MECHANISM OF REGULATION ON THE MARKETING OF THE BREAST-MILK SUBSTITUTE: A LESSON LEARN FROM ONE PROVINCE IN NORTHERN OF THAILAND

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ABSTRACT

Objectives: To investigate the existing model and mechanism for surveillance of the marketing of food for infants and young children in Phayao province, Thailand according to The Control of Marketing of Infants and Young Children Food Act, B.E. 2560 (2017).

Method: This research was a qualitative research study which collected data through an in-depth interview and a focus group with 7 informants: officers of Phayao Provincial Public Health Office, registered nurses, public health technical officers, and consumer network officers.

Results: Phayao province had a control model and mechanism on the marketing of food for infants and young children according to The Control of Marketing of Infants and Young Children Food Act, B.E. 2560 (2017) as follows: (1) For passive surveillance, there was a complaint center at the Provincial Public Health Office as the main coordinator to receive complaints and prepare files of violation cases. (2) Active surveillance included visits to target places such as shops and child development centers, and visits to enforce maternal and child health standards. Finally, (3) networking and knowledge dissemination were implemented through the first 1,000 miracle days of life project. The implementational model for controlling the marketing of food for infants and young children should be as follows: (1) Be compliant with laws. (2) Determine clear policies at the departmental levels. (3) Work collaboratively at the provincial, district, and subdistrict levels. (4) Increase participation of related people for surveillance of offences. (5) Empower operational networks, entrepreneurs, and other people to gain knowledge and be compliant with the law in a suitable way. (6) Use communication technology to support implementation.

Conclusion: Phayao province has a model and mechanism to control the marketing of food for infants and young children in compliance with the law. The model and mechanism should be developed according to the area contexts to support the implementation to be more effective.

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INTRODUCTION

Breastfeeding is widely recognized as the optimal source of nutrition for infants and young children, providing essential nutrients and antibodies crucial for their growth and development. Breast milk is very important for children’s physical and brain development (World Health Organization, 2003; American Academy of Pediatrics,
The World Health Organization recommends exclusive breastfeeding for the first six months of life, followed by continued breastfeeding with complementary foods for up to two years or beyond (World Health Organization, 2019). These recommendations are endorsed by numerous international health organizations, including the American Academy of Pediatrics (American Academy of Pediatrics, 2012) and UNICEF (2016).

Despite the well-documented benefits of breastfeeding, the global market for breast milk substitutes continues to thrive, driven by factors such as urbanization, changing lifestyles, and aggressive marketing strategies employed by infant formula manufacturers (Baker et al., 2016; Rollins et al., 2016; Cyrne et al., 2023). This poses a significant public health concern, as inappropriate marketing, and promotion of BMS can undermine breastfeeding and negatively impact child health outcomes (Lamberti et al., 2011). In Thailand, as in many countries, the marketing of breast milk substitutes and related products has been a subject of concern due to its potential to undermine breastfeeding practices (The World Breastfeeding Trending Initiative (WBTi) UK Steering Group, 2016). The rate of exclusive breastfeeding for six months was only 14%, i.e., lower than the global average and the lowest in the ASEAN countries (National Statistic Office, 2020). The factors causing unsuccessful breastfeeding were a lack of correct knowledge, understanding, and attitudes towards breast milk, the influence of advertisement and the marketing of powdered milk, migration of parents to do jobs in the cities, and limited periods of maternity leave for only 3 months (Photaworn et al., 2014; Chinglek et al., 2018).

