

THE COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS

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REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN VIETNAM



September 2014

Data sourced from:

- Health statistic of Ministry of Health (MoH) 2006, 2007, 2009
- General Statistic (GSO) 2006, 2007, 2008
- Demographic and Health survey (DHS 2002)
- World Breastfeeding Trend indicator 2009
- Census 1.April 2009
- The third and fourth country report on Vietnam's implementation of the United Nation Convention on the Rights of the Child in the 2002 – 2007 period
- Population and Family Planning Dynamic Survey (GSO 2010)
- National Institute of Epidemiology Report on HIV/AIDS monitoring 2008 and plan for 2009

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Breastfeeding: key to child and maternal health

The 1'000 days between a woman's pregnancy and her child's 2nd birthday offer a unique window of opportunity to shape the health and wellbeing of the child. The scientific evidence is unambiguous: ***exclusive breastfeeding for 6 months followed by timely, adequate, safe and appropriate complementary feeding practices, with continued breastfeeding for up to 2 years or beyond***, provides the key building block for child survival, growth and healthy development¹. This constitutes the infant and young child feeding practice recommended by the World Health Organisation (WHO)².

Breastfeeding is key during this critical period and it is the single most effective intervention for saving lives. It has been estimated that optimal breastfeeding of children under two years of age has the potential to prevent 1.4 million deaths in children under five in the developing world annually³. In addition, it is estimated that 830.000 deaths could be avoided by initiating breastfeeding within one hour from birth⁴. Mother's breastmilk protects the baby against illness by either providing direct protection against specific diseases or by stimulating and strengthening the development of the baby's immature immune system. This protection results in better health, even years after breastfeeding has ended.

Breastfeeding is an ***essential part of women's reproductive cycle***: it is the third link after pregnancy and childbirth. It protects mothers' health, both in the short and long term, by, among others, aiding the mother's recovery after birth, offering the mother protection from iron deficiency anaemia and is a natural method of child spacing (the Lactational Amenorrhea Method, LAM) for millions of women that do not have access to modern form of contraception.

Infant and young child feeding and human rights

Several international instruments make a strong case for protecting, promoting and supporting breastfeeding, and stipulate the right of every human being, man, woman and child, to optimal health, to the elimination of hunger and malnutrition, and to proper nutrition. These include the **International Covenant on Economic, Social and Cultural Rights (CESCR)**, especially ***article 12 on the right to health***, including sexual and reproductive health, ***article 11 on the right to food*** and ***articles 6, 7 and 10 on the right to work***, the **Convention on the Rights of the Child (CRC)**, especially ***article 24 on the child's right to health***, the **Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)**, in particular ***articles 1 and 5 on gender discrimination on the basis of the reproduction status*** (pregnancy and lactation), ***article 12 on women's right to health*** and ***article 16 on marriage and family life***. Adequately interpreted, these treaties support the claim that 'breastfeeding is the right of every mother, and it is essential to fulfil every child's right to adequate food and the highest attainable standard of health.'

As duty-bearers, States have the obligation to create a protective and enabling environment for women to breastfeed, through protecting, promoting and supporting breastfeeding.

¹ IBFAN, What Scientific Research Says?, available at: <http://www.ibfan.org/issue-scientific-breastfeeding.html>

² WHO, 2002, Global Strategy on Infant and Young Child Feeding, available at: <http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html>

³ UNICEF, available at: <http://www.childinfo.org/breastfeeding.html>

⁴ Save the Children, Superfood for babies: how overcoming barriers to breastfeeding will save children's lives, 2012, available at: <http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/SUPERFOOD%20FOR%20BABIES%20ASIA%20LOW%20RES%282%29.PDF>

Our recommendations

We would like to propose these further recommendations for consideration by the CESC Committee:

