

Control of Marketing Strategy of Infant and Young Child Food

Situation of Child Feeding with Formula Milk and Breast Milk

1. Academic evidence confirms that breast milk is the best food for infants and young children. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) have recommended that children be given exclusively breast milk in combination with other foods as appropriate for the child's age until the child is 2 years or older¹. For infants and children, getting breast milk is beneficial to their health, helping to reduce the rate of illness and death from various sicknesses i.e., diarrhea, pneumonia, otitis media, gastroenteritis, meningitis, urinary tract infection, allergy and atopic eczema, especially in preterm infants^{2 3}. Breast feeding benefits the mother by preventing postpartum hemorrhage⁴, reducing risks for breast cancer⁵ and ovarian cancer⁶. Giving breast milk to infants and young children benefits their intellectual, emotional, social and mental development^{7 8 9 10 11}, creating positive relationships between mother and child, creating warmth in the family and ultimately benefiting the socio-economic system.
2. At present, it is found that the breast feeding rate for Thailand has declined, falling much lower when compared to other countries¹². According to a 2005 UNICEF survey on the situation of children, the rate of feeding children with solely breast milk for at least 6 months was only 5.4%. A Department of Health assessment report on health promotion according to

¹ WHO/UNICEF. Global strategy for Infant and Young Child Feeding. Geneva, World Health Organization, 2003

² Amended from: American Family Physician, Apr 1, 2006. Vol 61, No 7 <http://www.enotalone.com/article/25401.html> access August 07 2010.

³ Sasithorn Wibunwatanakij, Suporn Pipatpanyakul, Jariya Fucnak: The Rate of using Mono Breast Feeding for Infants and Result of Illness. Sawan Pracha Raks Medical Bulletin 1,2 (May-August 2004) p. 133-145

⁴ Chua S et al. Influence of Breast Feeding and Nipple Stimulation on Post-partum Uterine Activity. British Journal of Obstetrics & Gynaecology, 1994, 101:804-805.

⁵ Collaborative Group on Hormonal Factors in Breast Cancer. Breast Cancer and Breastfeeding: collaborative reanalysis of individual data from 47 epidemiological studies in 30 countries, including 50 302 women with breast cancer and 96 973 women without the disease. Lancet, 2002, 360:187-195.

⁶ Robenblatt K, Thomas D. Lactation and the Risk of Epithelial Ovarian Cancer. International Journal of Epidemiology, 1993, 22:192-197.

⁷ Quinn-PJ, et al. "The Effect of Breastfeeding on Child Development at 5 years: A Cohort Study." Journal of Paediatrics and Child Health (2001) 37 (5): 465-469.

⁸ Rao MR, et al. "Effect of Breastfeeding on Cognitive Development of Infants Born Small for Gestational Age." Acta Paediatrica. 2002; 91(3):267-74.

⁹ Mortensen EL, et al. The Association Between Duration of Breastfeeding and Adult Intelligence. JAMA. 2002 May 8;287(18):2365-71

¹⁰ Anderson JW et al. Breastfeeding and Cognitive Development: a Meta-Analysis. Am J Clin Nutr 1999; 70: 525-535

¹¹ Supakarn Silaparasmee, Orapan Pojnukul, Samai Saengpeng, Jumpee Visarn: The Developmental Effects of Feeding Milk to Infants 1-3 years old. Journal of Pediatrics 38, 4 (Oct-Dec1999), p. 273-283

¹² Thailand Multiple Indicators Cluster Surveys by MIC, December 2005-February 2006 United Nations Children Fund

the 9th National and Economic Development Plan indicated that out of an average number of 800,000 infants born each year, the rate of feeding them with breast milk only for at least 6 months was 14.5% while the rate of feeding them with formula milk only was more than 50%, a reflection of the fact that more than 400,000 newborn infants per year were being fed with formula milk only¹³.

Impact of Giving Children Formula Milk

3. Impact on Infants' and Young Children's Health: Academic data confirms that infants feeding on formula milk are more prone to illness, obesity, type 1 and type 2 diabetes, leukemia and SIDS (sudden infants death syndrome). Non breast feeding mothers risk having breast cancer, ovarian cancer, type 2 diabetes, myocardial infarction and metabolic syndrome¹⁴.

4. Impact on Infants' and Young Children's Development and Brain: The longer the infant or young child is breast fed, the higher his verbal IQ and performance IQ will significantly be. A child receiving breast milk for 8 months or more will have a verbal IQ 10.2 points higher and a performance IQ 6.2 points higher than a child not receiving breast milk¹⁵. From a study conducted on 300 pre-term children at 7-8 years of age, it was found that those receiving breast milk from birth have IQs 8.3 points higher than those receiving formula milk¹⁶.

