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RELEVANCE OF NATIONAL BREASTFEEDING POLICY (NBP) IN MALAYSIAN SOCIETY

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Abstract

Breastfeeding, a natural way of parenting has now become a secondary choice in modern society due to increasing promotion and commercialization of the artificial substitute called formula milk. The benefits of breastfeeding are not limited just to mothers and babies but it expands to the families and society. Malaysia's breastfeeding policy recommends exclusive breastfeeding for first six months of life and continued breastfeeding along with complementary food up to two years of age. Code of Marketing of Infant Formula Products (Code) and Baby Friendly Hospital Initiative (BFHI) serves as two important pillars of implementing this policy. The Code protects breastfeeding by controlling competitive promotion and advertising of commercial products which may undermine mothers' ability and intent to breastfeed. Whereas, BFHI promotes breastfeeding by creating a conducive condition in hospitals which will empower women to make the right choice on infant feeding. Despite having all these efforts, the Third National Health and Morbidity Survey (NHMS III) 2006 marks only 14.5% of mothers are exclusively breastfeeding in Malaysia which warrants us to analyze the contributing factors to relatively low rate. In contrary, the usage and promotion of formula milk have taken a drastic expansion covering not only infants but mothers to be and toddlers. This paper examines the key challenges in the implementation of this policy, covering various elements from social, legislation and healthcare system in Malaysia.

Keywords: Policy, Breastfeeding, Women Rights, Child

INTRODUCTION

Breastfeeding brings various benefits for babies, women and the society in large. It is the best way of fulling an infant's need which are warmth, nutrition and safety. Breastfed babies are: protected against infectious diseases such as upper and lower respiratory tract infections, gastrointestinal illnesses and otitis media during the infant period and beyond; protective against Type 1 diabetes; recommended for reducing asthma and atopic disease in childhood. Whereas for mothers it is: protective against developing premenopausal and probably postmenopausal breast cancer; help recovery after childbirth and suppress maternal fertility; protect against ovarian cancer and protective effects for rheumatoid arthritis; increased postpartum weight loss; decreases maternal depression and improves mother-infant bonding (Allen & Hector, 2005).

At global level, many legislations has been declared to further promote and protect breastfeeding. On the prespective of child rights, the Convention of The Rights of the Child (Article 24) states that it is the right of children to enjoy the highest attainable standard of health and no child is denied the access to such a healthcare services. It emphasizes that state parties shall ensure that all segments of society especially parents and children are have information about nutrition and the advantages of breastfeeding (United Nations, 1989). Whereas The International Covenant on Economic, Social and Cultural Rights endorses the right to food and health. General Comment 12 on the Right to Adequate Food (Article 11) states - "*measures may therefore need*

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to be taken to maintain, adapt or strengthen dietary diversity and appropriate consumption and feeding patterns, including breastfeeding" (United Nations Economic and Social Council, 1999). Besides that, The Innocenti Declaration recognizes breastfeeding as a unique process and promotes optimal health benefits for mothers and babies (UNICEF, 2005). The declaration was produced and adopted by participants at the WHO/UNICEF policymakers' meeting on "Breastfeeding in the 1990s: A Global Initiative", at Florence, Italy, from 30th July till 1st August 1990 and its declaration was revisited in 2005. Another important legislation is Global Strategy on Young Child Feeding (IYCF) which serves as a guide for all stakeholders and provides a framework for actions (WHO, 2003) pertaining to infant and child feeding.

However, World Health Organization's recommendation serves as the fundamental guuideline for breastfeeding pratice at in many countries. It recommendes exclusive breastfeeding for the first six months of life and continued breastfeeding along with complementary food up to two years of age and beyond. This adoption was made base on a scientific review of the optimal duration of exclusive breastfeeding which strongly recommends the duration to be at least six months (Kramer & Kakuma, 2002).

NATIONAL BREASTFEEDING POLICY

The National Breastfeeding Policy (NBP) of Malaysia was established in 1993 which recommends exclusive breastfeeding for the first four to six months of life and continued up to two years old. However, this policy was revised in 2005 in accordance with 41st World Health Assembly (WHA), Resolution 54.2 which recommends exclusive breastfeeding for first six months of life. Since the introduction of the policy in year 1993, breastfeeding promotion in Malaysia has been intensified dramatically by adopting the Baby Friendly Hospital Initiative (BFHI) (UNICEF Malaysia, 2008) and the International Code of Markerting of Breastmilk Substitute (will be referred as Code hereafter) (Ministry of Health Malaysia, 1995). Both of these policies stands as the two pillars which supports and protects breastfeeding by creating an enabling environment for mothers to breastfeed and protect them againts the extensive marketing of formula milk.

