

**REPORT ON THE SITUATION OF  
MATERNAL HEALTH AND WORK-RELATED ISSUES  
IN THAILAND**



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**Prepared by:**

Geneva Infant Feeding Association (GIFA) – IBFAN Liaison Office  
[www.gifa.org](http://www.gifa.org)

**The right to health of women through the protection, promotion and support of breastfeeding**

Working women that become mothers hold a double role that is not always easy to bear. Recognizing “the great contribution of women to the welfare of the family and to the development of society [...] [and] the social significance of maternity” (CEDAW Preamble) means acknowledging that it is a collective responsibility to create an **enabling environment for women to fulfil both roles of mother and worker**. Indeed, both maternity and work are means for women’s empowerment and emancipation.

Women should be given the correct information as well as the legislative and institutional support to act in their children’s best interest while continue working and being active in public life. To this end, **maternity protection** at work, and **adequate paid maternity leave** in particular, are critical interventions that States have the obligation to implement in order to realize the right of women to work, and at the same time the right to health of women and their children, allowing new mothers to rest, bond with their child and establish a sound breastfeeding routine. Therefore, working mothers are also entitled to healthy surroundings at their workplace, and more specifically, to breastfeeding breaks and to breastfeeding facilities.

**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, reducing postpartum bleeding, aiding the mother’s recovery after birth (synchronization of sleep patterns, enhanced self-esteem, lower rates of post-partum depression, easier return to pre-pregnancy weight), offering the mother protection from iron deficiency anaemia, delaying the return of fertility thus providing 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, and decreasing the incidence of osteoporosis and the risk of ovarian-, breast- and other reproductive cancers later in life. For these reasons, **promoting, protecting and supporting breastfeeding is part of the State obligation** to ensure to women appropriate services in connection with the post-natal period and more generally, realize **women’s right to health**. In addition, if a woman cannot choose to breastfeed because of external conditions, she is stripped of bodily integrity and denied the opportunity to enjoy the full potential of her body for health, procreation and sexuality. The right to breastfeed does not disappear with the fact that some women may choose alternative methods of feeding their children.

Optimal breastfeeding practices as recommended by WHO global strategy for infant and young child feeding<sup>1</sup> (early initiation of breastfeeding within one hour after birth, 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) also provide the key building block for child survival, growth and healthy development<sup>2</sup>. Enabling women to follow such recommendations means empowering them by giving them the opportunity and support to best care for their child.

**Breastfeeding 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 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), in particular art. 1 and 5 on gender discrimination on the basis of the reproduction status (pregnancy and lactation), art. 12 on women’s right to health and art. 16 on marriage and family life, the International Covenant on Economic, Social and Cultural Rights (CESCR), especially art. 12 on the right to health, including sexual and reproductive health, art. 11 on the right to food and art. 6, 7 and 10 on the right to work, the Convention on the Rights of the Child (CRC), especially art. 24 on the child’s right to health. Adequately interpreted, these treaties support the claim that **‘breastfeeding is the right of both the mother and her child, and 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.

<sup>1</sup> WHO 2002, Global Strategy on Infant and Young Child Feeding,  
<http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html>

<sup>2</sup> IBFAN, What Scientific Research Says?, <http://www.ibfan.org/issue-scientific-breastfeeding.html>

## General situation concerning breastfeeding in Thailand

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.<sup>3</sup>

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.

Thailand has various databases for monitoring the IYCF practices in the country. The monitoring system includes routine reporting, data from maternal and child care facilities assessments, national surveys and research. Because of the multiple sources of data, the information of IYCF practices in Thailand is still not comprehensive and accurate. This is an obstacle for planning or analysis of budget allocations.

### **General data**

	2013	2014	2015
Annual number of birth, crude (thousands)	-	-	715
Neonatal mortality rate (per 1,000 live births)	7.3	7.0	6.7
Infant mortality rate (per 1,000 live births)	11.2	10.9	10.5
Under-5 mortality rate (per 1,000 live births)	13.1	12.6	12.3
Maternal mortality ratio (per 100,000 live births)	-	-	20
<i>Delivery care coverage:</i>			
Skilled attendant at birth	99.6% <sup>4</sup>	-	-
Institutional delivery	100% <sup>5</sup>	-	-
C-section	32% <sup>6</sup>	-	-

