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## **INFANT AND YOUNG CHILD NUTRITION**

This report summarizes the information provided by Member States on action taken in the field of infant and young child nutrition and implementation of the International Code of Marketing of Breast-milk Substitutes. It is made in compliance with Regional Committee resolution WPR/RC33.R16 and within the framework of Articles 11.6 and 11.7 of the International Code and the relevant resolutions of the World Health Assembly.

It should be seen as complementary to the progress report presented to the Committee in 1987.

## 1. INTRODUCTION

This is the fifth report to the Regional Committee on the information available concerning infant and young child nutrition and implementation of the International Code of Marketing of Breast-milk Substitutes. The reports were begun after the Joint WHO/UNICEF Meeting on Infant and Young Child Feeding held in Geneva in October 1979. This report is mainly based on the information provided by Member States in compliance with Regional Committee resolution WPR/RC33.R16 and within the framework of Articles 11.6 and 11.7 of the International Code and the relevant resolutions of the World Health Assembly.

The report follows the pattern of previous reports submitted to the Regional Committee in odd-numbered years and is complementary to these progress reports. It describes activities carried out in fourteen countries and one area in the field of infant and young child feeding and implementation of the International Code. It is based on the five main themes of the joint WHO/UNICEF meeting of October 1979 and includes information on measures taken by Member States both on their own and with the cooperation of WHO.

Most of the activities have been carried out as part of the programmes on maternal and child health, nutrition, health education and diarrhoeal disease control.

## 2. SUMMARY OF ACTIVITIES

### Australia

The latest available report on the practice of breast-feeding is based on a survey made in 1986 which indicates a decline from 85% at the time of being discharged from the hospital to 56% at the age of three months. All State and Territory authorities have policies to encourage and support breast-feeding and provide training for health workers. A number of publications for pregnant women, health workers and the public are distributed throughout the country. They include the National Health and Medical Research Council's guidelines for promoting breast-feeding and follow the aim and principles of the WHO International Code of Marketing of Breast-milk Substitutes.

Education for future parents on appropriate infant and young child feeding is provided. Special programmes for high-risk groups have also been arranged within the existing health care system. All female employees who give birth must take at least six weeks of maternity leave and are entitled to up to twelve months. The Government, through the Office of Status of Women, is currently reviewing and developing policies to improve child care facilities generally. Infant and young child nutrition and feeding are receiving renewed attention in the curricula developed for all health professionals. Health workers trained as lactation consultants are receiving recognition for their special skills.

Greater community and professional acceptance of family planning has produced changes in reproductive patterns and the average age of mothers at first nuptial birth was 26.8 during 1987. Considerable effort is directed towards assisting women in the achievement of economic equality and towards equal opportunity in general.

There is growing concern that gains previously achieved in restraining inappropriate marketing and distribution practices may have recently been lost. The industrial Code of

Practice is under review by the Trade Practices Commission and not all companies manufacturing or marketing in Australia are signatories to it. The WHO Code has been brought to the attention of health authorities in all States and Territories.

A working party with multisectoral representation has developed guidelines to promote breast-feeding and implement the WHO Code in Australia. The quality of infant formulas and other foods marketed especially for infants is controlled by standards developed by the National Health and Medical Research Council (Food Standards Code).

In general, Australian manufacturers and marketers have modified their marketing practices and there is no direct advertising of infant formulas to the general public. With regard to Articles 6 to 11 of the International Code, Australia has taken adequate measures with respect to the role of health workers, persons employed by manufacturers and distributors, labelling, quality control and implementation and monitoring of infant formula use.

### **Brunei Darussalam**

Efforts are under way to encourage breast-feeding and more attention is being paid to infant and young child nutrition. The nutritional status of children is found to be generally good. Mothers receive health education, emphasizing the advantages of breast-feeding, sensible weaning methods and balanced diet. Talks, audiovisual aids and practical demonstrations are used.

