



## **World Breastfeeding Trends Initiative (WBTi)**

*For any inquiry,  
please contact Consumers Korea  
Supported by The Korea Breastfeeding Network(KBN)*

The Academy of Breastfeeding Medicine Korea, The Korean Association of Pediatric Practitioners,  
The Korean Society of Neonatology, Korean Midwives Association,  
The Korean Society of Perinatology, Korean Society of Maternal Fetal Medicine,  
The Academic Society of Parent-Child Health, Sesalmaal Community Movement & Research  
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The World Breastfeeding Trends Initiative (WBTi)

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**Name of the Country : Korea**

**Year : 2012**

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## Introduction

Consumers Korea (CK) has collected territory-wide breastfeeding statistics since 1983 and breastfeeding rate was very low because of the violation of the International Code done by formula milk companies. In the past, most of the medical professionals and workers at hospitals recommended breastfeeding together with bottle feeding. After Consumers Korea launched “Exclusive Breastfeeding promotion campaign”, exclusive breastfeeding rate continuously has risen from late 1990s. Consumers Korea has been requesting Korea Government and Hospitals to support initiation of exclusive breastfeeding from birth on voluntary basis.

Since year 2000, breastfeeding rate in Korea tended to rise; breastfeeding right after birth, after one week, during 1-2 month, 3-4 month, 5-6month and 11-12 month. It’s likely that breastfeeding campaign, education, and public information resulted in the positive trends.

In 2008, the first World Breastfeeding Trend Initiative (WBTi) assessment in Korea was conducted by Consumers Korea with support of the Korea Breastfeeding Network(KBN), which consisted of ten organizations and Baby Friendly Hospitals, UNICEF.

At the time the WBTi scored 73 out of 150 mainly because of the lack of basic data on breastfeeding and insufficient policies and programs for breastfeeding promotion in Korea.

The second assessment was conducted in June, 2012. Consumers Korea organized expert meeting for discussion about survey method and statistic measures among different institutions since consensus of survey method was essential for the future surveys. Based on the outcome of the meeting, Consumers Korea could conduct reassessment of WBTi through expert meeting & seminar, interviews with Government officials, and UNICEF, and etc.

The score in 2012 increased to 95.5 out of 150. The process of assessment could involve the information gathering from the Ministry of Health and Social Affairs and different sectors in 2012. It’s indicated that publicity, campaign has emphasized the status of breastfeeding in Korea during past 30 years and it helped raise awareness of the public about the importance of breastfeeding.

### List of the partners for the assessment process

- Kim Youngjoo (Professor, Obstetrics and Gynecology, Ewha Womans University)
- Lee Jayeong (Emeritus Professor, Nursing, Ewha Womans University)
- Chung Yoomi (Emeritus President, Academy of Breastfeeding Medicine Korea)
- Kim Hyeyeon (Director, Korea Institute for Health and Social Affairs)
- Kim Jaiok (President, Consumers Korea)
- Song Vokyung (Emeritus Professor, Seoul Womens University)
- Ministry of Health and Welfare, Korea
- UNICEF, Korea

## Assessment Findings

### Indicator 1: National Policy, Programme and Coordination

**Key Question:** *Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National Infant and Young Child Feeding Committee and Coordinator?*

Criteria of Indicator 1	Scoring	Results ✓ Check any one
1.1) A national Infant and Young Child Feeding/Breastfeeding policy has been officially adopted/approved by the government	2	✓
1.2) The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	2	✓
1.3) A National Plan of Action has been developed with the policy	2	✓
1.4) The plan is adequately funded	1	✓
1.5) There is a National Breastfeeding Committee	1	
1.6) The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis	1	
1.7) The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively	0.5	
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	
<b>Total Score</b>	<b>7/ 10</b>	

### Information and Sources Used:

Ministry of Health and Social Affairs, Mother and Child protection Law, 2009, 2012

### Gaps:

Even Korea has 'Mother and Child protection Law' Korea Gov't doesn't organise National Breastfeeding Committee

### Recommendations:

Korea Gov't needs to adopt WHO Code of Marketing and organise National Breastfeeding Committee.