### **Breastfeeding data**

	2012 <sup>7</sup>	2015	2016
Early initiation of breastfeeding (within one hour from birth)	46.3%	-	-
Exclusive breastfeeding under 6 months	12.3%	-	-
Introduction of solid, semi-solid or soft foods (6-8 months)	74.8%	-	-

<sup>3</sup> [www.who.int/topics/breastfeeding/en/](http://www.who.int/topics/breastfeeding/en/)

<sup>4</sup> Data refers to 2012. Source: UNICEF

<sup>5</sup> Data refers to 2012. See above

<sup>6</sup> Source: MICS 2012

<sup>7</sup> Data retrieved from Thailand MICS 2012

## IBFAN – International Baby Food Action Network

Bottle-feeding (0-12 months)	64.4%	-	-
Continued breastfeeding at 2 years	17.8%	-	-
Median duration of breastfeeding (in months)	6.5	-	-

The breastfeeding rates in Thailand are extremely low and reflect important gaps in the maternal and child health policies and programmes in the country, as it will be developed above.

### 1) Maternity protection for working women

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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. States should adopt and monitor an adequate policy of maternity protection in line with ILO Convention 183 (2000)<sup>8</sup> that facilitates six months of exclusive breastfeeding for women employed in all sectors, and facilitate workplace accommodations to feed and/or to express breastmilk.

Maternity leave in Thailand is regulated by the following laws: Labour Protection Act, B.E. No. 2541, 1998, amended by Labour Protection Act No. 2, B.E. No. 2551, 2008 and Labour Protection Act No. 3, B.E. No. 2551, 2008; Social Security Act, B.E. No. 2533, 1990, amended by Social Security Act No. 3, B.E. No. 2542, 1999; Ministerial Regulations No. 7, B.E. No. 254, 1998; Ministerial Regulations No. 9, B.E. No. 254, 1998; Ministerial Regulation No. 1, B.E. No. 2541, 1998.

#### **Maternity leave**

**Scope:** Maternity protection under labour protection legislation covers employees in general, with some exceptions: employees who work for central, provincial and local administrations; state enterprises under the law governing state enterprise labour relations; employees who perform agricultural work, housework, or work that is not intended to seek economic profit; work in private schools under the law governing private schools, but only in respect to headmasters and teachers.

**Duration:** 90 days (13 weeks) for each pregnancy. There is no provision for an extension of maternity leave. The duration of maternity leave is not adequate and there should be provisions for an extension.

**Benefits:** The payment of cash benefits is shared between the employer and the Social Security System. Benefits paid by the employer amount to 100% of salary, but only for 45 days per year. The Social Security Fund pays a maternity allowance at a rate of 50% of wages for 90 days.

**Paternity leave:** Paternity leave is accorded for at least 3 days but only in the public sector.

**Breastfeeding breaks:** No mention of breastfeeding breaks.

**Thailand has not ratified the ILO Convention 183 (2000) on maternity protection.**

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<sup>8</sup> ILO, C183 - Maternity Protection Convention, 2000 (No. 183)

## 2) International Code of Marketing of Breastmilk Substitutes

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Evidence clearly shows that a great majority of women 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 women 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.

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Thailand has adopted the International Code of Marketing of Breastmilk Substitutes into national regulation as the Ministerial regulation called 'the marketing of food for infants and young children and related products' in 2008. **This regulation is a voluntary measure and it does not provide for sanctions for those who violate the Code.** For this reason, violations of this Ministerial occur on a regular basis, as shown in the Annex.

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

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Lack of support for women to breastfeed 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 to women appropriate services in connection with pregnancy, confinement and the post-natal period*"<sup>9</sup>, including breastfeeding support within the 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 Thailand, **848 out of 1,342 hospitals and health facilities offering maternity services have been designated or re-assessed as 'Baby Friendly' between 2010 and 2015.** This corresponds to 63.2% of the total health facilities.<sup>10</sup> The low breastfeeding rates in the country, however, show a poor implementation of the Initiative. **There is need for regular monitoring and re-assessment of the**

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<sup>9</sup> CEDAW, art. 12.2

<sup>10</sup> Source: 2015 WBTi report for Thailand

accredited facilities, in order to ensure that they meet the BFHI criteria and apply the Ten Steps for Successful Breastfeeding.

There is no comprehensive national curriculum on IYCF for *pre-service training* of health professionals. With regard to the *in-service training*, there are many programs developed by several partners, such as the 20-hours training program developed by the Department of Health and the 4-day training course developed by the Thai Nurse and Midwifery council. This leads to different practices carried out by the health professionals who received these training courses and shows that **a standardization of IYCF training programs is highly recommended.**

#### 4) HIV and infant feeding

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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*<sup>11</sup> call on national authorities to recommend, based on the AFASS<sup>12</sup> 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.

