

Breastfeeding Promotion and Protection for Maternal, Infant and Childhood Health and Nutrition in Myanmar

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The Government of Myanmar has demonstrated their interest and commitment to promoting and protecting breastfeeding and to improve Maternal, Infant and Child Health and Nutrition with the launching of Scaling Up Nutrition(SUN) Movement in 2013 and the adoption of a new Food Law “ The Order of Marketing of Formulated Food for infant and Young Child” (OMFFIYC) in 2014 .The SUN Movement is a global movement founded on the principle that all people have a right to food and good nutrition and it unites people from government, civil society, United Nations, donors, businesses and researchers in a collective effort to improve nutrition and eradicate malnutrition.

In February, 2014, the SUN Movement partnered with the Civil Society Alliance (CSA), a sectorial network of NGO’s and CBO’s, for addressing food security and nutrition and to confirm active engagement of executive level political leadership. With of the adoption of the new National Food Law (OMFFIYC), the Government of Myanmar is striving: (1) to support and protect breastfeeding for infants and young children (2) to ensure appropriate use of breast-milk substitutes, if necessary and to introduce proper complementary foods at the right time to infants and (3) to publish correct and adequate information and to monitor the marketing of formulated breast milk substitutes and complementary foods.

Regarding maternal, infant and childhood malnutrition in Myanmar, 35% of children under age 5 are stunted and 7.9% of children under 5 are wasted. Stunted refers to low height for age and wasting is low weight for height. Anemia is high and prevalent in 71% of pregnant women and 75% of preschool children. Myanmar is among the 24 High burden countries with the largest number of children under 5 years who are moderately or severely stunted. Although there are numerous causes for stunted growth and development, the short-term and long-term results affect increased mortality and morbidity, decreased cognitive and motor development, increased economic burden, and decreased work capacity and productivity as adults. The exclusive breastfeeding in Myanmar is low at 23.4% at less than six months of age. Low exclusive breastfeeding rates negatively affect breastfeeding duration rate so that children are not receiving breast milk until two years and beyond, as recommended by WHO/UNICEF.

In today’s presentation, the importance of the new Law (OMFFIYC) will be covered in these areas: definition of the WHO/UNICEF Code and Myanmar Order regarding breastmilk substitutes; the scope of the Law; the importance of the Law to protect breastfeeding and to improve maternal/infant and child health and nutrition; and the role that we must play to monitor the law and report violations of the law.

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The Myanmar Law is based on the WHO/UNICEF International Code of Marketing of Breast Milk Substitutes which was passed by the World Health Assembly in 1981. Breastmilk Substitute means any food being marketed or otherwise presented as partial or total replacement for breast milk, whether or not suitable for that purpose. The Code aims to protect and promote breastfeeding by ensuring appropriate marketing and distribution of breastmilk substitutes. The Code is an international health policy framework for breastfeeding promotion and was developed as a global public health strategy and recommends restrictions on the marketing of breastmilk substitutes and to ensure that mothers are not discouraged from breastfeeding and that breast milk substitutes are used safely, if needed. The Code applies to breastmilk substitutes including infant formula, other milk products, foods and beverages, including bottle fed complementary foods when marketed or represented to be suitable for use as a partial or total replacement for breastmilk. The Code also covers ethical considerations and regulations for the marketing of feeding bottles and teats.

Even if the Code has not been incorporated in the country's national policy or legislation, manufacturers and distributors of infant formula and food have to comply with the Code. Currently, 80% of the 198 countries have implemented some measure of the Code and there are 9 Categories: from Code being Law (Category 1) to those being studied or no information (Category 8 and 9). With the adoption of the Order, Myanmar moved to Category 2 with the Code as Law but not all provisions of the Code are legally enforceable. Previously, Myanmar was Category 6. The countries in Asia where the Code is Law are: India, Maldives, Nepal, Pakistan, Philippines and Sri Lanka.