BFHI was launched in 1991 globally and it's objective is to empower women to make the right choice on feeding and to create conducive conditions in hospitals to breastfeed. It is an effort by the UNICEF and the WHO to ensure that all maternities whether free standing or in a hospital, become centers of breastfeeding support. A maternity facility can be designated 'baby-friendly' only when it does not accept free or low-cost breastmilk substitutes, feeding bottles or teats, and has implemented ten specific steps to support successful breastfeeding (UNICEF Malaysia, 2008). It clearly indicates ten steps to be followed by healthcare systems to promote breastfeeding which is more known as Ten Steps to Succesful Breastfeeding. The steps are:-

	Ten Steps to Succesful Breastfeeding
Step 1	Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
Step 2	Train all healthcare staff in skills necessary to implement this policy.
Step 3	Inform all pregnant women about the benefits and management of breastfeeding.
Step 4	Help mothers initiate breastfeeding within one half-hour of birth.
Step 5	Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants.
Step 6	Give newborn infants no food or drink other than breast milk, unless medically indicated.
Step 7	Practice rooming in - that is, allow mothers and infants to remain together 24 hours a day.
Step 8	Encourage breastfeeding on demand.
Step 9	Give no artificial teats or pacifiers (also called dummies/soothers) to breastfeeding infants.
Step 10	Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Malaysia is one of country which was commited to implement BFHI since it's global level launching in 1991. By March 1998, Malaysia was recognized by WHO as the third country in the world, after Sweden and Oman, in which all government hospitals were baby friendly (WHO, 2013). As of 2011, there were 136 hopsitals with BFHI accreditation in Malaysia. This is consits of 125 goverment hopsitals under Ministry of Health, 2 army hopsitals, 2 university hopsitals and 7 private hospitals (Ministry of Health, 2011). This makes almost 97% of goverment hospitals are BFHI accredited and definately more private hospitals have to take the same initiative.

On the other hand the Code stands as another protection level which regulates and monitors the marketing of formula milk. The Code was launched in 1981 and it bans all promotion of bottle feeding and sets out

requirements for labeling and information on infant feeding. Since the introduction, 37 countries has made it has law (UNICEF, 2011). However, in Malaysia the Code has been adopted on voluntary basis and it is known as Code of Ethics for Infant Formula Products. The latest revision was done in August 2012 and it was renamed to Code of Ethics for the Marketing of Infant Foods and Related Products (Ministry of Health Malaysia, 2010). The overall aim of this code is to uphold the supremacy of breast milk; to assist in the safe and optimal nutrition of infants by protection, promotion and support of breastfeeding (Ministry of Health Malaysia, 2010). It covers the following aspects of marketing especially through healthcare facilities and professionals:

- Advertising.
- Distribution of free samples to mothers and families.
- Promotion in healthcare facilities (product displays, posters, distribution materials).
- Promotion through health workers (gift or samples).
- Free supplies to healthcare system.
- Labeling which indicates the superiority of breastfeeding and no pictures of infants or text idealizing the use of infant formula.

Implementation of both BFHI (since 1991) and the Code (since 1981) clearly shows Malaysia's commitment in promoting breastfeeding. But what is the state of breastfeeding in Malaysia?

The Third National Health and Morbidity Survey (NHMS III) 2006 reports that the overall prevalence of exclusive breastfeeding below six months was 14.5% (Fatimah, Siti Saadiah, Tahir, Hussain Imam, & Ahmad Faudzi, 2010). This prevalence was highest among infants younger than two months; 26.7% and decline rapidly to 11.7% among infants aged between two to three months old. This figure further reduces to 6.1% (almost half) in infants between four to five months old. To be noted here is the percentage of infants stopped breastfeeding is higher after four months. Continued breastfeeding up to two years was 37.4%. However the prevalence of infants initiated breastfeeding within one hour of birth was 63.7% and the prevalence of children (among children aged less than twelve months) ever breastfed was 94.7%.