## Indicator 2: *Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)*

### *Key Question:*

2A) *What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria?*

2B) *What is the skilled training inputs and sustainability of BFHI?*

2C) *What is the quality of BFHI program implementation?*

### **2A) Quantitative**

2.1) *What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria?* **4.4 % (1)**

**40(4.4%) out of 900 hospitals and maternity facilities, including both public hospitals and private hospitals, have been designated “Baby Friendly” in Dec. 2012 .**

### **Information and Sources Used:**

**UNICEF, Korea**

### **2B) Qualitative**

2.2) *What is the skilled training inputs and sustainability of BFHI?*

BFHI designated hospitals that have been certified after a minimum recommended training of 18 hours for all its staff working in maternity services **100 %(3.5)**

**40 out of 40BFHI certified hospitals adopt skilled training inputs into BFHI programs, which include recommended 18-hour minimum training for all professionals at maternity facilities.**

### **Qualitative**

**2C) What is the quality of BFHI program implementation?**

<b>Criteria</b>	<b>Score</b>	<b>Results</b>
		✓ <i>Check that apply</i>
2.3) BFHI programme relies on training of health workers	.5	✓
2.4) A standard monitoring system is in place	.5	✓
2.5) An assessment system relies on interviews of mothers	.5	✓
2.6) Reassessment systems have been incorporated in national plans	.5	
2.7) There is a time-bound program to increase the number of BFHI institutions in the country	.5	
<b>Total Score</b>	<b>1.5/2.5</b>	
<b>Total Score 2A, 2B and 2C</b>	<b>6/10</b>	

**Information and Sources Used:**

UNICEF, Korea

**Gaps:**

Not many hospitals are BFHI.



**Recommendations:**

UNICEF needs more active for BFHI accreditation in Korea

### Indicator 3: *Implementation of the International Code*

**Key Question:** *Are the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolution given effect and implemented? Has any new action been taken to give effect to the provisions of the Code?*

**The “Innocenti Declaration” calls for all governments to take action to implement all the articles of the *International Code of Marketing of Breastmilk Substitutes* and the subsequent World Health Assembly resolutions. The aim of the Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.**

Criteria	Scoring	Results
		 <b>Check those apply. If more than one is applicable, record the highest score.</b>
3.1) No action taken	0	
3.2) The best approach is being studied	1	
3.3) National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable	2	
3.4) National measures (to take into account measures other than law), awaiting final approval	3	
3.5) Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions	4	
3.6) Some articles of the Code as a voluntary measure	5	
3.7) Code as a voluntary measure	6	
3.8) Some articles of the Code as law	7	
3.9) All articles of the Code as law	8	
3.10) All articles of the Code as law, monitored and enforced	10	
<b>Total Score:</b>	<b>7/10</b>	

**Information and Sources Used:**

Ministry of Health and Welfare

**Gaps:**

There are No National Code of Marketing of Breastmilk Substitutes, some articles of Code as Law.

There is no regular monitoring by Gov't.

Consumer organizations to be involved more with appropriate funding

**Recommendations:**

Ministry of Health and Welfare must submit Korea Code of Marketing of Breastmilk Substitutes.

Consumers Korea submitted to the Parliament "Korea Code of Marketing of Breastmilk Substitutes but still sleeping. Regular monitoring mechanism needed.



**Indicator 4: Maternity Protection**

**Key Question:** Is there legislation and are there other measures (policies, regulations, practices) that meet or go beyond the International Labor Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including those working mothers in the informal sector?

<b>Criteria</b>	<b>Score</b>	<b>Results</b> <b>Check ✓ that apply</b>
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave		
a. Any leave less than 14 weeks	0.5	✓
b. 14 to 17weeks	1	
c. 18 to 25 weeks	1.5	
d. 26 weeks or more	2	
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.		
a. Unpaid break	0.5	
b. Paid break	1	✓
4.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	✓
4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector.	1	✓
4.5) Women in informal/unorganized and agriculture sector are:		
a. accorded some protective measures	0.5	
b. accorded the same protection as women working in the formal sector	1	✓
4.6)		
a. Information about maternity protection laws, regulations, or policies is made available to workers	0.5	✓
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.'	0.5	✓
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	✓
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	✓

4.9) There is legislation providing health protection for pregnant and breastfeeding workers and the legislation provides that they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	✓
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5	✓
4.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5	✓
4.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0.5	✓
<b>Total Score:</b>	<b>8.5/10</b>	