- Increase **training on optimal breastfeeding and complementary feeding practices** and **counselling skills for health workers at all levels**. Include training on breastfeeding in the official curricula for doctors and nurses.
- Increase **coordination** between agencies and the ministries and among ministries with regards to the nutrition program in general and breastfeeding in particular (Ministry of Health, the Ministry of Agriculture and Rural Development - which control product labelling and content, and the Ministry of Information and Communication- which government television advertising compliance)
- **Engage and collaborate with NGOs** in all activities on breastfeeding promotion and support, and Code monitoring.
- Establish mechanisms for the implementation of the Decree 21/2006: the Ministry of Health should commit to implementing the measures in order to **strengthen the implementation of the Code** (Refer to Annex 1).
- **Active and systematically support BFIH assessment** and breastfeeding promotion activities more generally.

1) General situation concerning breastfeeding in Vietnam

WHO recommends: 1) **early initiation of breastfeeding** (within an hour from birth); 2) **exclusive breastfeeding** for the first 6 months; 3) **continued breastfeeding** for 2 years or beyond, together with adequate and safe complementary foods.⁵

Despite these recommendations, globally more than half of the newborns are not breastfed within one hour from birth, less than 40% of infants under 6 months are exclusively breastfed and only a minority of women continue breastfeeding their children until the age of two.

Rates on infant and young child feeding:

- **Early initiation:** Proportion of children born in the last 24 months who were put to the breast within one hour of birth
- **Exclusive breastfeeding:** Proportion of infants 0–5 months of age who are fed exclusively with breast milk
- **Continued breastfeeding at 2 years:** Proportion of children 20–23 months of age who are fed breast milk
- **Complementary feeding:** Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods.

⁵ <http://www.who.int/topics/breastfeeding/en/>

General data

Total population:	87,789,573
Total numbers of children	
○ Number of infants under 12 months:	1,516,460
○ Number of children under 5 years old:	7,278,853
Infant mortality rates (per 1000 live births):	15.8 (Census 2009)
○ Urban:	12.1
○ Rural:	26.9
Maternal mortality rates:	69/ 100,000 live births

Infant mortality is lower in urban areas than in rural areas.

Breastfeeding data

Initiation to breastfeeding within one hour of birth	61.7 %
Exclusive breastfeeding for first 6 months	13% (Rural: 18%; Urban: 8%)
Complementary feeding under 6 months	83 %
Continued breastfeeding at 12-15 months	N/A
Mean duration of breastfeeding	13 months

Generally, breastfeeding is part of Vietnamese women's culture. However, exclusive breastfeeding for 6 months is very low and is diminishing rapidly. The percentage of children under 6 months who received complementary food is 83%. In particular, it is 9% under 3 months, 14.1% at 3 months, 33.6% at 4 months, 20.7% at 5 months, 20.0% at 6 months.

There is a very limited use of indigenous food for preparing complementary food. Rice flour is the most common food first given to children (69.4%), followed by formula (13.7%) and porridge (10.3%). It is worth noting that poor nutritious complementary food is particularly used in mountainous and rural areas.

2) International Code of Marketing of Breastmilk Substitutes

Evidence clearly shows that a great majority of mothers can breastfeed and will do so if they have the accurate and full information and support, as called for by the Convention on the Rights of the Child. However, **direct industry influence** through advertisements, information packs and contact with sales representatives, as well as indirect influence through the public health system, submerge mothers with **incorrect, partial and biased information**.

The International Code of Marketing of Breastmilk Substitutes (the International Code) has been adopted by the World Health Assembly in 1981. It is a **minimum global standard** aiming to protect appropriate infant and young child feeding by requiring States to regulate the marketing activities of enterprises producing and distributing breastmilk substitutes in order to avoid misinformation and undue pressure on parents to use such products when not strictly necessary. Even if many countries have adopted at least some provisions of the International Code in national legislation, the implementation and enforcement are suboptimal, and violations persist.

The National Decree 21/2006 on trading and use of nutrition products for infants has implemented the *International Code of Marketing of Breastmilk Substitutes*.