For optimal health and nutrition, the World Health Organization recommends exclusive breastfeeding for the first six months of life, then at beyond six months to begin the introduction of local, nutrient rich complementary foods thereafter with continued breastfeeding to two years of age and beyond. The global decline of breastfeeding was noted by the early twentieth century with various reasons stated: socio-cultural factors, hospital practices which interfered with breastfeeding success, breastfeeding barriers (lack of confidence, fear of insufficient milk, mothers working, embarrassment for public breastfeeding, pressure from family to bottle feed, misleading information from health workers and doctors, and gifts of commercial "educational" materials to create and reinforce breastfeeding misconceptions. Commercial infant formulas and baby foods were promoted as: modern and scientific, "elite" method of feeding infants; equated with quality parenting; breastfeeding projected as difficult and unsuitable for modern lifestyle and the promotion of the belief of insufficient breastmilk supply in mothers.

The other reason for declining breastfeeding rates was the aggressive and unethical marketing tactics used by formula companies: first, through direct consumer advertising to using medical communities as the advertising vehicle by enticing physicians and health care workers with gifts, rewards, and incentives for formula promotion to the patients. In the late 1960's, increased incidence of preventable infant deaths in developing countries was linked to unethical marketing by formula companies and international opposition led to the development the Code.

The dangers of breast milk substitute marketing also include: normalizing artificial feeding as equal to or better and simpler than breastfeeding, downplaying the risks of formula feeding, increasing women's anxieties, and idealizing artificial feeding. Today, the world market for infant formula is \$41

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billion USD (420,480,000,000,000MMK). The Asia Pacific region is the biggest market for formula companies at 37% of the market share. Myanmar is especially vulnerable to the onslaught of formula and baby food companies which have aggressively entered the market. The public is also being influenced by the current environment of common belief that “anything new or modern” is superior.

The marketing by formula companies presents an uneven playing field for mothers and persons working in the area of breastfeeding and lactation. Globally, formula companies spend \$8 billion (USD) per year to market infant formula and are supported by their trade group, the International Formula Council, that lobbies and advocates in countries on behalf of formula and baby food manufacturers. In contrast, the best-known breastfeeding advocacy group (La Leche League) has an annual budget of about \$3.5 million(USD) per year.

The formula companies are seasoned businesses and experts comprised of specialized teams for marketing, advertising, promotion, distribution and customer research. Not only are they smart and shrewd in their tactics, they are extremely effective in achieving the market share and have billions to achieve their goals. The tactics used today are more subtle and promotion of formula for pregnant and lactating women is now being targeted, using the “branding” technique. If the pregnant mother uses formula for herself, then she has developed the habit of buying formula which will be continued for the baby. The marketing of formulas for pregnant and lactating mothers is not covered by the Code or National Law and the companies are not “breaking the law”. However, this practice contributes to mothers believing that formula is necessary for her and the baby’s health, when breast milk has been clearly shown to be the perfect food for babies.

What are the risks of not breastfeeding for the mother and the baby? Most people agree that breastmilk is important for babies, safe, beneficial, a free renewable resource and not needing packaging, transport, and waste. The benefits of breastfeeding include: bonding, perfect nutrition, immune protection, higher IQ, fewer illnesses and prevents infant death. However, the risks of not breastfeeding for babies and young children include: ear infection (100% higher); eczema (47% higher); asthma (35-67% higher); chest infection(25% higher);diarrhea and vomiting(178% higher); diabetes I and II (64% higher);lower IQ (4.9% lower); childhood cancers (20% higher);obesity(20% higher);Sudden Infant Death Syndrome (SIDS) (56% higher) and poorer jaw development.

Other risks of formula feeding for the baby include: chemical additives, preparation errors, unsafe ingredients, missing nutrients such as vitamins and minerals, and bacterial and foreign body contamination. Contaminated formula and incorrect formula designs have led to hundreds of illnesses and deaths of babies in several countries.

For non-breastfeeding mothers, the following health risks are increased: anemia, less bonding with the baby, post-partum depression, Type 2 Diabetes, higher cholesterol levels, hypertension, frequent pregnancies, higher rate of heart disease and ovarian cancer (27% higher). Breastfeeding provides a protective factor for breast cancer so that for each year of breastfeeding, the risk of breast cancer decreases by 4%.

