Exclusive breastfeeding (EBF) is a major concern for our government. In Lao PDR, the mortality rate for children under 1 year of age is very high; almost 50 per 1,000 live births. Evidence indicates that breastfeeding is the most important preventive intervention with potentially the single largest impact on reducing child mortality. The WHO/UNICEF global strategy promotes early initiation of breastfeeding within 1 hour of birth; exclusive breastfeeding for the first 6 months; continued breastfeeding for two years or more; and safe, appropriate, and adequate complementary foods beginning at 6 months.

Currently only 39.1% of infants start breastfeeding within 1 hour of birth in Lao PDR, and only 40.4 of 0-5 month old babies are exclusively breastfed (MOH and Lao Statistic Bureau, 2012; Kounnavong et al, 2013). The government is concerned about this figure and has launched several strategies and policies since 2006 in an effort to improve EBF. In mid 2009, the Ministry of Health launched an EBF campaign supported by UNICEF that trained 5,000 community volunteers nationwide and 1,300 health staff on the importance of EBF, with its target population being approximately 72,000 pregnant and lactating women.

Mass media advertising and print material distribution reinforced interpersonal communication efforts (Fig 1). As of 2010, approximately half of all districts in all provinces were covered by these communication approaches. In Lao PDR, the Exclusive Breastfeeding Campaign was strongly promoted during 2009-2010. The goal of this campaign was to improve child survival rates and enhance the development of children in Lao PDR by increasing the proportion of mothers who exclusively breastfeed their newborns for 6 months.

Growth stunting is a major problem for 40% of Lao PDR children, and this program also attempts to reduce this figure. Sixty percent (≈72,000) of all women are exclusive breastfeeding for a period of six months from within an hour after birth is a goal of EBG. In EBG, there is a strategic communication strategies to reach this goal which include: 1) Training for all health staff on exclusive breastfeeding; 2) Administrative mobilization; 3) Personal selling; 4) Media-based campaign; 5) Advertising campaign; 6) Point-of-service promotion.

There are several materials used for this campaign, such as promotion posters and banners, materials for volunteers who promote EBF, TV and radio spots, dramas, and song (Figs 2, 3).

Lao PDR has a population of 6.7 million people with over 60 minority groups all speaking their own language, so promotion efforts have also been made in their languages to reach the target audiences.
Fig 1–Materials given to messengers and volunteers to distribute for the promotion of EBF.

Fig 2–A promotional poster stating that ‘breastfeeding is a precious gift for babies.’

Fig 3–A banner discouraging the use of formula milk.
In addition, use of formula milk is a major problem in Lao PDR, as it is heavily marketed by companies and easily available for purchase in shops.

Following the EBG campaign, it was observed that there was a 10% increase in early initiation of breastfeeding within 1 hour of birth and a 14% increase in exclusive breastfeeding between 0-5 months of age in Lao PDR. However, in contrast to rural areas, EBF was still decreasing in urban areas. It is presumed the reason for this is the relatively higher buying power and easier access to goods. Overall national figures on average are nevertheless on the rise, with the highest EBF rates in the poorest households. Formula milk use trends have been found to be on the increase in all areas, but only by 3%. Through the opening of the ASEAN Economic Community (AEC), more mothers will be leaving the home to work outside, and babies will be being cared for by grandmothers, which will result in infant formula remaining a main competitor of breastfeeding.

In summary, an increase of 10% in early initiation of breastfeeding was found in 2011-2012 compared to 2006 following the EBF campaign, with higher rates in urban areas compared to rural areas. Rates were generally found to increase with increasing wealth quintiles. EBF until 6 months of age increased by 14%, with rates being lower in the richest quintile compared to the poorest quintile. Overall formula use is on the increase. There is room for improvement to increase breastfeeding rates further with more concentrated efforts addressing equity in EBF and early initiation of breastfeeding. More efforts can be made to strengthen communication strategies to target urban and rural areas, and also to strengthen the National Code of Marketing of Breast Milk Substitutes.

REFERENCES