Table 1: Comparison of Breastfeeding Rate for South East Asia

Country	Initiation of breastfeeding within first 1 hour (%)	Exclusive breastfeeding (%)	Percentage ever breastfed (%)
Nepal (2001)	31.1	68.3	98.0
Bangladesh (2004)	24.2	36.4	98.1
India (1998)	16.4	46.8	96.5
Indonesia (2002)	38.7	39.5	95.9
Philippines (2003)	54.0	33.5	86.5
Cambodia (2000)	11.0	11.4	95.7
Malaysia*	63.7	14.5	94.7

Source: "Infant and Young Child Feeding Update, September 2006" (*data is from NHMS III)

Whereas another study conducted in Klang showed that 32.8% of the respondents exclusively breastfeed for six months, 14.5% practiced mixed feeding and 52.7% practice infant formula feeding (Tan, 2009). The study studied about the Knowledge, Attitude and Practice on breastfeeding among 220 mothers attending two Maternal and Child Health clinics in Klang, between 19th June and 19th October 2006.

Another study titled 'Factors Associated with Exclusive Breastfeeding among Infants less than Six Months of Age in Peninsular Malaysia' indicates 43.1% of the babies were exclusively breastfed (Tan, 2011). It ranges from 63.3% for infants aged 1 month to 32.4% for infants aged six months. This study was conducted in Klang, for a period of four months in 2006 involving 682 mother-infant pairs with infants up to six months old.

A study related to breastfeeding practice at a polyclinic in Klang Road, Selangor in January 2001, shows that breastfeeding initiation rate is very high (99.3%) but the exclusive breastfeeding rate is just 12.5% (C K Siah & H Yadav, 2002). The common reasons given for cessation of early breastfeeding were: - insufficient milk, child is old enough to stop practice, child's refusal to breastfeed, returning to work, sample of formula milk were given and became pregnant again.

However, MOH's 2011Annual Report, reported an increase in exclusive breastfeedign rate among babies attending goverment health clinics. The number had increased from 16.2% (2010) to 23.3% (2011) (Ministry of Health, 2011) but no any factor was described for the increase. Yet, this is a definetely a positive sign and

efforts have to doubled to march towards achieving a higher number.

Needless to say that the Third National Health and Morbidity Survey (NHMS III) 2006 is more relevant because the sampling was designed to proportionate the population size throughout Malaysia. Table 1 shows a simple comparison of breastfeedign rate among South East Asia countries. The table shows that, Malaysia's exclusive breastfeedign rate is considered low compared to other countries but it marks higher number for initiation of breastfeedign within 1 hour. The fact that timely initiation of breastfeeding is a 'one-time' activity also makes it easier to achieve higher initiation rate, especially with the implementation of the BFHI in most of the government hospitals (Fatimah, Siti Saadiah, Tahir, Hussain Imam, & Ahmad Faudzi, 2010).

These data shows that there are multiple factors hindering Malaysian mothers to continue breastfeeding despite having a National Breastfeeding Policy which urge mothers to breastfeed exlcusively for 6 months.

CHALLENGES

Women need to be informed and supported to enable her to breastfeed her baby. She needs support and right information at the right time, even before she delivers her baby. In an analogy, if we want a student to pass his or her exam in flying colors, we need to provide them with all the support in order to achieve the target; from sending to school, buying books, tutors, study corner at home, motivation and others. Without all these support structure it will be difficult for them to study and it is unfair to put the blame on them if the student fails. The same goes for a woman who wants to breastfeed. All the factors around her, such as her husband, family, community, healthcare, government, employment and workplace should support her and provide a breastfeeding friendly environment. Without encountering all these factors, achieving the NBP which recommends six months of exclusive breastfeeding will be a major challenge.

Work and Maternity Protection

In today's ever demanding lifestyle it has been a challenge for women to breastfeed. Often, she has to choose between doing her paid work and "mother" work. This becomes a huge challenge for women.