Brunei Darussalam has implemented parts of the International Code, especially articles 4, 6 and 7 which concern Information, Education and Health Care System, and Health Workers, respectively. Health education through the media, the health clinics and the maternity wards has been used widely to promote breast-feeding among pregnant women and mothers of infants and young children.

Promotion of infant feeding products is not allowed in health care facilities and health authorities give sufficient attention to breast-feeding promotion. Despite these promotional efforts there is a considerable increase of formula feeding and the impression of the health authorities is that fewer mothers are breast-feeding at the moment. They believe that stronger measures in the form of national legislation and regulation will be needed.

### **China**

No national survey had been undertaken but as a follow-up to the national workshop held in 1982, a cooperation for breast-feeding programme was set up. In one of the sample surveys conducted recently, the average breast-feeding rate at 0-6 months old was found to be 49% in urban areas and 75% in rural areas. China is planning to do a survey on the nutritional status and food patterns of children under 7 years old. A sample survey of milk substitute products is also encouraged.

### **Hong Kong**

Since the last report, considerable efforts have been made to produce information and education on breast-feeding. Breast-feeding kits have been supplied to maternal and child health centres, and there have been regular radio programmes on the subject.

In Hong Kong, the Public Health and Municipal Services Ordinance, together with its subsidiary legislation, advises importers of foods formulated for infants and young children to ensure that they are labelled in accordance with the requirements of the International Code of Marketing of Breast-milk Substitutes. The Ordinance also calls for certification that each product was manufactured in accordance with hygienic practice for foods for infants and children, and that it complies with product standards and microbiological limits for foods for infants and children.

### **Kiribati**

The nutrition programme is one of the six priority programmes of the Government, and information and education on it have been provided through the normal health education system. There is no legislation as yet on the sale of breast-milk substitutes. Neither have there been promotional activities or advertising to the general public on the sale or use of them. There is close collaboration and liaison with interested nongovernmental organizations in developing locally available weaning foods. It is anticipated that in future appropriate measures will be taken to increase the implementation of the Code.

### **Republic of Korea**

In addition to the maternal and child health centres and the health workers, the consumer associations are also promoting breast-feeding. A national seminar on the promotion of breast-feeding was held in December 1988. It reviewed the status of breast-feeding and infant nutrition, the international and domestic trends in breast-feeding and the development of practical materials for breast-feeding education at the community level. Further review is being undertaken for the implementation of the International Code of Marketing of Breast-milk Substitutes.

### **Lao People's Democratic Republic**

Nutritional status improvement is a priority of the Government, especially for the 0-5 age group. The main emphasis has been on promoting the use of breast milk instead of artificial products, demonstrating the preparation of weaning food with locally available ingredients, growth monitoring and preschool child feeding.

Most of the mothers in the country (95-98%) breast-feed, and the main problem is shortage of supplementary foods after three months. During 1989 steps were taken to initiate the proper utilization of supplementary foods for children 3-6 months old. Long-term plans will focus on nutrition education, family income generation for improving diets, and local production of supplementary foods.

Breast-milk substitutes are not a great threat to the country, owing to their limited availability and high cost.

### **Malaysia**

Since 1976, breast-feeding promotion has been continuous in Malaysia. The second revision of the national code was made in 1986 and a workshop to develop audiovisual materials for the promotion of breast-feeding was organized by the Ministry of Health. A publication for working mothers on infant feeding was distributed throughout the health care facilities. The Government will continue to promote breast-feeding and infant feeding with its own Code of Ethics for Infant Formula Products and has no plans to adopt any legislation. The main effort will be to intensify activities to promote infant and young child feeding through maternal and child health services, both private and governmental.

Extension workers in government agencies and voluntary organizations especially consumer groups, are actively participating in the promotion of breast-feeding, mainly through education, motivation and "mother-to-mother" support. Strong emphasis is also being given to nutrition education, especially on weaning diets and the use of locally available nutritious foods suitable for weaning.

### **New Zealand**

Until May 1988, the Monitoring Committee, set up in 1983 to introduce the Code in New Zealand and monitor compliance with it, used to meet at least three times a year. At present, a review of the Committee is taking place to discuss its future responsibilities.