There is no comprehensive national **monitoring** mechanism. Some training course on CODE monitoring were conducted by MoH accompanied by ICDC (International Code Documentation Center – Penang – Malaysia)

Distribution of the National Decree 21/2006 in the health care system is limited.

Please, see Annex 2 for examples of Code violations in Vietnam.

Monitoring of relevant laws:

The transition from exclusive breastfeeding to family foods, referred to as *complementary feeding*, typically covers the period from 6 to 18-24 months of age, and is a very vulnerable period. It is the time when malnutrition starts in many infants, contributing significantly to the high prevalence of malnutrition in children under-five years of age worldwide⁶.

National Institute of Nutrition (NIN) is responsible for child nutrition and Health program, NIN has systematic monitoring from National level to communal level.

Some NGOs working in this field separately can integrate monitoring of the Code (national decree 21/2006) into their own activities for supporting, promoting breastfeeding and infant and young child feeding.

3) Baby-Friendly Hospital Initiative (BFHI) and training of health workers

Lack of support to breastfeeding by the health care system and its health care professionals further increase difficulties in adopting optimal breastfeeding practices.

The Baby-Friendly Hospital Initiative (BFHI), which consists in the implementation by hospitals of the 'Ten steps for successful breastfeeding', is a key initiative to ensure breastfeeding support within the

⁶ http://www.who.int/nutrition/topics/complementary_feeding/en/index.html

health care system. However, as UNICEF support to this initiative has diminished in many countries, the **implementation of BFHI has significantly slowed down**. Revitalization of BFHI and expanding the Initiative's application to include maternity, neonatal and child health services and community-based support for lactating women and caregivers of young children represents an appropriate action to address the challenge of adequate support.

In Vietnam, 53 central and provincial hospitals were certified as BFHI, in these hospitals 50% health staffs were trained 18 hours on Breastfeeding. However, monitoring and re-evaluation of BFHI status at provincial level remains limited. Consequently hospitals previously certified as baby-friendly are no longer reliably compliant with the BFHI requirements.

Certain actions appear to be necessary for the near future. Firstly, it is necessary to increase coordination among different agencies (at the national, and lower levels such as provinces, districts, communes as well as among the public and private sectors – It means that the public and private sectors should be trained, established BFHI) for the certification, management and monitoring of BFHI. Secondly, funding for BFHI reassessment and training of BFHI's staffs in order to help them to be able to carry out reassessment must be increased.

4) Maternity protection for working women

The main reason given by majority of working mothers for ceasing breastfeeding is their **return to work following maternity leave**.

It is therefore necessary to make adjustments in the workload of mothers of young children so that they may find the time and energy to breastfeed; this should not be considered the mother's responsibility, but rather a **collective responsibility**. Therefore, States should adopt and monitor an adequate policy of maternity protection in line with *ILO Convention 183 (2000)*⁷ that facilitate six months of exclusive breastfeeding for women employed in all sectors, and facilitate workplace accommodations to feed and/or to express breastmilk.

The proportion of working women is about 25 %.

Maternity leave is 4 months (recommended: 1 month before and 3 months after giving birth) for all working women in government sectors, and sectors.

Workers on maternity leave are entitled to a **cash benefit** equivalent to 100% of the wages plus an additional allowance of one month's wage.

The maternity leave cash benefit is paid from social insurance funds, established from the following sources: (a) 15% by the employer; b) 5% by each employee; (c) the State contributes

⁷ ILO, C183 - Maternity Protection Convention, 2000 (No. 183)

and assist with additional funds to ensure the implementation of social insurance regimes for employees; (d) profits generated from the funds; (e) other sources.

Breastfeeding breaks: Female workers breastfeeding children under 12 months of age are entitled to 60 minutes of rest on every working day, with a full pay.

Enterprises which employ a high number of female employees (from 10 to 100 women workers and women account for at least 50% of the total workforce; or enterprises employing over 100 women and in which women account for at least 30% of the total workforce) are responsible for assisting in the organization of child care centres and kindergartens or for assisting with a portion of the costs of female employees with children of nursing or kindergarten age.

