

# Breastfeeding Promotion in Thailand

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National Breastfeeding Project in Thailand began in 1989. The main activities were the promotion of the Baby-Friendly Hospital Initiative; legislation on maternity leave; and the Code of Marketing of Breastmilk Substitutes and related products. The development of Baby – Friendly Hospital Initiative may in part explain the increasing of prevalence rate of breastfeeding. However, exclusive breastfeeding has not shown favorable increases. The survey in 2005 found exclusive breastfeeding at 6 months was 14.5% while the national target of the Ninth National Health Development Plan (NHDP) has been set at 30%. There are many factors affecting the success of breastfeeding promotion. The Ministry of Public Health, which is responsible for infant/child health, has to find solutions with the most potential for any problem related to such a matter, especially prevention of childhood diseases. Furthermore, it must also create an environment where good health fundamentals for physical and intellectual developments from infancy to childhood and maturity exist.

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### Current breastfeeding situation in Thailand

It is well recognized that breastfeeding is the natural and normal way to nurture the babies. It has many positive benefits for both infant and maternal health. Furthermore, it has economic and environment benefits. Exclusive and sustained breastfeeding babies benefit from the protective immunological qualities of breastmilk, the decrease the incidence and/or severity of diarrhea, the lower respiratory infections, the otitis media urinary tract infection, and the necrotizing enterocolitis. There is a possible protective effect of breastmilk feeding against sudden infant death syndrome, Crohn's disease, ulcerative colitis, insulin dependent diabetes, lymphoma, and allergic disease. Breastfeeding has also been related to possible enhancement of cognitive development<sup>(1-3)</sup>.

Maternal benefits include a decreased risk of postpartum hemorrhage, reduced risk of premenopausal breast cancer, osteoporosis, and diabetes mellitus type II<sup>(4-7)</sup>. Moreover, lactational amenorrhea plays an important part in birth spacing as it was shown to be 99%

effective if the mother exclusively, or almost exclusively breastfeeds for the first six months after birth<sup>(8)</sup>.

Human milk is species-specific, all substitutes feeding option differ markedly in terms of nutrients, vitamins and enzymes, growth factors, immunological and antiinflammatory properties or infant growth and development outcomes. Therefore, breastmilk does not just add benefits, but sets the standard for infant feeding.

As a global public health recommendation, infants should be exclusive breastfed for the first six months of life to achieve optimal growth development and health. Thereafter, to meet their evolving nutritional needs, adequate and safe complementary foods should be added while breastfeeding continues for up to two years of age or beyond<sup>(9)</sup>. The guideline of infant feeding in Thailand has been changed the recommendation of exclusive breastfeeding from 4-6 months to 6 months since 2003<sup>(10)</sup> to be consistent the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommendations.

The National Survey in 1995, 1998, and 2000 showed relatively high levels of breastfeeding com-

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Percent of breastfeeding by year

Breastfeeding	1993(1)	1995(2)	1998(3)	2000(4)	2002(5)	2005(6)
Exclusive breastfeeding 4 months	1.3	3.6	2.08	2.92	13.8	20.7
Predominat breastfeeding 4 months	18.7	31.4	30	36	28.4	26.5
Exclusive breastfeeding 6 months						14.5

(1) Family Health Division 1994<sup>(11)</sup>

(2) Nutrition Division 1996<sup>(12)</sup>

(3) Durongdej 1998<sup>(13)</sup>

(4),(5),(6) Department of Health 2000,2002,2005<sup>(14-16)</sup>

pared to 1993, but very low rates of exclusive breastfeeding<sup>(11,12,13,14)</sup>. (It should be noted that the observations made in several recent studies have shown that, under four months of age, a significant proportion of babies that are not exclusively breast-fed receive only water in addition to their mothers' milk.) In 2002 exclusive breastfeeding at 4 months are significantly higher than the previous surveys<sup>(15)</sup>. This is because the definition of exclusive breastfeeding indicator has been changed to "24 hour recall" of feeding practice, to be consistent with WHO indicator.