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Formula feeding is a burden on the Poor, where family resources are drained with 25% of formula-fed babies live in poverty. The family spends 85,000 MMK per month to bottle feed a baby and 30-40% of the family's monthly income is spent on artificially feeding the baby. The baby's health risk is increased with poor access to clean water, means to properly clean bottles and equipment, and poor sanitation. The family's limited resources result in parents diluting formula feedings to save money, causing inadequate nutritional intake for their baby. Thus, the protection of breastfeeding through legal means in Myanmar is essential to protecting the health and nutrition of women, infants, and children. The enforcement and monitoring of the Order is crucial to ensuring that Myanmar families are being protected from unethical marketing of formulas and that they are not encouraged to bottle feed from the promotion and advertising of the companies.

The Scope of the Myanmar Law includes seven Chapters: (1) Title and Definition (2) Quality Assurance (3) Labeling (4) Marketing (5) Information and Education (6) Monitoring and (7) Taking Action. Aspects of all the Chapters will be discussed.

Article 1(s)

Designated food means the following: infant formula, follow on formula, special dietary management for specific conditions, formulated complementary food, any other food determined by notification from time to time according to the Myanmar Food and Drug Board of Authority. This order also pertains to accessory feeding utensils used for feeding infant or young child such as feeding bottles, teats, feeding cups with spouts or straws.

Complementary food means any food whether manufactured or locally prepared suitable as a complement to breastmilk or breastmilk substitute when either become insufficient to satisfy the nutritional requirements of the young child.

Quality Assurance

Article 2 (3, 4)

The quality of each and every designated food and accessory feeding utensils shall conform to the Myanmar Standard Guidelines or conform to the International Standards and Guidelines (Codex Code of Hygienic Practice for Foods for Infants and Children) and must be manufactured, distributed or marketed according to National Food Law.

Labeling

Article 3(5)

Containers or labels shall be designed to: not discourage breastfeeding; not to encourage using any kind of accessory feeding utensils; not to induce feeding any kind of designated food. Labels: shall not readily be separated from the container; shall be in Myanmar language; shall be written not less than 1 mm height for the smallest letter. Labels, inside and outside shall not contain any written form, photos, pictures, cartoon, graphic representation that is in the essential composition. Labels cannot contain these terms: "humanized", "materialized" or similar terms; "best for baby"; "best for baby's brain". Labels may not have any medicinal, health or nutritional claims in regard to any nutrients or substances that the essential composition or ingredient or additives. Labels may not have pictures of pregnant mother, fetus, infant, young child, lactating mother or family.

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Article 3(6)

Manufacturers shall abide by the following regarding labelling. All labels shall state: the kind of food; include appropriate age for the product; ingredients used; nutritional information (Kcal/protein/carbohydrates and lipids) per 100 ml of liquid or 100 gm of powder; include instructions for preparation, storage, and disposal; include pack size; expiry date; best date before use; brand name; manufacturer's name, address, country of origin and name and address of local distributor. The label should also contain these instructions: using drinkable boiled water heated to at least 70 degree C and cooled; use of the endorsed scoop; contain feeding chart and directions for use; indicate that only one feed be prepared at a time; indicate that leftover formula should be discarded within one hour; hold baby upright for feed in mother or care taker's chest during feeding; contain a warning about the potential health hazards of improperly sterilized feeding utensils.

Article 3(7)

Labels will include: have black and bold letters (at least 3 mm height at the smallest letter) and in red the statement: "Important Notice" for these products: (1) infant formula will have "use only for babies who are not breastfed"; only use on the advice of a health professional; a health hazard if not prepared properly; breastmilk is best food for babies and (2) follow up formula will contain: "suitable for baby over six months"; only use on the advice of a health professional; only a part of a diversified diet; breast milk is best for babies. Formulated food should include: specific disease or medical condition; state reason for use; include "only use under medical supervision". Formulated complementary should include: for ages of 6 months onwards; not intended to replace prepared family foods; continue breastfeeding till 2 years of age.

