World Health Organization recommends that every child receive total breastfeeding (no supplements, just breast milk as the only food) for the first six months of life. Breastfeeding can continue with food supplements between the age of six months and two years or longer. Numerous research studies and scientific data from around the world affirm that breastfeeding is tremendously healthy for mother and child, both physically and mentally. Breastmilk has special ingredients not available elsewhere which are essential for optimal development and immunity from disease. Breastfed children are more likely to grow and develop normally in accordance with age. Breastfeeding also prevents diarrhoea and pneumonia which are significant causes of death in infants. Over the longer term, breastfed children are less prone to such non-communicable diseases (NCD) as obesity and diabetes than children who did not breastfeed. Some studies have found that breastfed children have a higher average cognitive function than non-breastfed children. Women who breastfeed burn 500 kCal per day and that helps them burn off the excess weight from pregnancy,
and reduces the risk of obesity, diabetes, and cancers of the ovary and breast. In addition, breastfeeding helps mothers recover the store of energy after the exertion of pregnancy, labour and delivery, and also combats post-partum depression. Most obviously, breastfeeding helps mothers and families save on the cost of infant formula and associated supplies since breastfeeding is free of charge.²

Given all the advantages of breastfeeding, it is hard to believe that Thailand once had the lowest rate of full breastfeeding in the first six months post-partum of countries in Asia: only 5%. The 2005 Survey of the Status of Children and Women in Thailand³ found that the MOPH and its partners were diligently trying to promote new mothers to breastfeed through various projects such as the Baby-Friendly Hospital Project, the Birth-a-Baby Project and other activities which tried to persuade mothers of the importance initiating full breastfeeding while still at the hospital. These efforts helped to increase the proportion of children under age six months who consumed only breastmilk from 12% in 2012⁴ to nearly double to 23% in 2015.⁵ Despite the improvement, this level is still very low when compared to Thailand’s neighbours. There are a number of factors which discourage Thai mothers from breastfeeding. Many mothers cannot take six months leave from work, nor can they breastfeed at the workplace. Many women lack adequate knowledge or confidence that they have enough breastmilk to satisfy their infant’s hunger. Others have the misunderstanding that breastmilk is not that nutritious or that it is equal to infant formula. Research has shown that marketing efforts by companies which sell breastmilk substitutes can influence a mother and her family how to feed their infant, and may lead them to believe that infant formula is as good as or better than breastmilk.⁶

This problem is not exclusive to Thailand; many countries face the same problem of aggressive marketing by the infant formula companies. Thus, Thailand felt it had to introduce measures and strategies to protect infants and young children from the adverse effects of breastmilk-substitute promotions. In the past, the government had requested cooperation from industry in this matter. However, there were no penalties for non-compliance, and the marketing of infant formula only increased over time, and through more devious methods. Accordingly, the Thai government finally introduced legislation to control advertising and promotion of infant formula.

It took 36 years to get the infant formula law

Advocacy for the 2017 Infant and Young Child Food Marketing Control Act

The serious push to get a law passed to control the marketing of breastmilk substitutes began in 1981 when Thailand ratified the WHO resolution on the International Code of Marketing of Breast-Milk Substitutes, on May 21 of that year. Thailand then announcement implementation of the Code in 1984, but only in terms of requesting the
cooperation of industry to comply. Yet companies continued their marketing of breastmilk substitutes in Thailand, often by indirect means. They targeted pregnant women and families to such an extent that inaccurate information became ingrained in the thoughts and beliefs of young couples (i.e., that infant formula was as good as or better than breastmilk). Those marketing campaigns are largely responsible for the low full-breastfeeding rate of Thai mothers cited above.

Recognizing the seriousness of the problem, in 2008, the MOPH issued a ministerial regulation on “Criteria for Acceptable Marketing of Food for Infants and Young Children and Related Products.” Still, however, the ministerial regulation had no teeth since there was no criminal penalty to enforce it. So, the marketing of infant formula continued uninterrupted. Then, in 2010, the WHO general assembly issued a resolution to pressure member countries to pass laws to control the marketing of food for infants and young children in accordance with the Code. The Department of Health (DOH) of the MOPH, the Thai Breastfeeding Centre Foundation, and other advocacy partners were able to get this issue on the Thai National Health Assembly agenda. A resolution of the Assembly to enact such a law was proposed to the Cabinet. At a meeting of the Cabinet in April 2011, the resolution was approved and the MOPH was charged with drafting the law. Staff of the DOH, the Breastfeeding Centre Foundation, NHC, UNICEF (Thailand), WHO (Thailand) and other partners worked to draft the law. By 2014, the Minister of Health at the time (Dr. Rachata Rachatanawin) proclaimed the draft law as Ministry policy and moved the draft onto the Cabinet agenda. The draft was approved on December 1, 2015, under the government of PM Prayuth Chan-ocha (when the Minister of Health was Dr. Piasakon Sataythorn). This process of legislation took so many years because of the aggressive opposition lobbying by industry. The biggest issue of contention was who could the marketing target as a potential consumer and what foods were being controlled. For example, did the law cover newborns up to age three years, or did the law apply to food supplements for infants under age one year? The National Legislative Assembly was able to find a compromise solution to satisfy both sides, and the draft legislation became law on April 4, 2017, and effectively in force as of July 19, 2017.7