### Information and Sources Used:

Ministry of Health and Welfare

Ministry of Labour

- There are legislation on Maternity Protection, other policies and practices for protecting of breastfeeding: 8.5 points
- For instance, good practice of maternity institution is awarded every year and hold meetings regularly with breastfeeding promotion professionals at health centre throughout the country to collect opinions and build strategy for breastfeeding promotion. A breastfeeding website(Agi –Sarang (meaning Baby-love) site) is operated.
- Maternity leave applied mandatorily at working place, flexible working hours adopted at public institutions
- Financial support and provision support for breastfeeding room at private businesses (Approx. 600 companies), Breastfeeding clinics are being run by health centres nationwide (253 health centres), breastfeeding education programmes are held and breastfeeding support devices are rent.

### Gaps:

Some of private sectors are not compliant with the ILO guidelines.

### Recommendations:

Implementation of maternity protection in private sectors should be urged and strengthened.

**Indicator 5: Health and Nutrition Care System**

**Key Question:** Do care providers in these systems undergo skills training, and do their pre-service education curriculum support optimal infant and young child feeding; do these services support mother and breastfeeding friendly birth practices, do the policies of health care services support mothers and children, and whether health workers responsibilities to Code are in place?

**Health provider (pre-service) education: 8.5 points**

Criteria	Results		
	✓ Check that apply		
	Adequate	Inadequate	No Reference
5.1) A review of health provider schools and pre-service education programmes in the country <sup>1</sup> indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
	✓		▲
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.	2	1	0
		✓	
5.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. <sup>2</sup>	2	1	0
	✓		
5.4) Health workers are trained with responsibility towards Code implementation as a key input.	1	0.5	0
	✓		
5.5) Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrhoeal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)	1	0.5	0
		✓	
5.6) These in-service training programmes are being provided throughout the country. <sup>3</sup>	1	0.5	0
	✓		
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick	1	0.5	0
	✓		
<b>Total Score:</b>	<b>8.5/10</b>		

<sup>1</sup> Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

<sup>2</sup> The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

<sup>3</sup> Training programmes can be considered to be provided “throughout the country” if there is at least one training programme in each region or province or similar jurisdiction.

## **Information and Sources Used:**

Ministry of Health and Welfare, Mother and Babies Protection Law (2010)

- Training programs for health professional(pre-service): Mandatory training programs including infants feeding and allocation of health professional in various areas
- Health training curriculum is adopted by national health colleges and universities, including infants feeding during breastfeeding.
- The training programs are being attended by health professionals including local government health professionals, nutritionists, and medical professionals.
- Mandatory health check-up for professional at maternity facilities and after-birth facilities is operated. It's necessary the nutritional professionals and cooking employees should provide optimal nutritious food to infants.
- Health care professional for after-birth mothers should attend training for infant and mother's nutrition for a minimum weeks and should provide appropriate nutrition to babies and mothers.

## **Gaps**

Health and Nutrition Care System is established, yet it's not put in practice in some clinics.

## **Recommendations**

A certain type of benefits including incentives is provided to the hospitals and medical institution which promote and support breastfeeding.

**Indicator 6: Mother Support and Community Outreach**

**Key Question:** Are there mother support and community outreach systems in place to protect, promote and support optimal infant and young child feeding?

Criteria	Results		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.	2	1	0
	✓		
6.2) All women have access to support for infant and young child feeding after birth.	2	1	0
	✓		
6.3) Infant and young child feeding support services have national coverage.	2	1	0
	✓		
6.4) Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (inter-sectoral and intra-sectoral).	2	1	0
	✓		
6.5) Community-based volunteers and health workers possess correct information and are trained in counselling and listening skills for infant and young child feeding.	2	1	0
	✓		
<b>Total Score:</b>	<b>10/10</b>		

**Information and Sources Used:**

Korea National Nutrition Survey 2010.

**Gaps:**

The communities are interested in promotion of breastfeeding and adequate infant nutrition and are encouraged to support breastfeeding and adequate infant nutrition.

**Recommendations:**

More support for communities should be provided including educational program and awareness programs for raising breastfeeding rate and adequate infant nutrition.