Marketing

Health Care System means governmental, nongovernmental or private person/institutions/ organization engaged, directly or indirectly, in healthcare, preventive, therapeutic or other health services. It also includes nurseries or childcare institutions but does not include pharmacies and sales outlets.

Health Care Provider is a person working in a health care system including private sector, whether professional or non-professional, including voluntary unpaid workers.

Health Care Professional is a registered person holding government approved related certificate.

Article 9(a)(b)(c)

The marketers, manufacturers and distributors of designated food and accessory feeding utensils may not: have point-of -sale advertising, competition, display, luring, encouraging, advising, enticing or other promotion device to induce sales directly or indirectly to the consumer at the retail level; have discounts, discount coupons, gift, lucky-draw, special sales, door-to door sale and handing-over sale.

Article 9(e)

Sales incentives for marketing personnel of sales of designated food and accessory feeding utensils shall not be included in bonus calculations; quotas cannot be set for sales of designated food and accessory feeding utensils.

Article 9(g)

Manufacturers and distributors and their representatives cannot: directly or indirectly promote sales, advertise, communicate to the general public through press, radio, television or through any kind of electronic technology or billboard, street banner, advertisement flag, poster, pamphlets and through celebrities such as artists, sportsmen and their family members.

Article 9 (h)

Manufacturers and distributors and their representatives cannot give designated food and accessory utensils as samples, prizes, presents or support or help to do those things.

Article 9(i)

Manufacturers and distributors are prohibited to market and related practices within the health care system.

Article 9(j)

Manufacturers, distributors and marketers are prohibited to have direct or indirect contact with pregnant women, mothers of infant or young child or members of their family.

Article 10(a)(b)

Manufacturers, distributors, employees and anyone who receives support from them must seek prior approval from the Myanmar Food and Drug Board of Authority or the Ministry of Health for: providing low cost sales or free samples; donating free, present or prize of designated food and feeding utensils to the healthcare system or provider; donating or installing equipment and office materials such as growth charts, ID bands, posters, notepads, pens, calendars, toys, umbrellas, hand bag, travelling bags and helping to do those for a health care system or health care provider.

Article 10(c)

Manufacturers and distributors may not: offer any gift, contribute to a health care system or to a provider, including fellowships, research grants or funding local and international meetings/seminars/conferences/continuing education courses. They cannot sponsor events, contests, do telephone counseling or campaigns. They cannot do anything that pertains to reproductive health, pregnancy, maternal health, childbirth, infant or young child feeding or related topics. They cannot support directly or indirectly in childbirth or in caring of pregnancy, mother and child.

Article 11 (a)(b)(c)

Manufacturers and distributors, employee and any person/organization who receives their support may not communicate with health care providers or the general public. They cannot organize information and education programs inside or outside the healthcare system. They must get prior approval from the Ministry of Health for the distribution and dissemination of information, education and communication materials.

Article 12(a) (b)

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Anyone publishing information or educational materials regarding infant and young feeding to individuals/groups/ public through printed, audio, visual and other media shall: write or narrate in Myanmar; contain correct and current information about the value of exclusive breastfeeding for six months and breastfeeding to two years and beyond; how and why any introduction of bottle feeding or early introduction of complementary foods negatively affects breastfeeding; importance of introducing complementary local foods at six months; stress on maternal nutrition and preparation for breastfeeding.

Article 12(c)

Anyone publishing information or educational materials regarding infant and young feeding cannot use any text, photos, pictures, cartoons and graphics that: encourage bottle feeding and discourage breastfeeding; give impression that designated food is equivalent to, comparable with or superior to breast milk or breastfeeding; encourage directly or indirectly to use designated food; contain the brand name, logo, company name of designated food or accessory feeding utensils.

Monitoring

Article 6(13)(14)(15)(16)

Myanmar and Food Drug Board shall delegate any organization with full responsibilities to oversee the monitoring and implementation of OMFFIYC. All State, Region and Township Food and Drug Supervisory Committees shall take the responsibility for the monitoring and implementation of this Order and Supervisory Boards will monitor, assess, supervise and take action on the violations; health care system and healthcare provider shall support the objectives of this Order and behave in accordance of the Order and shall have the responsibility to oversee the monitoring and implementation of this Order.