5) HIV and infant feeding

The HIV virus can be passed from mother to the infant through pregnancy, delivery and breastfeeding. The 2010 *WHO Guidelines on HIV and infant feeding*⁸ call on national authorities to recommend, based on the AFASS⁹ assessment of their national situation, either breastfeeding while providing antiretroviral medicines (ARVs) or avoidance of all breastfeeding. The Guidelines explain that these new recommendations do not remove a mother's right to decide regarding infant feeding and are fully consistent with respecting individual human rights.

According to the “Report on HIV/AIDS monitoring 2008 and plan of 2009” by the National Institute of Epidemiology, up to 31 December 2008:

- Number of HIV (+) people still living: 138,191 (Report on HIV/AIDS Day 2012: 240,000 cases)
- Number of AIDS patient still living: 29,575

Distribution:	Female	17.94%
	Male	82.04%
	Unknown	0.02%

There is a national programme on the prevention of mother-to-child transmission of HIV/AIDS. The above programme applied the new 2010 WHO guidelines on prevention of mother-to-child transmission of HIV and infant feeding in the context of HIV.

6) Government measures to protect and promote breastfeeding

⁸ WHO, Guidelines on HIV and infant feeding, 2010, available at: http://whqlibdoc.who.int/publications/2010/9789241599535_eng.pdf

⁹ Affordable, feasible, acceptable, sustainable and safe (AFASS)

Adopted in 2002, the **Global Strategy for Infant and Young Child Feeding** defines 9 operational targets:

1. Appoint a **national breastfeeding coordinator** with appropriate authority, and establish a multisectoral **national breastfeeding committee** composed of representatives from relevant government departments, non-governmental organisations, and health professional associations.
2. Ensure that every facility providing maternity services fully practises all the “**Ten steps to successful breastfeeding**” set out in the WHO/UNICEF statement on breastfeeding and maternity services.
3. Give effect to the principles and aim of the **International Code of Marketing of Breastmilk Substitutes** and **subsequent relevant Health Assembly** resolutions in their entirety.
4. Enact imaginative **legislation protecting the breastfeeding rights of working women** and establish means for its enforcement.
5. Develop, implement, monitor and evaluate a **comprehensive policy on infant and young child feeding**, in the context of national policies and programmes for nutrition, child and reproductive health, and poverty reduction.
6. Ensure that the health and other relevant sectors **protect, promote and support** exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require – in the family, community and workplace – to achieve this goal.
7. Promote timely, adequate, safe and appropriate **complementary feeding with continued breastfeeding**.
8. Provide guidance on feeding infants and young **children in exceptionally difficult circumstances**, and on the related support required by mothers, families and other caregivers.
 - Consider what **new legislation or other suitable measures may be required**, as part of a comprehensive policy on infant and young child feeding, to give effect to the principles and aim of the International Code of Marketing of Breastmilk Substitutes and to subsequent relevant Health Assembly resolutions.

National measures:

The National Strategy on Nutrition for 2001 – 2010 in which breastfeeding is considered as a key factor for reducing malnutrition rate among children under 5 years old. According to National Institute of Nutrition’s data, the objective for reducing prevalence of malnutrition among children under 5 years old was reached 17.5% (Objective: < 20 %).

7) Recommendations on breastfeeding by the CRC Committee

The Convention on the Rights of the Child has placed breastfeeding high on the human rights agenda.

Article 24 mentions specifically the importance **of breastfeeding as part of the child’s right to the highest attainable standard of health**.

Issues like the improvement of breastfeeding and complementary feeding practices, the right to adequate information for mothers and parents, the protection of parents against aggressive marketing of breastmilk substitute products through the implementation of and compliance with the International Code of Marketing of Breastmilk Substitutes as well as the need for strong and universal maternity protection are now systematically discussed during State parties reviews by the CRC Committee.