International Labour Organization (ILO) passed a convention in year 2000 which requires employers and countries to provide minimum 14 weeks of paid maternity leave (WABA, 2012). ILO believes, this will enable a positive environment to achieve optimal breastfeeding. In Malaysia, government employees are entitled for a customized maternity leave between 60days – 90 days whereas most private sectors provide 60 days of maternity leave in compliance with Malaysia's Employment Act 1955 . This becomes an hinderance for mothers to establish or continue breastfeeding because the maternity leave is too short. A sudden drop in breastfeeding rate after 2 months (from 26.7% for infants below 2 months to 11.7% for infants aged between 2 to 3 months) proves that returning to work have a negative impact on breastfeeding (Fatimah, Siti Saadiah, Tahir, Hussain Imam, & Ahmad Faudzi, 2010).

ILO also covered 7 key elements of maternity protection:- scope, leave benefits, health protection, job protection, non-discrimination, breastfeeding breaks and breastfeeding facilities (IBFAN ASIA, 2010). All these 7 elements will help a mother to continue breastfeeding even if she has to return to work early. In the situation of having short maternity leave, a breastfeeding supportive workplace is vital in ensuring breastfeeding is continued. A simple facility such as having a comfortable room/corner to express and store milk will create a positive impact.

A study conducted in Petaling Jaya, Malaysia states that not having adequate breastfeeding facilities at the workplace was also a risk factor for discontinuation of breastfeeding (Rahmah, Zakiah, Shamsul, Azlan, Khadijah, & Rosnah, 2011). The study further asserts that, it is important that workplaces provide adequate breastfeeding facilities such as room to express breastmilk, refrigerator to store and flexible time to express. Similar result found in another study conducted at Klang district, where mothers who have a job were 3.5 times more likely not to exclusively breastfeed compared to non-working mothers (Tan, 2009).

This explains that returning to work impacts the duration of exclusive breastfeeding. Therefore better maternity protection and a breastfeeding friendly workplace must be established in order to motivate women to breastfeed. If not 14 weeks at least 12 weeks! This duration is the crucial period to establish breastfeeding and also where babies need their mothers very much. However in Malaysia, the maternity leave is still short and there is no legislation on having breastfeeding breaks or rooms at workplace. Some workplaces which realize the collective benefits of breastfeeding, have decided to have breastfeeding rooms and breastfeeding breaks on voluntary basis.

Lack of Breastfeeding Information

Breastfeeding is a learned skill and informed knowledge. Women need to learn about breastfeeding even before she delivers her baby. Often we encourage women to breastfeed but we fail to tell her how to breastfeed! Basic knowledge about breastfeeding such as positioning, understanding new born babies behavior, how body produces milk and what is exclusive breastfeeding will make a mother more knowledgeable of what she is going to do once she delivers. Knowledge is powerful, thus it will build her confidence to breastfeed her baby.

This is also stated in step 3 of BFHI:- inform all pregnant women about the benefits and management of breastfeeding. Is this being executed effectively? Most Malaysian mothers go to maternal and child health clinic for their antenatal checkups and these clinics are not BFHI accredited even though they are dealing with pregnant mothers. They go to hospitals only for delivery. Worst still, mothers who choose to go to private hospitals are left on their own to seek the knowledge on breastfeeding either by enrolling oneself to an antenatal class or learn from friends and families.

Both scenarios explain that, there are still gap in providing breastfeeding information to pregnant mothers. From authors own experience, a lot of mothers are unaware that for the first six months babies need only breastmilk and they should not be supplemented with water or any other liquid.

A report from World Health Organization emphasizes that:-

> *"Even though breastfeeding is a natural act, it is also a learned behavior. Virtually all mothers can breastfeed provided they have accurate information, and support within their families and communities and from the healthcare system. They should also have access to skilled practical help from, for example, trained health workers, lay and peer counselors, and certified lactation consultants, who can help to build mothers' confidence, improve feeding technique, and prevent or resolve breastfeeding problems."*

(Infant and Young Child Nutrition: Global Strategy on Infant and Young Child Feeding, Fifty-Fifth World Health Assembly A55/15,Provisional agenda item 13.10, 16 April 2002 Page 5)

To be noted here, women need accurate information and support to build her confidence to breastfeed. Learning about breastfeeding can be as informal as watching another breastfeeding mother tend to her child, or the kind of information sharing that might take place in a healthcare setting (Vickers & Smith, 2009). Unfortunately, in today's ever growing usage of formula milk, it is being rare for women to see another women breastfeeding and in contrary, formula feeding is becoming the norm. Mothers, families and our society at large have lost the knowledge on breastfeeding that used to be passed from mothers to daughters and within the community. Many young girls grow up now without seeing any mother breastfeed. As a result, mothers need to be advised on infants feeding (Lee, 2009).