### Indicator 7: Information Support

**Key question:** Are comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented?

Criteria	Results		
	Yes	To some degree	No
7.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.	2	1 <input checked="" type="checkbox"/>	0
7.2) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	<input checked="" type="checkbox"/>	1	0
7.3) Individual counselling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.	<input checked="" type="checkbox"/>	1	0
7.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	<input checked="" type="checkbox"/>	1	0
7.5) A national IEC campaign or programme <sup>4</sup> using electronic and print media and activities has channelled messages on infant and young child feeding to targeted audiences in the last 12 months.	2	1 <input checked="" type="checkbox"/>	0
<b>Total Score:</b>	<b>8/10</b>		

#### Information and Sources Used:

Monitoring and survey by Consumers Korea and other organizations.

#### Gaps:

The implementation of the strategy for improving infant and young child feeding requires differentiation and segmentation according to different educational and financial background among groups. But no difference with the target audience

#### Recommendations:

Information support should be provided more systemically. The proper strategy for information support should be established by segmentation of information support to different group in a community; differentiation of the strategy to different groups based upon the educational and financial background.

<sup>4</sup> An IEC campaign or programme is considered “national” if its messages can be received by the target audience in all major geographic or political units in the country (e.g., regions or districts).

**Indicator 8: Infant Feeding and HIV**

**Key Question:** Are policies and programmes in place to ensure that HIV - positive mothers are informed about the risks and benefits of different infant feeding options and supported in carrying out their infant feeding decisions?

Criteria	Results		
	Yes	To some degree	No
8.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	2	1 ✓	0
8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5 ✓	0
8.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5 ✓	0
8.4) Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5 ✓	0
8.5) Infant feeding counselling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.	1	0.5 ✓	0
8.6) Mothers are supported in making their infant feeding decisions with further counselling and follow-up to make implementation of these decisions as safe as possible.	1	0.5 ✓	0
8.7) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0 ✓
8.8) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5 ✓	0
8.9) The Baby-friendly Hospital Initiative incorporates provision of guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers.	1	0.5 ✓	0
<b>Total Score:</b>	<b>4.5/10</b>		

**Information and Sources Used:**

The Ministry of Health and Welfare

The regulation in Women and Child Health Policy was announced of legislation by The Ministry of Health and Welfare(as of 4 April, 2012), which included deletion of breastfeeding promotion for HIV-positive mothers.

**Gaps:**

There is not sufficient policy for information provision for HIV-positive mothers.

**Recommendations:**

Policies for HIV-positive mothers should be established and implemented by Government.



**Indicator 9: Infant Feeding during Emergencies**

**Key Question:** *Are appropriate policies and programmes in place to ensure that mothers, infants and children will be provided adequate protection and support for appropriate feeding during emergencies?*

Criteria	Results ✓ Check that apply		
	Yes	To some degree	No
9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies	2	1 ✓	0
9.2) Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0 ✓
9.3) An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed	2	1 ✓	0
9.4) Resources identified for implementation of the plan during emergencies	2	1	0 ✓
9.5) Appropriate teaching material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	2	1 ✓	0
<b>Total Score:</b>	<b>3/10</b>		

**Information and Sources Used:**

Framework Act on the Management of Disasters and Safety (June, 2010), which is mainly confined to emergency treatment

**Gaps:**

There are not much appropriate policies and programmes for mothers, infants and children that can provide adequate protection and support for appropriate feeding during emergencies.

**Recommendations:**

Gov't needs to develop appropriate policies and programmes for appropriate feeding during emergencies.

**Indicator 10: Monitoring and Evaluation**

**Key Question:** Are monitoring and evaluation data routinely collected and used to improve infant and young child feeding practices?

Criteria	Results		
	Yes	To some degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1 <input checked="" type="checkbox"/>	0
10.2) Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.	2	1 <input checked="" type="checkbox"/>	0
10.3) Baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.	2	1 <input checked="" type="checkbox"/>	0
10.4) Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers	2	1 <input checked="" type="checkbox"/>	0
10.5) Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys.	2	1 <input checked="" type="checkbox"/>	0
<b>Total Score:</b>	<b>5/10</b>		

**Information and Sources Used:**

The Ministry of Health and Welfare. Mother and Child Health Initiative assessment by the Ministry of Health and Welfare: the assessment is planned and implemented on regular basis, yet it's mainly focused on low birthrate, premature baby and birth defect.

**Gaps:**

Not much monitoring and evaluation data routinely collected and used to improve infant and young child feeding practices

**Recommendations:**

Gov't needs to develop monitoring and evaluation policy.

