

THE CONVENTION ON THE RIGHTS OF THE CHILD

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REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN THE REPUBLIC OF KOREA



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Data sourced from:

Ministry of Health and Social Affairs
Korea Health Statistics 2009 (KNHANESIV-3)
Korea Health Social Institute (2006)
UNICEF
Consumers Korea (Former CACPK)

1) General points concerning reporting to the CRC

The CRC Committee will review the consolidated 3rd and 4th periodic report of the Republic of Korea.

In its last review, in 2003, the Committee referred explicitly to breastfeeding. In paragraph 49 of its Concluding Observations, it *“recommends that the State Party: ... (b) “Take steps to encourage and educate mothers on the benefits of **exclusive breastfeeding** for an infant’s first six months and adopt a **national code on breastfeeding**; (c) Take effective measures to counteract any negative impact on **employment of women who breastfeed** their children.”*

Little has been done to advance the issues recommended by the CRC Committee in its last concluding observations in 2003. There are no systematic **measures to encourage and educate mothers to exclusively breastfeed**. Only few health centres are currently active in encouraging mothers to exclusively breastfeed.

Korea has not yet adopted a national law on marketing of breastmilk substitutes. Consumers Korea proposed a **national code on breastfeeding again in 2007 but this initiative failed**.

2) General situation concerning breastfeeding in the Republic of Korea¹

General data (2009)

Number of infants under 12 months	413,800
Number of children under 2 years	869, 000
Number of children under 5 years	2,380,000
Infant mortality rates (under 1 year)	4.1
Neonatal mortality rate	2
Maternal mortality rate (adjusted 2008)	20 (18)

Breastfeeding data (2009)

Exclusive breastfeeding at 6 months	49.3%
Complementary feeding + breastfeeding at 6 months	10.3%
Continued breastfeeding at 12 months (15)	40.5% (24.2%)
Mean duration of breastfeeding	10 month
Exclusive bottle feeding rate from birth	12.4 %
Breastfeeding + bottle	28.4%

The rate of exclusive breastfeeding is in improving, while the rate of mixed feeding (breastfeeding + bottle feeding) is in decline.

¹ Source: KNHANESIV-3

Year	excl. breastfeeding	breastfeed. + bottle	bottle feeding
1997	14.1%	52.5%	33.4%
2000	10.2%	65%	24.8%
2006	25.7 %	48.3%	26%
2009 (1mos)	59.1%	28.4%	12.4%
(6 mos)	49.3%	10.3%	40.4%
(12mos)	40.5%	6.8%	52.8%

3) Government efforts to encourage breastfeeding

National policy, programme and coordination.

Generally speaking, government policy on breastfeeding is very weak or almost non-existent. Regarding promotion of breastfeeding, there are only few Local Health Centres that are actively promoting it.

The national action plan on infant and young child feeding (IYCF) needs to be adequately funded for the development of the breastfeeding policy. The policy should promote exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding to 2 years and beyond.

A national breastfeeding committee should be established with authority and leadership. The national breastfeeding committee should meet on a regular basis and review the policy once it's formed. This committee also should effectively link with all other sectors like health, nutrition and information.

Training

There is no comprehensive national IEC (Information, education and communication) strategy for improving IYCF. Local public health centres are running breastfeeding training programmes for pregnant women and some for their husbands. However, these are not given any publicity to the public.

The only government funded education programmes that focus on infant and child nutrition and health (including breastfeeding) are geared towards health workers and nurses. However, the budget is very small.

There are some NGOs and other groups working in this field of activity such as the Consumer Korea (CK), and an IBFAN group. From 2008, CK together with other 10 organisations have grouped around the Korea Breastfeeding Network.

Health and Nutrition Care System

Standards and guidelines for mother-friendly childbirth procedures and support haven't been developed sufficiently. As a result, maternity facilities and staffs in the facilities are not being provided these standards and guidelines properly.