The national target of the Ninth National Health Development Plan (NHDP) has been set for exclusive breastfeeding at 6 months to be 30% at the end of 2006. The recent survey (2005) found that exclusive breast-feeding at 4 months is 20.7% , 6 months is 14.5 % while predominant feeding at 4 months is 26.5%. Adding water while feeding the baby in any age has been widely practiced in Thai society for generations. It will take time to change those attitudes.

### Breastfeeding promotion in Thailand

The National Breastfeeding Project began in 1992. Its objective is the "empowerment of all women to breastfeed their children exclusively for the first 4-6 months and to continue breastfeeding with complementary food well into the second year and beyond". In cooperation with the United Nations Children's Fund (UNICEF), the government drew up goals for the promotion of breastfeeding to be achieved by 1995. The aim of the goals was to ensure that<sup>(13)</sup>

1. all mothers are able to exclusively breastfed their infant for at least 4 months, and subsequently breastfeed with the addition of appropriate complementary food until the infant is two years of age.

2. relevant information and training is provided to ensure that all hospitals reach Baby- Friendly Hospital status.

3. by June 1993 there was an end to the donation and sale of infant formula in all government hospitals to ensure strict adherence to the 1995 Code of Marketing of Breastmilk Substitutes and other related products by both the public and private sectors.

4. the WHO indicators were used to assess national breastfeeding promotion. A target for exclusive breastfeeding was set at 15% of infant for 1995 (the date for the achievement of this goal has now been extended to 2001.

The main activities planned to meet these goals were : the promotion of the Baby-Friendly Hospital Initiative; legislation on maternity leave; and the Code of Marketing of Breast-milk Substitutes.

### The baby – friendly hospital initiative. (BFHI)

The BFHI addresses a major factor that has contributed to the erosion of breastfeeding – that is, health care practices that interfere with breastfeeding. Implementing the best practice in the healthcare system is an important part of any program to promote breastfeeding, as it will help ensure that the health services are able to support mothers who chose to breastfeed. The Ten Steps to Successful Breastfeeding are recognized as best practices standards for the care of mothers and babies by the maternity services.

### The ten steps to successful breastfeeding<sup>(17)</sup>

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.

2. Train all health care staff in skills necessary to implement this policy.

3. Inform all pregnant women about the benefits and management of breastfeeding.

4. Help mothers initiate breastfeeding within a half-hour of birth.

5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.

6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.

7. Practice rooming-in — allow mothers and infants to remain together — 24 hours a day.

8. Encourage breastfeeding on demand.

9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Thailand has established a policy on promoting breastfeeding, which follows the WHO/UNICEF's the Ten Steps to Successful Breastfeeding, laid down since 1995. The major activity has been the Baby – Friendly Hospital Initiative. In 1997, 772 hospitals under the Ministry of Public Health including provincial hospitals and one university hospital were designated “BFHI”. At present Thailand has achieved baby-friendly status for all of its government hospitals under the Ministry of Public Health. The number of BFHI is 792 hospitals (98.4%)<sup>(10)</sup>. After three years of implementing BFHI (1997) evaluation of the sustainability of the baby friendly hospitals undertaken by the Center for Breastfeeding Promotion, Mahidol University Faculty of Public Health found the successful in initiating Breastfeeding and in promoting the prolongation of breastfeeding. Impact has been so positive that the mandatory implementation of BFHI in all hospitals, both public and private, is strongly recommended<sup>(13)</sup>.

### **Measures to implement the Thai code of marketing of foods for infants and young children and related products**

The Code of Marketing of Foods for Infants and Young Children and Related Products 1995 had been developed from the Code of Marketing version 1981. This intended to be as a measurement to strengthen, support, and promote the Breastfeeding Project by mean of the Baby-Friendly Hospital Initiative (BFHI). Thailand is one of the member countries of the UNICEF that accept this measurement by mean of a voluntary agreement between the government and the business companies of baby foods and related products.

The Code has 10 important provisions<sup>(18)\*</sup>

1. No advertising or other forms of promotion to the public.

2. No free samples to mothers (direct or indirect).

3. No promotion of products within the healthcare facilities.

4. No company sales representatives to advise mothers.

5. Information and educational materials on infant feeding may only be provided upon government approval. All information to mothers, for instance on labels, must stress the benefits of breastfeeding and cost and hazard of artificial feeding.