Now we are at ajuntion where we need to find ways to educate mothers either via healthcare settings, family, friends or women themselves need to seek for it. Providing information here does not limit to only the mothers but all the people around her. To support women and mother in their efforts to improve their health and nutritional knowledge for infants and children, it is important that nutrition education and information be provided to various other individuals who are influential with the family such as fathers, grandparents, and parents-in-law. These education effort and information sharing should be carried out with their active participation.

For example, healthcare system in Denmark emphasizes more on educating pregnant women about the importance of breastfeeding. It is culturally acceptable for women to nurse their children in Denmark publicly. Mothers are educated about the benefits of breastfeeding before they give birth and are provided with excellent healthcare (Newcomb, 2009). The result is, 99% of mothers in Denmark breastfeed their babies! To be highlighted here, Denmark provides 6 months of maternity leave for all women.

Therefore, more breastfeeding information should reach every mother and the community in large. Breastfeeding need to be normalized by having more awareness, advertisement and campaigns. Maternal and child health clinics and private hospitals should conduct more antenatal classes to provide breastfeeding information. If possible this information should be provided with no fee, so that no mothers will be left out due to her affordability.

Family and Community Support

Breastfeeding babies will feed frequently, which means a mother with a new born baby have to attend to her baby more often. She may also feel tired and fatigue because of this overwhelming responsibility. In this vulnerable situation she definitely needs support from people around her especially her family. In reality a woman faces a lot of other challenges when she tries to breastfeed especially if it is her first child. Inadequate

knowledge and skill cause low self confidence in breastfeeding. This has been proven in a study, which says women with more than 1 children breastfeed successfully because she acquire the knowledge from her own experience of feeding her older child (Tan, 2009). Therefore she needs support and encouragement from all the people around her especially family members. The systems surrounding her have big impact on her decision to breastfeed.

During the early stage of post natal, mothers will be physically weak and mentally depressed because of all the changes that are happening in her body and at the same time she have to attend to her demanding new born. An encouraging word from her partner will motivate her to breastfeed her child. On the other hand, her family can provide practical support for her by preparing a healthy and nutritious food, providing help with household chores and help taking care of her older children. Fathers can motivate mothers by affirming their love and appreciation for the motherly work that she is doing thus enabling her to take adequate rest whenever possible.

Often what mothers need most from family and friends is not breastfeeding advice or cans of formula. They need practical help with housework, meals and caring for older children, because learning to breastfeed can take up a lot of time in the early days and weeks. And they need encouragement and reassurance. Knowing that the people around her feel confident in her ability to master breastfeeding make the mother feel more confident as well (Pitman, 2008)

This is also proven in a research conducted in Malaysia which showed that breastfeeding is common among mothers with supportive husbands (Tan, 2011). The same research also mentioned that lack of support from mother-in-laws who accompany mothers during confinement period (especially after first delivery) could influence mothers not to breastfeed. Mothers or mother-in-laws have a lot of impact on breastfeeding women. Their supportive words, willingness on helping a new mother and knowledge about breastfeeding will create a positive environment.

A review conducted by G. Dixon, emphasizes older, respected and loved women who may be members of the household are likely to have a profound influence on the new mother's behavior, possibly greater influence than a stranger who represents official healthcare (G.Dixon, 1992). If so, attempts to change attitudes may have to be directed at the traditional opinion leaders in order to enlist their aid. By enlisting the aid of the traditional authorities, important messages about such matters as the value of colostrum, hand washing, breastfeeding, pure water and the dangers of supplemental feeding might be reinforced and the vital emotional support a new mother gains from following the advice of people she loves and respects might be preserved.

Most of the time mothers don't get the support due to the ignorance of the family members and the community which sees breastfeeding as something troublesome. Breastfeeding is always perceived as something intimate or personal between a baby and mother. But, it is the collective effort of the whole family in nurturing the child by providing the nutritious food. In Malaysia, breastfeeding in public places is viewed as a taboo due to the actual or gesture of exposing the breast. Education and awareness must be imparted to the community regarding breastfeeding to eliminate the hostility among the community on women who needed to breastfeed in public places (Tan, 2009). This shows the importance on educating the public, older generation and husbands about the benefits of breastfeeding and how they can support women. They too need to be included in the breastfeeding education process which is not addresses by the NBP.