The Contents of the Infant Formula Law

The law is intended to promote a situation in which practices in Thailand conform to the WHO Code as part of the right to health for infants and young children. The goal is to promote that Thai newborns, infants and young children receive the most nutritious food possible. If the use of breastmilk substitutes is unavoidable, then mothers and families are to receive accurate and factual information about those products in relation to breastmilk. There are three classes of food controlled by this Act:

(1) Food for infants in the first 12 months (i.e., breastmilk substitutes);
(2) Food supplements for infants age six months to one year; and
(3) Food for children age one to three years. The law controls advertising and promotion of food for infants and young children through free samples, special sales, or other direct or indirect methods of marketing the product. All information provided by industry must be factual.

**Questions about the Infant Formula Law**

If the advertising of infant formula and food supplements is restricted, where can mothers and families get factual information about these products? Is the law too restrictive in providing factual information about a consumer product that is valued by many consumers? How should a mother/family select the most appropriate breastmilk substitute? What is the proper method of storage and preparation of the infant formula or food supplement? How is the formula mixed, at what water temperature, and what are the guidelines for re-use of a mixed batch? What are the proper feeding bottles and other utensils used in feeding the infant or young child? What is the proper method to clean the bottles and utensils?

The intent of the law is to ensure that mothers/families receive answers to these questions and other concerns which industry does not necessarily provide on its product packages or inserts. Usually, the infant formula and supplement companies emphasize product packaging and appearance to promote impulse buying and do not want to
burden the consumer with too much technical information. While the law cannot force industry what to say in promoting its products (as long as it is factually correct) it encourages the dissemination of information which portrays breastfeeding as attractive, beneficial and superior to breastmilk substitutes. Mothers and families are encouraged to seek information on breastfeeding and infant formula from clinicians and public health professionals instead of the infant food product companies. The law does not prohibit sales or marketing of infant formula or stipulate which outlets may or may not carry products. Those who do not have any viable alternative can always procure infant formula and food supplements at the normal market outlets. Mothers and families are not forced to breastfeed up to three years, but they should be educated to see the tremendous advantages of doing so. Infants and young children should have unfettered access to the healthiest nutrition in the first three years of life, and that certainly includes breastmilk. The most reliable information for mothers and the family are from clinicians and health professionals since they have no conflict of interest in helping families decide on the right course of action in feeding their infant or young child.

In Closing

Thailand has lagged behind other countries in enacting laws to protect its youngest children from the forces of aggressive marketing of breastmilk substitutes and food supplements. However, now that the Infant Formula Act is the law of the land, the MOPH has the responsibility to provide guidelines to advocate efficient compliance with the law. Civil Society and all citizens need to support this law by keeping alert for companies and practices that violate the letter or the spirit of the law. It is a child’s right to receive proper nutrition in its most vulnerable years. Full breastfeeding should become the norm for mothers and society-at-large so that it is seen as modern, fashionable and not something to be shy or ashamed about. There is an oversight committee to monitor implementation of the law, and the Permanent Secretary of Health is the chairperson, with the Director-General of the DOH as the secretary. This committee provides guidance for strategic planning on enforcement and monitoring of the law. Inevitably, there will be gaps in implementation, and some unscrupulous companies will find ways to evade the law. Thus, it is vitally important that mothers and families are the main source of demand for breastmilk and reject the persuasive messaging of an industry that would have them switch to substitutes when not necessary. When breastfeeding truly becomes the national norm, then no Thai child will be denied this most nutritious and natural food.

“This (Infant Formula) Law is a victory for parents, health personnel and society who have joined forces over many decades to protect breastfeeding as one of the most important methods to help newborns get a strong and healthy start to life.”

• Thomas Darin
Representative of UNICEF (Thailand)