In Thailand 4'500 pregnant women were reported as living with HIV in 2015. 4'280 of them (more than 95%) received ARVs for prevention of mother-to-child transmission.<sup>13</sup> According to UNICEF data, the estimated mother-to-child transmission rate was 2% and the estimated number of children (aged between 0 and 14) newly infected with HIV was lower than 100, in 2015.

Thailand has a clear policy and system on infant feeding and HIV by which it recommends the formula milk support instead of breastfeeding in order to prevent mother-to-child transmission of HIV. However, **the policy of Infant Feeding and HIV covers only Thai citizens.**

#### 5) Government measures to protect and promote breastfeeding

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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

<sup>11</sup> 2010 WHO Guidelines on HIV and infant feeding: [http://whqlibdoc.who.int/publications/2010/9789241599535\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/9789241599535_eng.pdf)

<sup>12</sup> Affordable, feasible, acceptable, sustainable and safe (AFASS)

<sup>13</sup> Source: UNICEF

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.

Thailand counts with a National Child and Youth Development Plan (2012 - 2016)<sup>14</sup>, an Action plan of mother, infant and young child nutrition, and National Maternal and Child Health standard. However, there is **no comprehensive IYCF policy and strategy formulated by all relevant stakeholders and there is no national IYCF committee**, responsible for coordination and supervision of actions under the infant and young child feeding policy. Additionally, there is no database or record of the total budget allocated for national IYCF policies and programmes.

Concerning **breastfeeding support**, there is no national strategy on Information, Education and Communication on optimal IYCF practices. Nonetheless, there is a national guideline focusing on the role of medical staff in advising mothers and families on IYCF practices in health facilities. Mothers and families have access to IYCF materials through several channels (the media, internet and radio, flyers and posters, among others) but **no national campaigns are in place to promote breastfeeding and raise awareness on its importance for the health of both, the mother and the child**.

At the community level, Thailand has a health and nutrition care system that counts on **community health volunteers** providing fundamental support to pregnant women and lactating mothers through advice on IYCF practices. However, community health volunteers are trained on IYCF but **their skills and knowledge are somehow limited and their number is insufficient**. The urbanization creates barriers for community health volunteers to reach target groups for IYCF counseling.

Thailand celebrates every year the **World Breastfeeding Week (WBW)**, as a national week of promotion and awareness-raising on breastfeeding.<sup>15</sup>

<sup>14</sup> The whole document can be found at: [www.youthpolicy.org/national/Thailand\\_2012\\_Youth\\_Development\\_Plan.pdf](http://www.youthpolicy.org/national/Thailand_2012_Youth_Development_Plan.pdf)

<sup>15</sup> Some information on the 2016 WBW celebrations: [https://www.unicef.org/thailand/media\\_25655.html](https://www.unicef.org/thailand/media_25655.html)

## 6) Recommendations on breastfeeding by the Committee on the Rights of the Child

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The **Convention on the Rights of the Child** has placed breastfeeding high on the human rights agenda. Article 24<sup>16</sup> mentions specifically the importance of breastfeeding as part of the child's right to the highest attainable standard of health. Better breastfeeding and complementary feeding practices, the right to information for mothers and parents, the protection of parents by aggressive marketing of breastmilk substitute products – through the implementation of and compliance with the International Code of Marketing of Breastmilk Substitutes (WHO/UNICEF, 1981) - as well as the need for strong and universal maternity protection are now systematically discussed during State parties reviews by the CRC Committee.

At the last review in 2012 (Session 59), in its Concluding Observations, the CRC Committee expressed its concerns on the low rates of exclusive breastfeeding and on the lack of regulation on the marketing of breast-milk substitutes (§ 60). Therefore, the CRC Committee recommended Thailand to ***“strengthen and expand its efforts to promote the early initiation of breastfeeding, and exclusive and continued breastfeeding for six months by raising awareness and educating the public, particularly mothers, on the importance of breastfeeding and risks of artificial feeding.”*** (§ 61, emphasis added) The Committee also urged the State party to ***“adopt legal regulation of the marketing activities for breast-milk substitutes in accordance with the International Code of Marketing of Breast-milk Substitutes and ensure effective compliance and effective monitoring; [...] to take measures to convert all maternity institutions into baby friendly hospitals which support breastfeeding, and ensure that health-care professionals involved in maternity work are trained on breastfeeding.”*** (§ 61, emphasis added)

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<sup>16</sup> “States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: [...] (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents.” Art 24.2 (e), CRC



**About the International Baby Food Action Network (IBFAN)**

IBFAN is a 37-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 (International Code) and relevant resolutions of the World Health Assembly (WHA) to the fullest extent, and to ensuring that corporations are held accountable for 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”.