Healthcare system

As of 2011 there are 136 hospitals in Malaysia with BFHI accreditation, which means all these healthcare settings supports breastfeeding. According to BFHI procedures mothers will be helped to initiate breastfeeding within half an hour of birth and rooming in will be practiced to remain mothers and infants together. This has contributed to high number of early initiation of breastfeeding which is 63.7% as per the NHMS III and this number is easy to be achieved because it is just a first attempt of feeding at the hospitals. The reality is, breastfeeding is an ongoing process and mothers need continues support especially once they are discharged from hospitals. That is the reason the 10th step of BFHI recommends: - foster the establishment of breastfeeding support groups and refer mothers to them upon discharge from hospital or clinic. However, it takes a lot of courage and effort to establish support groups for almost 400,000 deliveries that takes place in Malaysia every year (Ministry of Health, 2009).

Medical staffs will be over whelmed with work if they were to help or provide support to breastfeeding mothers who may need their help at odd times. This effort can be done by community based support group or more known as breastfeeding peer support. NMHS III report also has affirmed that to achieve sustained population-level breastfeeding behavior change, community based breastfeeding promotion and support is one of the most important approaches. Thus long term community based interventions need to be carried out

in partnership with existing healthcare systems to achieve optimal breastfeeding.

The BFHI has been implemented since 1997 and there was no formal evaluation has been conducted, thus it is clear that the effectiveness of the implementation need to be improved (Fatimah, Siti Saadiah, Tahir, Hussain Imam, & Ahmad Faudzi, 2010).The government has to do an evaluation of the implementation of BFHI and focus on establishing mother support groups or empowering the existing support groups which can provide information, guidance and support to mothers.

On the other hand, out of 183 private hospitals, only 8 private hospitals or 4.4% have been accredited as BFHI. Malaysia Health Minister, Datuk Seri Liow Tiong Lai has expressed his disappointment about this and he requested private hospitals to take initiative to achieve the status . First of all, a research need to be conducted, why private hospitals are not taking initiative to acquire BFHI even though it has been in practices in Malaysia for decades.

Practices in non-BFHI hospitals are totally different. These hospitals do not practice, rooming in and often mothers and babies will be separated after delivery. This will interrupt the early process of establishing good breastfeeding process whereby new born babies need to be fed frequently. Frequent feeding is very essential because it sends more signals to the brain to produce milk. Separating babies from mothers need to be avoided because mothers have to walk or taken to the nursery to feed and this may hesitate them to breastfeed. This will be very challenging especially for mothers who delivered via caesarean.

Keeping mother and baby together is very important to establish breastfeeding because, babies stay warm and cry less, and breastfeeding gets off to a better start when mothers and their babies have frequent time together, beginning at birth. Mothers learn to recognize their baby's needs, responding tenderly and lovingly (Crenshaw, 2007). With the increasing numbers of neonatal jaundice, both private and government hospitals should allow mothers to stay in the hospital with reasonable cost. When mothers and babies stay together, breastfeeding becomes easier and if left otherwise, it will be a huge challenge in this country.

Extensive Marketing of Formula Milk

The Code of Marketing of Breast milk Substitutes governs the marketing of formula milk globally and Malaysia has adopted it on voluntary basis. It is a set of guidelines designed to control competitive promotion and advertising of commercial products which may undermine mothers' ability and intent to breastfeed especially through healthcare facilities and professionals.

Even though it has been implemented for decades, the vigorous marketing of breastmilk substitute is unable to be controlled. There is already a close relationship between healthcare professionals and the infant milk industry (Lee, 2009). Companies are said to have employed a wide range of marketing strategies to reach mothers and infants, including use of the mass media (e.g. newspapers, magazines), retail outlets (e.g. displays, labels, discounts, and tie-in sales), healthcare staff and facilities (e.g. free samples, booklets, pamphlets, gifts) and professional bodies (e.g. sponsorship of conferences, literature and lunches) as the medium through which promotional messages are carried through to the public. Incentives in cash or kind are often offered to healthcare professionals, in exchange for their obligation. Healthcare workers who associated with companies help to lend credibility to these marketed products (Koe, 2008).