Community-based support for the pregnant and breastfeeding mother

All pregnant women have a certain extent of access to community-based support systems and services on infant and young child feeding, and all women have a certain extent of access to support for infant and young child feeding after birth. However, the accessibility is very limited and it should be improved. Community-based support services for pregnant and breastfeeding women are not integrated into an overall infant and young child health and development strategy (inter sectoral and intra sectoral).

4) *The International Code of Marketing of Breast-milk Substitutes*

The WHO/UNICEF *International Code of Marketing of Breast-milk Substitutes* (1981) is only partially enforced in Korea. It is not under examination as such, nor is it under consideration to be translated into national legislation.

Following input from Consumer Korea (CK), government and industry made an agreement banning advertisement on TV and radio, as well as in newspapers and magazines; photos of infants on labels were also forbidden.

Violations

Companies find ways to advertise new products which can't be classified as formula milk. Many babies are being fed by the formula milk promoted by the companies in the maternity facilities. Young mothers think breastfeeding is difficult due to the lack of breastfeeding training programmes. In addition, there are no systematic education programmes in the school curricula.

Monitoring

There is no official authority charged with monitoring of compliance with the Code. Only few NGOs monitor compliance on a voluntary basis.

5) *Baby Friendly Hospital Initiative (BFHI)*

In 2008, only 8% of hospitals (48 from a total of 596 hospitals) were certified "baby friendly".

During last few years, thanks to active encouragement by health workers, some hospitals are promoting breastfeeding but still most of them are not interested in becoming baby friendly hospitals. Managers and presidents of hospitals are generally more concerned by making financial profit, which makes it very difficult to promote breastfeeding in the hospitals.

6) *Maternity protection for working women*

Duration of maternity leave is 90 days (13 weeks): 6.5 weeks before and 6.5weeks after giving birth. Benefits amount to 100% of salary and are paid by government

In 2001 the Ministry of Labour amended the maternity protection law in order to ratify ILO Convention

183 (C-183 asks for 14 weeks leave; Recommendation 191 asks for at least 18 weeks).

Breastfeeding breaks of one hour are provided for by the law. There are no measures for protecting breastfeeding for mothers working in the informal and agricultural sector.

7) HIV and infant feeding

There are no specific policies related to HIV/AIDS and infant feeding. HIV-positive mothers are not supported in making their infant feeding decisions. They are not sufficiently supported by existing policy and programme, in order to recognise the risk and receive information on various feeding options for infants of HIV positive mothers.

8) Infant and young child feeding (IYCF) in emergencies

There is no comprehensive policy and programmes supporting IYCF in emergencies. There is no emergency preparedness plan to ensure exclusive breastfeeding for infant and young children in Korea.

According to *WHA resolution 63.23*, person(s) should be appointed with responsibility of national coordination between the UN, donors, military and NGOs regarding IYCF in emergency situations; the government should develop an emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding; and appropriate teaching material on IYCF in emergencies should be integrated into pre-service and in service training for emergency management and relevant health care personnel.

9) Recommendations

1. Develop a national breastfeeding policy, with adequate funds for implementation. Establish a multi-sectoral national breastfeeding committee to review and coordinate the implementation of the policy.
2. Increase support to the Baby-Friendly Hospitals Initiative in a systematic manner. Re-evaluation systems should be integrated into the national plan.
3. Adopt and enforce specific legislation to fully implement the International Code of Marketing of Breastmilk Substitutes. Monitor the situation of marketing of breastmilk substitutes systematically throughout the country.
4. Policies, regulations, and practices for protection of breastfeeding mothers should be established for the working mothers in the informal sector as well as the formal sector.

5. Breastfeeding should be part of the training curricula for medical doctors and nurses. Community based volunteers and health workers should possess correct information and should be trained in counselling and listening skills for infant and young child feeding.
6. Special programmes should be implemented to promote 6 months of exclusive breastfeeding and continued breastfeeding in the general population. Counselling and education services related to infant and young child feeding within the health care system should be actively and effectively advertised.
7. HIV-positive mothers should be supported to make an informed decision regarding the various feeding options for their infants.
8. Establish a comprehensive policy on infant feeding in emergencies, including a preparedness plan, in compliance with WHA resolution 63.23.