## ANNEX: Evidence of Code violations in Thailand<sup>17</sup>

Inappropriate promotion: The World Health Assembly in resolution 63.23 [2010], calls on governments to end all forms of inappropriate promotion of foods for infants and young children. This covers complementary foods and toddler or growing-up milks (GUMs). Marketed for young children 1 to 3 years, GUMs are the fastest growing segment of products, due largely to aggressive marketing. Non-existent when the Code was introduced in 1981, GUMs were developed to circumvent Code restrictions. With the global recommendation for breastfeeding to continue up to two years and beyond, GUMs come under the scope defined in Article 2 of the Code.

In October 2013, the European Food Safety Authority said that the use of GUMs does not bring additional value to a balanced diet for young children.

**DANONE:** In Thailand, gifts provided to celebrate first birthdays promote **Hi-Q1**.



Enticing moms with freebies.

**MEAD JOHNSON:** In Thailand and Malaysia, Mead Johnson has introduced a new campaign called **Enfa Brain Expo Mind Maps** in its promotion for **Enfagrow A+**. Under this campaign, Mead Johnson holds free exhibitions on the workings of the human brain and conducts workshops for children on *Mind Mapping* to unlock the 4 traits of a genius - BETTER problem solving, SHARPER visual acuity, HIGHER intellectual development and FASTER language skills. All of that, with the help from **Enfagrow**, of course.

<sup>17</sup> IBFAN-International Code Documentation Center. *Breaking the Rules: Stretching the Rules 2014*, available at: [www.ibfan-icdc.org](http://www.ibfan-icdc.org).

Promotion to the public and in shops: Article 5.1 of the Code prohibits advertising and all other forms of promotion of products under the scope of the Code. Articles 5.2 and 5.4 of the Code prohibit companies from giving samples and gifts to mothers. Article 5.3 of the Code bans promotional devices at the retail level. Article 5.5 of the Code prohibits marketing personnel from seeking direct or indirect contact with pregnant women and mothers.

**MEAD JOHNSON:** In Thailand, mothers become walking advertisements for Mead Johnson when they carry colourful tote bags which say, “I’m **Enfa Smart Baby**” on one side while on the other is a promotion for the **Enfa Smart Club** with the URL. Whichever side of the bag is displayed, the **Enfa Smart** message is loud and clear.



This free gift pays itself when mom goes shopping and flaunts the Enfa name and logo.

In addition, **Enfa** launched ‘version 2.1’ of its brazenly named **Enfa A+ Genius Baby** smartphone app in August 2013. The app has intriguing slogans such as: “Unlock baby’s brain potential”, “To the genius of the future,” “From pregnancy to 3 years old...you should not miss it.”

One feature in the app, *Brain Tracker*, is purportedly able to provide “comprehensive information on nutrition and development. And to enhance baby’s brain and tips that can be delivered directly to you according to baby’s age.” Another feature of the app is a set of *Brain Tools* to “help to stimulate baby’s brain.” Yet another feature, *Timeline* allows moms to “record important moments in pictures and video and audio, and share these to impress her friends.”

These apps make adoring fans of mothers and, by word-of-mouth and sharing, Mead Johnson is able to create a useful fan base within the social media community.



These apps violate the Code which specifically prohibits direct or indirect marketing to pregnant women and mothers.

IBFAN – International Baby Food Action Network

Labels: Article 9 of the Code requires labels to NOT discourage breastfeeding and to inform about the correct use of the product, the risk of misuse and and to abide by a number of other points. WHA resolution 54.2 [2001] advises exclusive breastfeeding for 6 months which means that the recommended age for use of complementary foods cannot be under 6 months. WHA 58.32 [2005] prohibits nutrition and health claims unless specifically provided for in national legislation.

**MEAD JOHNSON:** In Thailand, the Enfalac A+ label uses an owl mascot to represent intelligence and uses a different “Triple Health Guard” logo to make health and nutritional claims about brain, eye and immune system development.