Marketing strategies of breast milk substitutes are competitive among businesses seeking to create the product image by using a complete cycle of marketing communication such as advertisement through mass media including television, radio, magazines, and newspapers, as well as direct marketing to consumers. Previous studies found that advertising has an influence on the decision to choose breast milk substitutes for feeding babies (Photaworn et al., 2014; Chiadamrong, 2016). Strategies with the most influence on the decision to choose breast milk substitutes are advertisements through personal media such as medical personnel, acquaintances, and relatives, advertisement through nutrient information printed on packages, and advertisement through television media (Chiadamrong, 2016). As proper knowledge and attitudes about breastfeeding have effects on the decision and success of breast feeding, mothers need to possess proper knowledge and attitudes and receive proper and sufficient information (Scott et al., 2006).
Recognizing the significance of breastfeeding, the global community, through various international organizations and conventions, has committed to promoting and protecting breastfeeding practices. To protect the rights and welfare of mothers and children for receiving correct information about the feeding of infants and young children through suitable marketing methods, Thailand has participated in the adoption of The International Code of Marketing of Breast-milk Substitutes (Milk Code) in the World Health Assembly since 1981 (Prutipinyo, 2017), represents a pivotal milestone in this endeavor. The Code serves as a framework for regulating the marketing and promotion of breast milk substitutes to ensure that they do not undermine breastfeeding practices, especially in the critical early stages of infancy and childhood (World Health Organization, 1981). Thai government has driven the use of the Milk Code in the country since 1984 by announcing criteria for requesting voluntary business collaboration (Prutipinyo, 2017). However, several studies demonstrated that entrepreneurs in the breast milk substitutes industry used communication and marketing instruments which clearly violate the Milk Code in advertisements, direct marketing, sales promotion, and internet marketing, etc. (Chiadamrong, 2016; Cetthakrikul et al., 2022a). In addition, inappropriate marketing of food for infants and young children is found in government healthcare facilities, such as giving gifts to personnel, supporting personnel to attend meetings, and distributing powdered milk samples to healthcare facilities (Cetthakrikul et al., 2017). Until 2016, the World Health Assembly set guidelines to end the inappropriate marketing of food for infants and young children by requiring member countries to strictly enforce the Milk Code (Prutipinyo, 2017). To improve measures for controlling the marketing of food for infants and young children in Thailand, the Control of Marketing of Infants and Young Children Food Act, B.E. 2560 (2017) was declared and has been effective since 8th September 2017. This Act is a master plan important in controlling the marketing of food for infants and young children in Thailand. Criteria, methods, conditions, and details are set for practice in controlling the marketing of food for infants and young children, such as channels for giving information about infant food, donating food for infants and young children to public health service units, showing scientific evidence and details about infant food, and supporting public health professional organizations, etc. (The Control of Marketing of Infants and Young Children Food Act, B.E. 2560, 2017).
The principal responsibility of the states or government is to engage in legislation, the monitoring of its implementation, and the enforcement of regulatory measures. Furthermore, the attainment of compliance with regulations is accomplished by means of rigorous monitoring and the imposition of measures aimed at ensuring adherence. The main problem in unsuccessfully implementing consumer protection about health products were lack of comprehensive policy and strategies, lack of a model and guidelines for effective implementation, inadequately trained staff, and insufficient financial resources (Topothia & Tangcharoensathien, 2021; Cettthakrikul et al., 2022b).

Although the Ministry of Public Health has provided guidelines for implementation according to the Act (Bureau of Health Promotion & Division of Legal Affairs, 2019), practical methods may be different in each area due to different models of legal violations or social contexts. The previous study on surveillance and enforcement of the Act in Health Area 7, coordination was found among relevant network partners, namely the District Health Board, shops in hospitals, shop entrepreneurs, and manufacturers to alert all sectors for surveillance, supervision, and monitoring of violations (Netiwiphatchatham, 2021). Hence, advocating for the implementation of legal measures in a diligent and participatory manner emerges as the suitable course of action to achieve effective enforcement and tangible outcomes that guarantee the well-being of both mothers and infants. As a result, the study on a model and mechanism for surveillance on the marketing of food for infants and young children is needed to provide guidelines or models for other areas to apply.

Phayao, is a province located in the northern of Thailand, prioritizes health consumer protection through a combination of policies, healthcare infrastructure, and public health initiatives. They have worked seriously on consumer protection through integration among organizations in the government, private, and public sectors. The province's commitment to ensuring access to quality healthcare services, protecting patient rights, and promoting public health initiatives demonstrates its dedication to the well-being of both residents and visitors. The review of the model and mechanism of the Act monitoring system and law enforcement in practical situations is crucial for enhancing the monitoring and enforcement systems in Thailand. Additionally, it has an opportunity to provide valuable insights to other countries regarding the enhancement of regulatory measures. The objectives of this study were to investigate the existing model and mechanism for surveillance of the marketing of food for infants and young children.
in Phayao province, Thailand according to The Control of Marketing of Infants and Young Children Food Act, B.E. 2560.