Breast-feeding is promoted by the Government, and the working group established for the promotion of breast-feeding includes representatives from various sectors. The Department of Health has prepared and will soon publish a booklet and a pamphlet on breast-feeding.

New Zealand feels that there should be a national voluntary code rather than legislation and that the role of the Monitoring Committee is mainly educational. This is because malpractices that occur in such areas as liaison and advertising are usually caused by ignorance rather than malice.

### **Papua New Guinea**

It is reported that 100% of the rural population and 98% of the urban population practise breast-feeding. Duration of breast-feeding is very long in the rural areas; it may continue for even 3 or 4 years. It is believed that all breast-milk substitutes, which are an important commodity in Papua New Guinea, are used by the expatriates rather than the local people.

The Government does not place any restriction on the importation of infant formula or baby foods into the country. The Baby Feed Supplies (Control) Act of 1977 restricts any misuse of breast-milk substitutes including feeding bottles, which require a prescription to

purchase. Comparative studies before and after the Act was passed had shown a dramatic drop in the number of children suffering from diarrhoea in Port Moresby Hospital.

An amendment to this Act was introduced in 1984 on the advice of the Department of Health. It gives more power to the Ministry of Health to declare hazardous to the health and well-being of infants and young children any article which is used as a substitute for breast-feeding.

The Code of Ethics for Food and Nutrition Standards in Papua New Guinea was accepted by the Nutrition Board in 1980. It restricts the misrepresentation of breast-milk substitutes.

Considerable legislative provisions are available to women employees in public service with respect to maternity leave of up to 84 days and a one-hour break during working hours for breast-feeding. The Department of Health has undertaken many promotion activities for breast-feeding and appropriate weaning for infants. The National Health Plan for 1986-1990 also emphasized the promotion of breast-feeding. The Government of Papua New Guinea reported that most of the manufacturers and distributors of infant formula and infant foods have complied with the International Code of Marketing of Breast-milk Substitutes.

### **Philippines**

In the Philippines, the guidelines for the implementation of the Milk Code and the rules and regulations governing advertising of breast-milk substitutes and related products are effective in the national movement for promotion of breast-feeding. A Task Force was created at national level to monitor and enforce the Code.

The Department of Health is working out the rooming-in policy to include not only government hospitals but private institutions as well. A consultative planning workshop was conducted in 1988 at the national level in which national MCH coordinators and milk code coordinators participated. To support the ongoing breast-feeding training, a modular breast-feeding teaching guide was developed for the health workers.

A recent study in Metro Manila showed that 89% of mothers began breast-feeding after delivery. This declined to 79% after one month. A shift to complete bottle-feeding was made by 39% after three months and 49% after six months. It is reported also that the factors which aggravate the decline in breast-feeding are maternal employment and lack of breast-feeding support, as well as aggressive marketing of breast-milk substitutes.

The national movement for the promotion of breast-feeding is an interagency organization and was responsible for drafting the Milk Code. It also reinforced rooming-in policy and supportive policies for breast-feeding by working mothers, as well as the production and distribution of information and educational materials. Training and research activities are also undertaken. The Milk Code came into law in 1986 and the activities of the Department of Health with respect to guidelines, education and training is supported by an Interagency Committee. The National Milk Code Monitoring Task Force monitors serious violations of the provisions of the Code with respect to using health facilities as sales outlets for infant formula, distributing samples and influencing health professionals in favour of bottle-feeding.

The rooming-in policy still has to expand to cover all institutions. Education and training of health workers themselves to promote breast-feeding, has to be increased.

### **Singapore**

The Ministry of Health continues to promote breast-feeding and to educate parents on the proper feeding of infants and young children. Interpersonal sessions are conducted routinely with the help of audiovisual aids, food demonstrations and printed educational materials.

Singapore continues to apply its own local Code of Ethics on the Sale of Infant Formula Products, formulated in 1979. The Sale of Infant Food Ethics Committee, Singapore (SIFECS), acts as the monitoring authority for all promotional educational and service materials.