5. Impact on Household Expenses: From an expense assessment on feeding children with formula milk, it was found that a household would be paying 22,000 Baht per year per child for formula milk. Breast feeding helps save resources used in boiling water; producing cans, paper, feeding bottles and feeding nipples; transport and it also helps reduce chemicals needed in transforming cow's milk to resemble breast milk. It was found that 86,000 tons of lead sheets and 1,230 tons of paper labels were needed for the production of 550 million formula milk cans¹⁷. If formula milk is given to children aged 0 - 1 year, at least 170,000 cases of children falling ill with diarrhea, asthma, dermatitis, rhinitis and protein allergy; and 48,000 cases of children hospitalized per year. Assuming that the government has to absorb expenses incurred for treatment is at least 80 million Baht per year.

¹³ Assessment Report on Health Development Work in the 9th National Economic and Social Development Plan Office of Health Promotion, Department of Health 2006

¹⁴ Alison S. The Risks of Not Breastfeeding for Mothers and Infants Rev Obstet Gynecol. 2009;2(4):222-231 doi: 10.3909/riogoo93

¹⁵ Horwood LJ et al. Breastmilk feeding and cognitive ability at 7-8 years. Arch Dis Child Fetal Neonatal Ed 2001; 84: F23-F27.

¹⁶ Lucas A et al. Breastmilk and subsequent intelligence quotient in children born preterm. Lancet 1992; 339:261-264.

¹⁷ http://www.eiib-online.com/doctors49/child_breast00b.html access 20 August 2010

6. Impact on the Economic System: A study in the United States indicates that if 90% of families feed infants with breast milk exclusively for at least 6 months, the country would be able to save 13,000 million USD a year and 911 infant deaths would be prevented per year¹⁸. According to Department of Internal Trade figures, in 2007, the market share for formula milk was 10 billion a year.

Factors Relating to Values, Attitudes and Behavior in Feeding Child with Formula Milk

7. Socio-economic changes where more women are working outside have impacted the life-style of feeding children with breast milk. In 2008, there were 295,455 working mothers in the social security system (Social Security Fund statistic for childbirth beneficiaries in 2008). When integrated with the Interior Department's birth rate for 2008, which was 797,356 births, the total number of mothers working in the industrial and service sectors was 37%. From a comparative study on employee absence due to child sickness, it was found that in the group of mothers without child sickness, 86% were fed with breast milk while 14% were fed with formula milk. In the group where the mother takes 1 day off when her child becomes ill, it was found that 25% were fed with breast milk while 75% were fed with formula milk¹⁹.

8. The marketing of food for infants and young children affects values and behavior related to giving children formula milk. From a review of 9 researches²⁰ involving 3,730 North American mothers, it was found that breast feeding mothers were given gift packages containing samples of infant formula from companies or documents promoting the use of infant formula upon discharge from hospital. The proportion of mothers giving breast milk only to their children for the first 6 weeks and 3 months (13 weeks) after birth and the rate of giving breast milk only to infants between 0-6 months old declined when compared to the mothers receiving other samples except formula milk such as absorbent milk pads in their gift packages. Technical evidence confirms that food marketing for infants and young children of industrial sector has impacts on values, attitudes and behaviors in feeding children with formula milk. For example, the rate of mothers who receive formula milk samples gives exclusive breast milk within 1 month less than the rate of mothers who don't receive the samples. The former group of mother also tends to give formula food to infants in second month. This reduces the period of breastfeeding²¹.

¹⁸ Bartick M and Reinhold A: The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost Analysis *Pediatrics*.2010; 0:200916161-20091616.

¹⁹ Cohen R, Mrtek MB, Mrtek RG. "Comparison of Maternal Absenteeism and Infant Illness Rates Among Breastfeeding and Formula-feeding Women in Two Corporations", *Am J Health Promot* 1995; 10(2):148-53.

²⁰ Donnelly A, Snowden HM, Renfrew MJ, Woolridge MW. Commercial Hospital Discharge Packs for Breastfeeding Women. *Cochrane Database Syst Rev* 2000 ;(2) CD0002075.