6. No gifts to health workers.

7. Product information for health professionals must be scientific and factual matters.

8. No pictures of infants or other pictures or text idealizing the use of infant formula on labels.

9. No promotion of unsuitable products, such as sweetened condensed milk.

10. Manufacturers and distributors are responsible to monitor their marketing practices according to the principles and aims of the Code and to take steps to ensure that their conduct conforms at every level.

\* modified from Summary of the Code: Complying with the Code? A Manufacturers' and Distributors' Guide to the Code.

Monitoring and evaluation of the Code conducted in 1995 and 2004, found extensive Code violation. Healthcare facilities are the target of manufacturers and distributors for product Promotion. It is the most efficient avenue for them to reach mothers<sup>(19,20)</sup>.

### **Maternity leave**

In parallel with this readjustment in health facilities, promotion campaigns aimed at the general public have strengthened recognition of the importance of exclusive breastfeeding for 4-6 months and of breastfeeding up to two years. Outside the health sector, the inclusion of maternity leave in national law since 1993 is helping to create a supportive environment for breastfeeding. Under this legislation, mothers have the right to 90 days of paid leave. The whole salary is paid during this period by the government for government officials, while in the case of women employed in private sectors, the burden is shared between the employer (50%) and the National Social Security Fund (50%).

### **Forming mother support group**

Continuing support to sustain breastfeeding is necessary after mother and infant is charge from the hospital. The breastfeeding program has also focused on encouraging “baby-friendliness” in health centers. The “baby-friendliness” aims to provide education and

encourage support groups of mothers in breastfeeding. The number of Baby-Friendly Health Centers is 100% (9,324 health centers)<sup>(10)</sup>.

### Lesson learned

The breastfeeding promotion is associated with many factors besides hospital practices. They include changing cultural customs, social support, business practices that discourage breastfeeding. The Ministry of Public Health is responsible for infant/child health. They have to find out the best solution for any problem related to such a matter, especially the prevention of childhood diseases and paving good health fundamentals for the best physical and intellectual development of the population from infancy to childhood and maturity.

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## การส่งเสริมการเลี้ยงลูกด้วยนมแม่ในประเทศไทย

ยุพียง แห่งเซาวนิช, นิพนธ์พร วรมงคล

โครงการส่งเสริมการเลี้ยงลูกด้วยนมแม่เริ่มต้นปี พ.ศ. 2532 กิจกรรมหลักที่สำคัญมี 3 ประการ คือ การส่งเสริมให้โรงพยาบาลดำเนินการเป็นโรงพยาบาลสายสัมพันธ์แม่-ลูก การปรับปรุงกฎหมายการลาคลอด และการดำเนินการในเรื่องหลักเกณฑ์ว่าด้วยการตลาด สารอาหารทดแทนนมแม่ การเลี้ยงลูกด้วยนมแม่ในประเทศไทยที่เพิ่มขึ้นส่วนหนึ่งเป็นผลมาจากการพัฒนาโรงพยาบาลต่างๆให้เป็นโรงพยาบาลสายสัมพันธ์แม่-ลูก แต่อัตราการเลี้ยงลูกด้วยนมแม่อย่างเดียวยังเพิ่มขึ้นไม่ดีเท่าที่ควร จากการสำรวจในปี พ.ศ. 2548 พบว่าอัตราการเลี้ยงลูกด้วยนมแม่อย่างเดี๋ยวันที่ 6 เดือน ร้อยละ 14.5 ต่ำกว่าเป้าหมายของประเทศในแผนพัฒนาสุขภาพแห่งชาติครั้งที่ 9 ที่ตั้งไว้ ร้อยละ 30 มีปัจจัยหลายประการที่มีผลต่อการส่งเสริมการเลี้ยงลูกด้วยนมแม่ กระทรวงสาธารณสุขมีหน้าที่รับผิดชอบสุขภาพทารกและเด็กที่จะหาวิธีการที่จะแก้ไขปัญหาต่างๆโดยเฉพาะการป้องกันโรคติดเชื้อในเด็ก และวางรากฐานที่จะสร้างให้ทารกมีพัฒนาการเจริญเติบโตทั้งร่างกายและสติปัญญาสูงสุดจากวัยทารกสู่วัยเด็กจนเป็นผู้ใหญ่

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