To date, the milk industry has submitted 530 items of printed matter for examination by the SIFECS. Of these, 403 have been approved.

### **Solomon Islands**

Breast-feeding of all infants and young children up to the age of 2 or 3 was promoted throughout the country by the media, workshops, seminars, meetings and publicity materials such as posters, pamphlets and calendars. The use of breast-milk substitutes is discouraged by the same means. Their use in clinics, hospitals and other health facilities is restricted. No national legislation or regulation has been adopted to restrict the importation and distribution of breast-milk substitutes or to make the issue of infant feeding bottles by prescription only.

### **Tonga**

All mothers (100%) start breast-feeding at birth but 1988 data from health centres and district clinics reveal the following: after 1 month, 98% of mothers are breast-feeding; after 6 months, 83%; and after 1 year, 58%. On average, of the 83% of 6 month-olds who are on breast milk, 50% have complementary bottle-feeding as well.

Information on breast-feeding is provided by means of health talks during attendance at antenatal and postnatal clinics, and by posters and booklets, articles in the local newspaper, radio talks and video films. Health workers provide information and education on breast-feeding during home visits, group discussions and village meetings. The curricula of local training courses provide information on this subject for nurses, midwives and health officers. Infant and young child feeding is a component of the basic training and continuing education programmes for health personnel and health-related fields.

In 1987 the Government passed legislation allowing one month paid maternity leave for all female civil servants. There is no legislation or regulation concerning the marketing and distribution of breast-milk substitutes. The measures taken by the Ministry of Health are mainly motivational and educational in nature, aiming for voluntary acceptance by the public.

The action taken to give effect to the aim and principles of the International Code covers all of the products within the scope of the Code. There is non-restricted advertisement by the firms and agents of imported products, but no donations or gifts to promote the sale of breast-milk substitutes are made. Manufacturers and distributors of the products in their information for health workers, do not promote the belief that bottle-feeding is equivalent or superior to breast-feeding.

The Maternal and Child Health Section of the Ministry of Health provides for supplementary feeding by distributing infant formula only to babies in need of this added type of feeding.

Not all infant food products on sale carry the label warning that the product should not be the sole source of nourishment of an infant. There has been no direct contact with the agents and distributors of the products regarding implementation of the code.

#### **Viet Nam**

Surveys conducted in 1988 indicate that in urban areas 96% and rural areas 99% of the women breast-feed up to the age of six months. This indicates an increase from a survey in 1981 which showed 93% of mothers breast-feeding up to six months. A study is now being undertaken with WHO collaboration to review the nutritional status and the feeding practices of mothers.

Studies conducted on breast-milk sufficiency show that 50% of office workers have insufficient breast milk. The Viet Nam Government fully supports the promotion of breast-feeding and nutrition education of mothers both pregnant and lactating. There are no problems of breast-milk substitutes affecting breast-feeding practices.

### **3. TRENDS IN THE REGION**

Fourteen countries and one area had submitted reports by the end of April 1989. Non-submission does not imply that no efforts are being made in other countries and areas, but it would be useful if more countries submitted reports so that the regional trends can be studied more accurately.

The information provided by Member States complements the previous reports submitted to the Regional Committee in odd-numbered years. From the general trend of the reports it can be observed that activities were maintained at the same level in a number of countries. It is obvious that any decline in these efforts would be detrimental to the welfare of the young child. Countries will have to continue or even step up these activities, as complacency about the use of breast-milk substitutes would be dangerous.

In some countries the threat to breast-feeding is minimal and the importation and distribution of breast-milk substitutes are subject to direct state control. Even in such situations there appears to be a decline in breast-feeding practices, especially in urban and working women. More efforts are required for this particular population group. The role of nongovernmental organizations and consumer groups is becoming increasingly apparent in monitoring trends.

**WHO will continue to support Member States in their efforts to improve infant and young child nutrition and in developing measures that are consistent with the letter and spirit of the International Code.**