Situation of Marketing Issues for Food for Infants and Young Children

9. In 1997, the Interagency Group on Breastfeeding Monitoring, UNICEF United Kingdom Committee conducted a survey on Code violations in 4 countries: Bangladesh, Poland, South Africa and Thailand. It was found that in all four countries, mothers and pregnant women were given formula milk samples but the highest occurrence took place in Thailand when compared to other countries: Bangladesh 0.3%, Poland 9.5%, South Africa 4% and Thailand 29.6%. The reason for Bangladesh having the lowest rate of occurrence was because the Code was enforced in a law²². Furthermore, for the case of Thailand, it was found that 81.8% mothers chose formula milk brands according to the advice of public health personnel or following the brand used in the hospital²³. The result of monitoring the implementation of Thailand's Code of Marketing of Infant and Young Child Food and Relevant Products of 2008 found that 74 public hospitals under Department of Health violated the code 23 hospitals (31.1%) in various forms²⁴.

10. In the present day, marketing of food for infants and young children take many forms: advertising on T.V., radio and parenting magazines; organizing promotional activities in conjunction with children's activities; providing funding for academic activities concerning health; directly communicating and providing information to medical personnel and staff responsible for providing child care advice; making reference to the benefits from various nutrients in the formula, i.e., DHA, ARA, Choline, etc.²⁵.

Relevant Policies and Measures

At present, Thailand still lack laws which directly control the marketing of food for infants and young children. Existing policies and measures which have been put to use are as follows.

11. The Office of Food and Drug Administration Notification on National Code of Food Advertisement, B.E. 2551 (2008) according to the Food Act, B.E. 2522 (1979), article 40 stipulates "False or deceptive advertising of the quality, usefulness or indication of a food is prohibited.", while Article 41 prescribes "Any advertisement of food on television, radio, newspapers, printed media or advertisement by any other means for commercial interest shall require permission prior to advertising."

12. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) have worked together with the International Council of Infant Food Industries to draft the International Code of Marketing of Breast Milk Substitutes, which was adopted at the 34th World Health Assembly as resolution WHA 34.22 on 21 May, 1981. This International Code is the minimum compliance criteria recommended to member states in carrying out their commitments and may be incorporated into laws, regulations or other measures as appropriate for each country²⁶

²¹ Perez - Egcamilla et al. Infant Feeding Policies in Maternity Wards and Their Effect on Breast Feeding Success: An Analytical Overview, Am J Public Health 1994; 84 (1): 84-97

²² Taylor A. Cracking the Code: Monitoring the International Code of Breast-milk Substitutes. Interagency Group on Breastfeeding Monitoring, London 1997

²³ Taylor A, Aongsom Wang S. Cracking the Code: Monitoring the International Code of Breast-milk Substitutes. Thailand : Country Annex. Interagency Group on Breastfeeding Monitoring. London.1997.

²⁴ Bureau of Health Promotion, Department of Health, the Report on the Survey of Code of Marketing of Breast Milk Substitutes's Violation (copied document, 2008)

In Thailand, the International Code of Marketing of Breast Milk Substitutes was put to use in 1981 as an agreement between the Ministry of Public Health and the Association of Infant and Young Children's Food Industries. Later on in 1984 and 1995, the Code was amended and the present one in use is the 2008 Code, which is comprehensive in its coverage of infant health protection from birth to 2 years old. The International Code of Marketing of Breast Milk Substitutes is a tool created to control unscrupulous marketing and advertising efforts by the infant and young children's food industries. Putting in place controls for marketing, product quality, availability and directions for use, it places emphasis on the rights of the child to be given breast milk from birth. However, the Code does not cover the sale or use of the product. According to resolution WHA 63.23 of the 63rd World Health Assembly in 2010, countries are further tasked with improving the International Code and instituting it as a law²⁷

13. The Convention on the Rights of the Child Article 24e guarantees that all components of society, especially fathers, mothers and children will receive information, news and have access to education. It also encourages the use of basic knowledge regarding nutrition and child health, the benefits of breast feeding, health and environmental health as well as accident prevention²⁷. National Health Act²⁹ guarantees rights and duties to health of population on Chapter 1, especially Section 5 states that everyone shall enjoy the right to live in the healthy environment and environmental conditions and Section 6 (2nd paragraph) states that the health of a child, a disabled person, an elderly person and a socially deprived person, as well as groups of people with specific health characters, shall be relevantly and appropriately promoted and protected.

14. At present, Thailand has a total of 2 laws regarding the control of formula milk and food advertisement for infants and young children: the law on consumer protection and the law on food. Article 21 of the Consumer Protection Act, B.E. 2522 (1979) stipulates that in the case where any law has specifically provided for any matter, such matter shall be subject to the provisions of such law, and the provisions of this Act shall apply only insofar as it is not a repetition or contrary to such provisions. Formula milk or modified food for infants and young children is classified as "food" according to the Food Act, B.E. 2521(1978), "Food means edible items and those which sustain life; namely, all objects which can be eaten, drunk, sucked or brought into the body by a certain method or in a certain way...". The Food Act empowers the Food Committee and the Food and Drug Administration to control the quality, standard, production method, container, sale, labeling (Article 6) as well as the advertising (Articles 40- 42).