In June 2012, during its 60th session, the Committee on the Rights of the Child recommended that Vietnam “take immediate steps to promote common standards in health-care services for all children in all regions, and: (a) **Develop nutrition strategies, policies and legislation** relating to positive infant and young-child feeding practices, aimed at reducing regional disparities relating to acute and chronic under nutrition; (b) Increase the resources available for district health centres and commune health stations and ensure that they have adequate human and material resources, particularly in relation to maternal health care and care of newborns, infants and preschool children; (c) **Take immediate action to improve the practice of exclusive breastfeeding for the first six months, through awareness-raising measures including campaigns, information and training for relevant Government officials, training of staff working in maternity units, and education for parents; and strengthen the monitoring of existing marketing regulations relating to the marketing of breast-milk substitutes, particularly through the revision of Decree No. 21 on the marketing of nutrition products and breast milk substitutes, and ensure that action is taken against those who violate the Decree, particularly those who advertise formula and provide free samples to mothers;** (d) Take measures, including awareness-raising campaigns and the expansion of service delivery, to increase immunization rates among infant and preschool children, paying special attention to ethnicity and geographic location” (Concluding Observation, §58).

Annex 1: Some positive activities for supporting optimal breastfeeding promotion from the Government announced in November 2011.

- (1) The Parliament had a discussion on extending the period of maternity leave from 4 months to 5 or 6 months in order to support lactating mothers to exclusively breastfeeding children until 6 months.
- (2) The director of the Legislation Department in the MoH has made the following commitments and agreements during a meeting with Dr. David Clark (Legal Office, Nutrition Section, UNICEF), which was broadcasted on Vietnam Television:
 - Based on the International Code of Marketing of Breastmilk Substitutes, the Vietnamese Decree 21/2006 will be revised in order to make it more clear and correct.
 - The article in the Decree 21/2006 with regards to the sanctions in case of violations by product companies will be reviewed and revised. In the current situation, when baby food companies violate the decree, they are sanctioned with a fine of 5 million Vietnamese Dong (estimates 250 – 300 USD). This amount of money should be increased due to economical reversion situation.
 - The distribution of the Decree 21/2006 will be increased.
 - Increase monitoring of advertisement of child's food products (on labels and advertising on TV).
 - Increase monitoring of obstetric and pediatric service delivery points in order to prevent selling infant and child foods and to prevent distribution of information, education, and communication (IEC) materials and gifts of companies to mothers, by health workers.

Annex 2: Some evidences on violations of by infant formula companies of the International Code of Marketing of Breastmilk Substitutes.

Violation on message:

- Infant formula contains protein, DHA... like in breast milk.
- “Mama colostrums” likes natural colostrums from mothers. Same comment as above.
- Their website of Mama colostrums: <http://mamasuanon.com.vn> with the word: For children from 0 – 12 months, good for child health and contain the mother colostrums, improve the child immune system in the head line of website.

The above claims constitute health claims that wrongfully make mothers believe that infant formula is as good as or even better than breastmilk.