### Indicator 11: Early Initiation of Breastfeeding

*Key question: Percentage of babies breastfed within one hour of birth* %

**No Data**

#### **Source of data:**

No official data

#### **Summary Comments**

Korea doesn't have official data. However many Obstetrics, Gynecology and a Prof. of Nursing Science express that Exclusive breastfeeding rate is 73% within 1 week after birth. So we may estimate that breastfeeding rate is more than 90% within 1 hour after birth.

### Indicator 12: Exclusive breastfeeding for the first six months

*Key question: Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours?*  
36.2%

#### **Source of data:**

Korea Institute for Health and Social Affairs, "The National Survey on Fertility, Family Health and Welfare in Korea" (2009)

#### **Summary Comments:**

Consumers Korea started to collect territory-wide breastfeeding statistical data since 1983, at the time breastfeeding rate was very low and one of the main reason was the violation of international code of the marketing of breastmilk substitutes by formula milk companies. Also many medical professionals and hospitals recommended breastfeeding together with bottle feeding. After Consumers Korea launched exclusive breastfeeding promotion campaign, exclusive breastfeeding rate continuously has risen since late 1990s. Consumers Korea has requested government and hospitals to support exclusive breastfeeding from birth on a voluntary basis over the past years. Breastfeeding rate has been increasing, including breastfeeding rate right after birth, one week, 1-2 month, 3-4 month, 5-6 month and 11-12 month, compared year 2000 when featured the lowest breastfeeding rate. It's indicated that the increase is an outcome of breastfeeding promotion campaign, education, public information support.

### **Indicator 13: Median duration of breastfeeding**

*Key question: Babies are breastfed for a median duration of how many months? 7.48 months*

#### **Source of data:**

Korea Institute for Health and Social Affairs, “The National Survey on Fertility, Family Health and Welfare in Korea”(2009)

#### **Summary Comments**

Duration of Breastfeeding is 7.48month. This duration is shorter than 2006. But 24.6% of responds said they stopped breastfeeding during 12-18month which is 3 times more than 2006. We need more educational programs for mothers.

### **Indicator 14: Bottle feeding**

*Key question: What percentage of breastfed babies less than 6 months old receives other foods or drinks from bottles? 26.2.%*

#### **Source of data:**

Korea Institute for Health and Social Affairs “The National Survey on Fertility, Family Health and Welfare in Korea (2009)”

#### **Summary Comments**

Breastfeeding rate has increased compared year 2006. Exclusive breastfeeding rate within one week after birth is 73%, while that of one month 65.6%, 3 month 57%, yet exclusive breastfeeding rate at 6 month after birth decreased rapidly. Also breastfed babies younger than 6-month old are fed with juice, follow up milk, and other food by bottles.

### **Indicator 15: Complementary feeding**

*Key question: Percentage of breastfed babies receiving complementary foods at 6-9 months of age? 95.9%*

#### **Source of data:**

Korea Institute for Health and Social Affairs, “The National Survey on Fertility, Family Health and Welfare in Korea,(2009)

#### **Summary Comments**

Most of breastfed babies complement food from at 6-9 months of age,

## **Key Gaps**

Young mothers in Korea tend to appreciate the importance of breastfeeding in nutritional level and relationship with mother and baby. The awareness of the necessity of breastfeeding has raised by breastfeeding promotion campaigns and surveys done by the civil and consumer organizations including the Korea Breastfeeding Network(KBN) and Consumers Korea and other organizations. Yet, there are hindering factors to breastfeeding as many working mothers struggle to continue breastfeeding after returning to work and many mothers give birth at comparatively late age with high risk of giving birth high risk babies. Another issue is the liquid type complementary baby foods; the marketing and promotion of liquid type complementary baby food might be misleading by emphasizing that complementary baby food is essential to baby while breastfeeding is sufficient for the baby.

## **Key Recommendations**

Government policies should be established and implemented to support breastfeeding mothers in practical system and communities and civil organizations should support and promote breastfeeding by support mothers in practical ways including customized support for mothers different background and communities.

Training and education for medical professions and hospital workers should be strengthened for breastfeeding support for mothers and their families. Also it's strongly suggested that breastfeeding promotion and support should be introduced in education curriculum on child care and nutrition program at schools and universities for young generation.