia.

A strategy should be developed to promote curricula and content reviews in Health Sciences education. At the same time, continuing education programs for staff in service should be developed and implemented. The positive breastfeeding practices currently present in health facilities should be reinforced. The document "Ten Steps to Successful Breastfeeding" (1989 PAHO/UNICEF) can provide the basis for developing hospital-specific policies, training programs and follow-up activities.

The Bolivian Code for Marketing of Breastmilk Substitutes, in its current version, deserves review and subsequent legal ratification. Its contents should be disseminated, and the mechanisms for monitoring its application strengthened. It is important that the National Committee for Breastfeeding Promotion be in force to achieve these goals.

Strategies and appropriate actions should be developed immediately, taking advantage of the current situation of support at the national and international levels. The time to act is now.

### **Key Recommendations**

- Re-activate the National Breastfeeding Promotion Committee to coordinate national activities to support breastfeeding.
- Review and disseminate MOH breastfeeding norms.
- Legally ratify the Bolivian Code for Marketing of Breastmilk Substitutes and monitor its application; ensure that food distribution programs adhere to UNHCR guidelines for powdered milk distribution.
- Investigate women's and husbands' knowledge, attitudes and practices which interfere with optimal breastfeeding practices, especially the timely initiation of breastfeeding and exclusive breastfeeding for 4-6 months.
- Train frontline health workers to actively promote positive breastfeeding practices; review and update medical and nursing curricula on breastfeeding.
- Introduce progestin-only pills to the Bolivian market to enable breastfeeding by mothers using oral contraceptives.