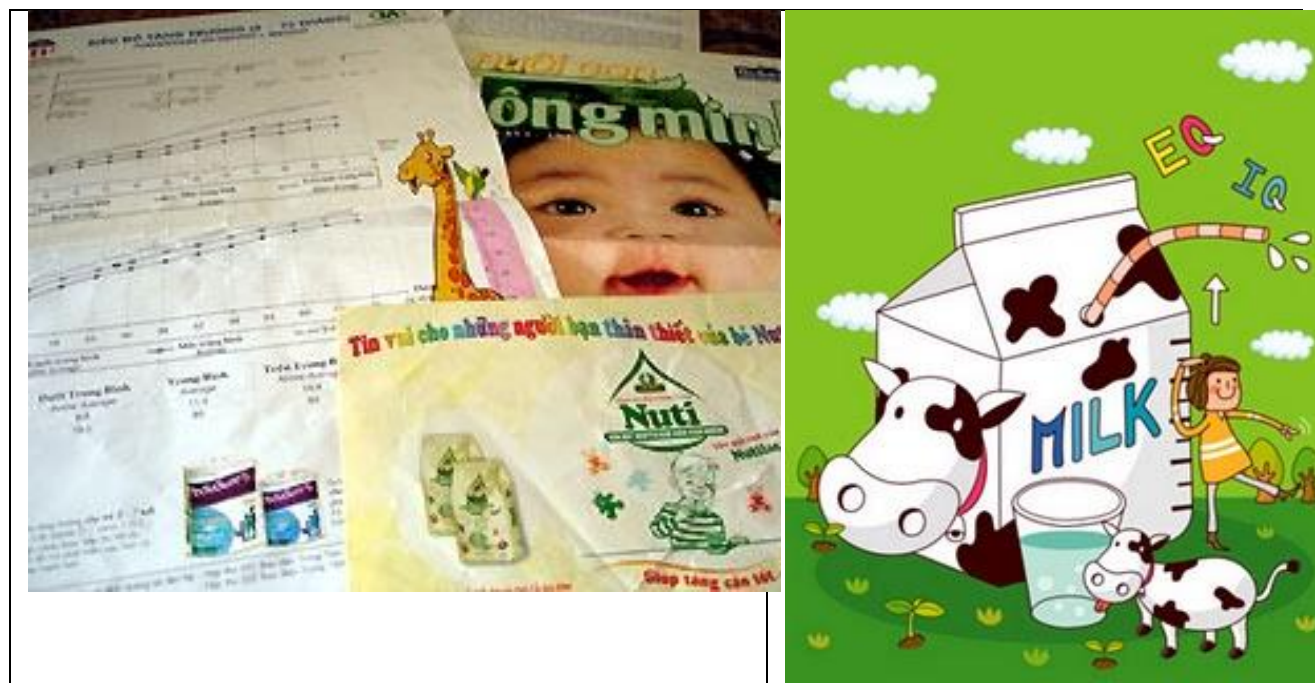
(1) Some pictures



Mama sua non: Colostrums of Mother



An online shop ads for hand imported milk



Formula helps a child become clever



The advertisement banner for Dumex GOLD features a blue background with a subtle wave pattern. On the left, the brand name "Dumex" is in white and "GOLD" is in large, bold, yellow letters. Below this, there is a small blue icon of a baby's head and three buttons: "Hãy gọi chúng tôi", "Gửi email", and "Trò chuyện trực tuyến". On the right, a blue box with a red curved arrow pointing downwards contains the text "GIẢM ĐẾN 50%", "NGUY CƠ NHIỄM TRÙNG", and "tiêu hóa do tăng sức đề kháng*". At the bottom right, a small footnote reads: "* Nghiên cứu Briazze et al. (2009) theo dõi trên nhóm trẻ khỏe mạnh đến 1 tuổi."

Dumex – Decrease 50% risk of digestive infection

About the International Baby Food Action Network (IBFAN)

IBFAN is a 35-year old coalition of more than 250 not-for-profit non-governmental organizations in more than 160 developing and industrialized nations. The network works for better child health and nutrition through the protection, promotion and support of breastfeeding and the elimination of irresponsible marketing of breastmilk substitutes.

IBFAN is committed to the Global Strategy on Infant and Young Child Feeding (2002), and thus to assisting governments in implementation of the International Code of Marketing of Breastmilk Substitutes and its relevant resolutions of the World Health Assembly (WHA) to the fullest extent, and to ensuring that corporations are held accountable for International Code violations. In 1998, IBFAN received the Right Livelihood Award *“for its committed and effective campaigning for the rights of mothers to choose to breastfeed their babies, in the full knowledge of the health benefits of breastmilk, and free from commercial pressure and misinformation with which companies promote breastmilk substitutes”*.