The challenge here is, public or to be specific, the household members are unaware of the code existence. Mothers, who are the target group, do not know that it is a violation if a doctor is handing over a packet of formula milk to her. She is not aware that distribution of free samples of formula in hypermarket is a violation too. She is not aware that, a sales person should not promote formula milk to her. It is very difficult to resist something that is being offered for no cost.

Formula milk companies are very smart in manipulating the code for their best. The code only covers infant formula milks. Therefore, they have 'invented' growing up milk which is meant for toddlers aged 1 year and above. This goes on up to 10 years old. On the other hand, milk for pregnant mothers and breastfeeding mothers have also been introduced and marketed rapidly. Often, the advertisement portrays that women are making good decision in enriching their babies health and intelligent by choosing their product. Formula companies try to build brand loyalty by influencing mothers when they are pregnant. Breastfeeding milk is projected as a compulsory for breastfeeding mothers because it is often associated with ability to produce milk. This indirectly undermines the mothers confident and ability in producing milk and makes them dependent on formula milk even if they choose to breastfeed.

Naturally a mother who consumed a particular brand when she was pregnant will tend to use the same brand if at all she chooses to formula feed. This is where formula milk companies try to widen their marketing strength. Some formula companies offer attractive gifts for mothers who sign up in their club when they are

pregnant and they use this opportunity to collect all the details of the mother and approach them after the delivery. Unfortunately, mothers are unaware that they are being victimized.

On the other hand there is very limited advertisement in the mass-media about breastfeeding, even though the benefits of it are tremendous. Government has to look into this seriously and promote breastfeeding via media. Advertisement for formula milk is very common and sooner or later women will start to believe in it. Hence, the awareness of the code need to conducted. Public or more specific, mothers need to be educated about the existence of the code and if possible the code needs to be changed as a law!

CONCLUSION

It is ironic to realize that a perfect and a free nutritional product, individually produced and naturally distributed to all families, are not universally used (Lee, 2009). There are so many policies and legislations related to breastfeeding implemented globaly to protect and promote this benefiting culture. However, the Code and BFHI serves as the most two important legislations worldwide. Malaysia as adopted a national breastfeedign policy based on WHO's recommndation and adopted both Code and BFHI to further strengthen the policy. However, the exclsive breastfeedign rate is still low which shows that Malaysia needs a high level campaign and awareness to intervene all the aspects that is related to breastfeeding. A formal evaluation of BFHI will help us to determine the effectiveness and the successfulness of the implementation. Most importantly, listening to mothers, the target groups' feedback and input are essential. Knowing from them what are the obstacles that they are facing and what do they need to continue breastfeeding is critical. However, mothers are seldom brought into participation even when the discussion is for them and about them. When a policy is designed for mothers, we need to give them the opportunity to express their feelings and opinion. Feedback and input from mothers need to be heard clearly before any policy being designed for them. Making the Code into law is very vital in controlling formula milk from reaching to mothers unethicaly. At this juncture it makes us to think why Malaysia is not making the Code into law even after decades of implementation. Malaysia has shown high interest in BFHI implemeantion and why it is not reflected in Code implementaiton? If BFHI and Code stands as two pillars of breastfeeding policy, both have to be given same level of strength in order to uphold the National Breastfeedign Policy. Reexamining the original policy with today's trend is also vital. The effects of current work place practices, availability of breastfeeding information, healthcare system, formula milk marketing practices and finally the community support infrastructure need to be understood further. Without these efforts, it will be nearly impossible to attain the target of National Breastfeeding Policy.

REFERENCES

Allen, J., & Hector, D. (2005). Benefits of Breastfeeding. New South Wales Public Health Bulletin , 16 (4), 42-46.

C K Siah, M., & H Yadav, F. (2002). Breastfeeding Practices Among Mothers in an Urban Polyclinic. Med J Malaysia , 57 (2), 188-193.

Crenshaw, J. (2007). Care Practice #6 : No Separation of Mother and Baby, with Unlimited Oppurtunities for Breastfeeding. The Journal of Prenatal Education .