²⁵ Suthira Uaepairoj, Advertisements and Powdered Milk <http://www.thaibreastfeeding.org/content/view/463/81/> access 07 August 2010

²⁶ World Health Assembly Resolution 34.22, Geneva, 1981

²⁷ http://apps.who.int/gb/ebwaha/pdf_files/WHA63/A63_R16m-en.pdf access 20 August 2010

²⁸ Convention on the Rights of the Child, Office of the National Commission for Promotion and Coordination of Youth, Saengtien Publishing House, Bangkok

²⁹ National Health Act, 2007 <https://en.nationalhealth.or.th/wp-content/uploads/2017/11/HealthAct07.pdf>

In this respect, the Food Act has control over formula milk and modified food for infants and young children but its weakness lies in the fact that it cannot be used as a deterrent or it cannot be enforced before communication or advertising takes place. Consequently, we see on-going communication and advertisements or marketing activities which affect breast feeding. Also, the penalty is still light.

15. At the 2nd National Health Assembly in 2009, the agenda on Overweight and Obesity Management presented strategies for addressing overweight and obesity issues for 2010 – 2019. In the first strategy cluster (promoting continuous and consistent proper consumption behavior among the people), strategic proposals were made for public campaigning, providing information and continuously creating knowledge and awareness. Proposals were also made to promote the role of mother and child health service systems, health personnel and exemplary individuals in transferring knowledge and fostering attitudes to support giving children breast milk for at least 6 months and to provide knowledge on nutrition²⁸.

Limitations in Implementation

16. The limitations related to controlling the marketing of infant and young child food are: lack of authority in implementing and enforcing existing criterion, gaps in implementation content, lack of sufficient follow-up and assessment to handle more complex marketing strategies.

17. Limitations exist in promoting and supporting the use of breast milk in significant target groups, especially among mothers working in enterprises. This is due to the fact that in Thailand, the Labor Protection Act, B.E. 2541 (1998) prescribes that female employees are entitled to no more than 90 days' maternity leave. They are entitled to receive wages equal to their normal work wage throughout their term of leave but for no more than 45 days. Holidays are also counted into the total number of leave days.

18. There are limitations in creating environments sufficiently conducive to breast feeding, both physically and socially. Such limitations include providing enough venue/space for breast feeding and having privacy in the work place or shopping malls as well as creating values for breast feeding among the general public, not just among mothers.

Ways to Address the Issue

19. Due to the fact that the existing laws do not cover the control of marketing of infant and young child food, following steps should be taken:

(1) Develop and advocate for the Marketing of Infant and Young Child Food Act, B.E... to control problems associated with the marketing of infant and young child food as well as to manage other issues related to food for infants and young children, adopting the Code of Marketing of Infant and Child Food and Related Products, 2008 as basic code for the development of this legislation, based on knowledge and academic facts.

³⁰ 2nd National Health Assembly: Draft Strategy on Solving the Problem of Obesity 2010-2019; Resolution of the National Health Commission 2009.

(2) Promote breast feeding by campaigning to create awareness through public media and personal media such as: creating exemplary behavior of breast feeding by persons admired or trusted by society; having breast milk ambassadors; developing breast feeding networks or associations at the national and local levels and in enterprises; creating knowledge and understanding among government, local and private sector leaders and civil society to take part in monitoring, supervising and following up on violations of the Code of Marketing of Infant and Young Child Food and Related Products as well as transferring knowledge about the benefits of breast milk in schools for children and teenagers in order to instill values and create a culture of breast feeding.

(3) Promote breast feeding by continuously promoting capabilities and building motivation for breast feeding experts in the public health service system, improving curricula for doctors and nurses by stressing the importance of breast feeding, sensitizing medical and public health personnel to benefits for mother and child health.

(4) Develop surveillance mechanisms to supervise and monitor legal compliance on marketing of food for infant and young child with participation from all sectors to protect the health of mother and child as well as to provide motivation and recognition for the surveillance network.

(5) Create an environment conducive to breast feeding, i.e., by setting up breast feeding consulting clinics in hospitals, breast feeding corners in hospitals and enterprises.

(6) Prescribe by law that enterprises, government agencies, state enterprises, autonomous agency under supervision of government agencies should have such measures or such welfare for pregnant women and mothers working at workplace. Amend the law on maternity leave by extending to 180 days and entitling the worker to be paid throughout the entire leave period.

Issues for Consideration by the National Health Assembly

The Assembly is requested to consider the document NHA3/Draft Resolution 2.