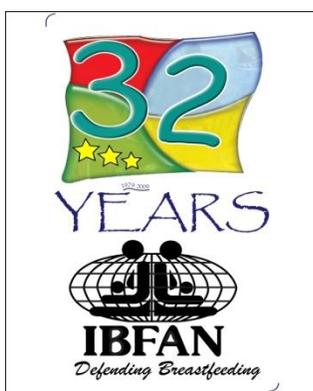


THE CONVENTION ON THE RIGHTS OF THE CHILD

June 2012

REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN VIET NAM



January 2012

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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1) General points concerning reporting to the CRC

Viet Nam' 3rd and 4th periodic report will be reviewed by the CRC Committee in January 2012. At the last review in 2003 (session 41), IBFAN presented an alternative report.

In 2003, the CRC Committee recommended Viet Nam to: *improve the implementation of the National Nutrition Strategy, especially in rural areas; encourage breastfeeding for the first 6 months and to carry out measures to limit advertisements, distribution, and marketing of alternative products replacing breast milk.*

Main challenges that Vietnam faces today in relation to infant and young child nutrition are:

- (1) Policy on maternity leave (4 months) and breastfeeding breaks (1 hour/play/ 12 months) do not apply to about 75% of women who are working in agriculture (rural, mountainous area) and women work in informal sectors of the economy.
- (2) Breastfeeding policy weakness:
 - Lack of coordination, integration between ministries, government, NGOs and other agencies (in implementing/ monitoring breastfeeding promotion activities/programmes)
 - Poor coordination and resource flow between National and Provincial levels of Government. For instance: monitoring and re-evaluation of Baby-Friendly Hospital status is not undertaken at provincial level due to lack of guidelines and skills. As a result, hospitals previously certified are no longer reliably compliant with BFHI requirements.
 - Violations of the National Decree 21/2006 on the trading and use of nutritious products for infants, which implements the *International Code of Marketing of Breastmilk Substitutes*, can be seen everywhere – even in health care points; systematic monitoring and the supervision of these activities is limited.
Main violations:
 - Mothers are contacted for the purposes of the promotion or sale of infant formula by baby food companies.
 - Distribution of gifts or promotion materials to health professionals, including milk products, material benefits and other products displaying a product name, which aims at building a positive relationships between companies and health professionals.
 - Professional Associations (Vietnam Association of Midwife, National Pediatric Association, Nutritional Association...) receive contributions from milk companies (support to conduct workshops, fellowships, research...).
- (3) Media environment:
 - Television advertising for promoting food products for children and infants are very popular (86% of households own television). They go on air during the “golden time” – It means every time after news programs or during film show time, timing when almost all people are watching T.V.
 - Infant formula is described as having good nutritional value, containing important nutrients (Canxi, DHA...) for child growth and intelligence, especially in imported products.
- (4) Health care workers:

- Have limited knowledge on benefits of breastfeeding, and use of indigenous food for preparing complementary foods.
- Provide inadequate assistance to mothers due to lack of counselling skills.
- Are affected by commercial incentives by infant formula companies.

2) General situation concerning breastfeeding

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

Comments:

- Breastfeeding is part of Vietnamese women’s culture.
- Exclusive breastfeeding for 6 months is very low and is diminishing rapidly.
- Percentage of children under 6 months who received complementary food is 83%:
 - Under 3 months: 9%
 - 3 months: 14.1%
 - 4 months: 33.6%
 - 5 months: 20.7%
 - 6 months: 20.0%
- 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%). Especially poor nutritious complementary food in mountainous and rural areas.

3) Government efforts to encourage breastfeeding

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 %).

The International Code of Marketing of Breast milk Substitutes

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 these 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 worldwide¹.
- 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.

4) Baby Friendly Hospital Initiative (BFHI)

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.

Necessary actions for the future:

- It's 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

¹ See: http://www.who.int/nutrition/topics/complementary_feeding/en/index.html

public and private sectors should be trained, established BFHI) for the certification, management and monitoring of BFHI.

- It's necessary to increase the funding for BFHI reassessment and training of BFHI's staffs in order to help them to be able to carry out reassessment.

5) Maternity protection for working women²

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 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.

6) HIV and infant feeding

Some data on HIV/AIDS in Vietnam: 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%

² International Labour Organisation, Maternity Protection Legislation Database, available at <http://www.ilo.org/travaildatabase/servlet/maternityprotection>

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.

7) Obstacles and recommendations

The following obstacles/problems have been identified:

- Coordination: Lack of leadership within the Vietnamese Government and coordination between government and non-government agencies
- Violations of Decree 21/2006 on the trading and use of nutritious products for infants were described as “a terrible problem”³, with no systematic monitoring (especially television was identified as the major source of messaging promoting breast milk substitutes).
- Very poor workplace maternity support and long travel time between home and workplace are among the major factors undermining breastfeeding.

Our recommendations include:

- **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)
- **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.**
- **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.**
- **Engage and collaborate with NGOs in all activities on breastfeeding promotion and support, and Code monitoring.**

³ From the report “*Exclusive breastfeeding and challenge of infant formula in Vietnam*”. A qualitative research, by Scott Mills from Australia, which was conducted with financial support from HocMai Australia Vietnam Medical Foundation and the University of Sydney

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

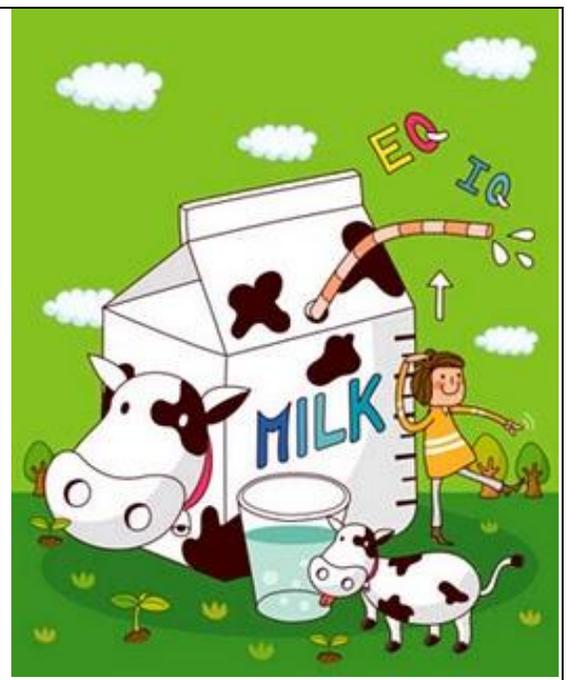


Mama sua non: Colostrums of Mother



090 346 1881
manhdac_cuncon shop

An online shop ads for hand imported milk



Formula helps a child become clever



The advertisement banner features a blue background with a white and yellow 'Dumex GOLD' logo on the left. On the right, a blue box with a red arrow pointing right contains the text 'GIẢM ĐẾN 50%' and 'NGUY CƠ NHIỄM TRÙNG tiêu hóa do tăng sức đề kháng*'. Below the logo, there are three buttons: 'Hãy gọi chúng tôi', 'Gửi email', and 'Trò chuyện trực tuyến'. A small footnote at the bottom right reads: '* Nghiên cứu Briozese et al. (2008) theo dõi trên nhóm trẻ khỏe mạnh đến 1 tuổi.'

Dumex – Decrease 50% risk of digestive infection