Article 7(18)

Whoever violates any provisions of this Order shall be taken action with the section 31 of the National Food Law.

Myanmar Law clearly states that government action will be taken against violations of the Order. The Food and Drug Board can delegate ANY organization with full responsibilities to oversee the monitoring and implementation of this Order. This could pose a possible loophole with formula companies aggressively moving into the Myanmar and backed by their lobbyists, marketing and advertising specialists and large marketing budgets. The question of “who” and “how” the Food and Drug Board will choose to oversee the monitoring and implementing of the Order remains unclear.

The Myanmar Order delegates monitoring responsibilities to the Supervisory Committees on the State, Region and Township levels to monitor, assess, supervise and take action of the violations. This is a monumental task of training thousands of people at different governmental levels for education and training for the monitoring and implementation of the Order. Needless to say, this will take some time and much coordination of various Ministries and other parties. The Food and Drug Board also holds health care systems and health care professionals accountable to the objectives of the Order and responsible to oversee the monitoring and implementation.

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The challenge for healthcare professionals and systems being involved with monitoring and implementation lies in the current practice in some institutions and providers accepting formula representatives to their clinics/ institutions, accepting formula samples and allowing formula companies to sponsor continuing education seminars. In spite of the Order being adopted one year ago, formula companies continue to use healthcare professionals and workers as their marketing vehicle. The gifts, offers of help and support from the companies have been too enticing for health care professionals/institutions to resist. Other violations have been duly noted: leaflets with pictures of mothers and babies in circulation; direct promotions in shops to the consumer; gifts to mothers and families; formula advertising with celebrities; formula tent displays at public functions; and formula advertising on trucks. Formula marketers have also been able to enter health care systems through “Mommy” formulas for pregnant and breastfeeding mothers.

Monitoring of the Order in Myanmar is necessary: to ensure that the law is being observed and is effective; to continue with achievements; and to provide information for loopholes in the Order; and serves as a basis for amendments and new laws. Monitoring is useful for: providing factual information for policy makers; helps infant health international agencies and NGO’s with basis for programs; and provides evidence and proof for indictment of companies. Monitoring helps identify those “breaking the rules”: who, where, when, how. Because of monitoring and actions taken for violations in other countries, formula companies have had to make changes to comply with the Code.

The systematic monitoring method of the Order is being currently being developed. The Myanmar Nutrition Technical Network is working with the government regarding this system. Article 11 of the WHO Code states that the monitoring of the Code is the responsibility of: government, Companies, NGO’s, professional groups and consumer organizations. In addition, the NGO’s, professional groups and consumer organizations are to collaborate with governments and inform companies and governments about violations of the Code.

In the meantime, the task of monitoring and reporting violations falls on every citizen and person in Myanmar. To monitor violations, six things should be noted: name of the company, brand of formula/complementary food, date of violation, location of the violation, photograph of violation.

The Quick Electronic Monitoring Form can be downloaded from: www.ibfan.org or www.ibfan-icdc.org.

Although some healthcare institutions/providers are implementing aspects of the order, many remain resistant to change and the public, for the most part, and other sectors remain unaware. Currently, the governmental hospitals are complying with the Order and staying diligent. The challenge today may concern the private sector institutions and health care providers and workers. By using the media, grassroots organizations and local NGO’s, information and education for implementation about the Order must be dispersed. Maternal and Infant Health and Nutrition NGO’s can also contribute to the training and education to the public and other sector.

The Government of Myanmar, NGO’s and other parties who worked to develop and adopt the Order of Formulated Foods for Infants and Young Children should be commended for their commitment to

protecting breastfeeding and promoting maternal, infant and child Health and Nutrition. The Myanmar Order is specific and comprehensive regarding the marketing of breast milk substitutes with a few provisions. However, without adequate and systematic monitoring and actions taken for violations, this Order will remain ineffective and unable to protect breastfeeding for mothers and babies.

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