Fatimah, S., Siti Saadiah, H., Tahir, A., Hussain Imam, M., & Ahmad Faudzi, Y. (2010). Breastfeeding in Malaysia: Results of the Third National Health and Morbidity Survey (NHMS III) 2006. Malaysian Journal of Nutrition , 16 (2), 195-206.

G.Dixon. (1992). Colostrums Avoidance and Early Infant Feeding in Asian Societies. Asia pacific J Clin Nutr , 1, 225-229.

IBFAN ASIA. (2010). The State of Breastfeeding in 33 Countries 2010, Tracking Infant and Young Child Feeding Policies & Program Worldwide. BPNI/IBFAN Asia.

Koe, S. L. (2008, October). Launch of New Code of ethics. Berita MPA Newsletter , p. 4.

Kramer, M. S., & Kakuma, R. (2002). The Optimal Duration of Exclusive Breastfeeding A Systematic Review. Geneva, Switzerland: WHO.

Lee, K. S. (2009). Breastfeeding. International E-Journal of Science, Medicine & Education , 3 (2), 1-2.

Ministry of Health. (2011). Annual Report 2011. Putrajaya: Ministry of Health.

Ministry of Health. (2009). Health Report 2009. 76.

Ministry of Health Malaysia. (1995). Code of Ethics for Infant Formula Products. Malaysia: MOH.

Ministry of Health Malaysia. (2010). Code of ethics for the Marketing of Inant Foods and Related Products (4th ed.). Putrajaya: MOH.

Ministry of Health Malaysia. (2010). Health Report 2009. Putrajaya: MOH.

Newcomb, C. (2009). Breastfeeding and Mothering in Denmark. New Beginnings , 6, pp. 56-59.

Pitman, T. (2008). Circles of Support : Family and Social Network. World Breastfeeding Week 2008 (1).

Rahmah, A. M., Zakiah, S. M., Shamsul, S. A., Azlan, D., Khadijah, S., & Rosnah, S. (2011). Work Related Determinants of Breastfeeding Discontinuation Among Employed Mothers in Malaysia. 6 (4).

Tan, K. L. (2011). Factors Associated With Exclusive Breastfeeding Among Infants Under Six Months of Age in Peninsular Malaysia. International Breastfeeding Journal , 6 (2).
Tan, K. L. (2011). Factors Associated With Exclusive Breastfeeding Among Infants Under Six Months of Age in Peninsular Malaysia. International Breastfeeding Journal , 6 (2), 6.
Tan, K. L. (2009). Factors Associated with Non-Exclusive Breastfeeding Among 4-Week Post-Partrum Mothers in Klang District, Peninsular Malaysia. Mal J Nutrition , 15 (1), 11-18.
Tan, K. L. (2009). Knowledge, Attitude and Practice on Breastfeeding in Klang, Malaysia. The International Medical Journal , 8 (1).
UNICEF. (2005). Celebrating The Innocenti Declaration on the Protection, Promotion & Support of Breastfeeding. New York: Unicef.
UNICEF Malaysia. (2008). Baby Friendly Hospital Initiative. Unicef Malaysia Communications.
UNICEF Malaysia. (2008). Fact Sheet : Baby-Friendly Hospital Initiative. Malaysia: Unicef Malaysia Communication.
UNICEF. (2011). National Implementation of the International Code of Marketing of Breastmilk. New York: UNICEF.
United Nations. (1989). Convention on the Rights of the Child. Geneva: United Nations.
United Nations Economic and Social Council. (1999). General Comment No.12 : The Rght to Adequate Food (Art.11 of the Covenant). Geneva: UN Committee on Economic, Social and Cultural Rights (CESCR).
Vickers, M. C., & Smith, P. (2009). Mother Support for Breastfeeding. Penang: WABA.
WABA. (2012). Understanding the Past, Planning for the Future. 20th World Breastfeeding Week Action Folder .
WHO. (2013). Global Nutrition Policy Review. Geneva, Switzerland : World Health Organization.
WHO. (2003). Global Strategy for Infant & Young Child Feeding. Geneva: WHO.
World Health Organization. (2002). Infant and Young Child Nutrition: Global Strategy on Infant and Young Child Feeding, Fifty-Fifth World Health Assembly A55/15,Provisional agenda item 13.10. Geneva: WHO.