2 THEORETICAL FRAMEWORK

The Bureau of Health Promotion, a unit of Division of Health, developed the monitoring system for breast-milk substitutes marketing violations (Bureau of Health Promotion & Division of Legal Affairs, 2019). The system has two aspects (Figure 1): active and passive monitoring. The active monitoring system refers to the involvement of authorized government officials from relevant organizations who have been appointed and granted authorization by the Division of Health. These officials are responsible for monitoring and reporting any violations of the Act at designated health facilities, supermarkets, and childcare centers. Additionally, officers from the Health Promotion Center are assigned to provide coaching and support to the authorized officials in their monitoring activities. Active monitoring is typically carried out on an annual or biannual basis, contingent upon the monitoring strategies implemented by individual regional offices or provinces. In practical application, the implementation of active monitoring was incorporated into the preexisting monitoring endeavors of individual provinces or agencies. For example, when support officers conducted an official visit pertaining to maternal and child issues, they incorporated the practice of actively monitoring the Act during the visit, or they included active monitoring as part of their annual inspection plans. In addition, health professionals serving as authorized officers or regional support officers were responsible for overseeing compliance with the Act. This oversight was carried out in collaboration with lawyers and other personnel involved in the Act, such as those working in consumer protection. This is due to the fact that the task of monitoring Act violations necessitates the involvement of a multidisciplinary team, as individual efforts are insufficient.

Passive monitoring was conducted through the observation of websites belonging to provincial health facilities, where information or evidence of violations of the Act were received either from the general public or from individuals involved in civil society organizations known as Code watchers.

Figure 1 provides a comprehensive depiction of the monitoring system. This demonstrates the process by which authorized officers acquire information or evidence of violations through active or passive monitoring and subsequently transmit them to
designated authorized officers or support officers who serve as focal points within the Provincial Health Office, Health Promotion Center, or Division of Health. The central authority subsequently conducts a thorough examination and verification of the evidence of the violation. Additionally, members of the public as well as individuals monitoring compliance with regulations can submit the gathered evidence directly to the Division of Health. The Division of Health conducts a thorough examination of the available evidence. In cases where the evidence is deemed inadequate, the Division of Health has the authority to request authorized officers or support officers from the Provincial Health Office or Health Promotion Center to gather supplementary evidence. Once all evidence pertaining to a violation has been gathered, the enforcement procedure will be set in motion.

The initiation of enforcement procedures occurs upon receipt of evidence of a violation or a report from either active or passive monitoring by the Bureau of Health Promotion. The Bureau of Health Promotion subsequently collects evidence to be submitted to the Public Health Law Administration Centre, which is a division of the Department of Health (DOH). This evidence is used to prepare a document for the working group, which has been appointed by the DOH, to make a judgement. The composition of the working group comprises pertinent organizations, experts from the Division of Health, the Food and Drug Administration (FDA), Office of the Permanent Secretary, and individuals from the academic community. The working group convenes monthly to conduct a comprehensive assessment and make determinations regarding the confirmation of violations. In cases where the working group encounters uncertainty regarding a potential violation, they have the option to seek guidance from a sub-committee for advisory judgement or request the assistance of the BHP in gathering supplementary evidence. In the event that the working group determines that a promotion is in contravention of the legislation, the working group will proceed to provide their assessment to the Director-General of the Division of Health, regarding the endorsement and affirmation of a punitive measure. Subsequently, the Public Health Law Administration Center implements the prescribed sanction (Figure 1).

This study aimed to investigate the existing model and mechanism for surveillance of the marketing of food for infants and young children in Phayao province, Thailand according to The Control of Marketing of Infants and Young Children Food Act, B.E. 2560 (2017).
3 METHODOLOGY

3.1 STUDY DESIGN

This study employed a qualitative approach to explore key informants’ perception and experiences of the model and mechanism to control the marketing of food for infants and young children performing in Phayao province, Thailand. Data was collected through in-depth interviews with key informants who were involved in the monitoring system and enforcement of the Act. Key informants were required through purposive and snowball sampling of Thai officials and non-governmental organization (NGOs).

The study protocol was reviewed and approved by the University of Phayao, Human Ethics Committee. All participants were above 18 years of age and provided written informed consents before the interview. This study was financial support by the Health Consumer Protection Program, Chulalongkorn University, Thailand, and the Foundation of The College of Pharmaceutical and Health Consumer Protection of Thailand, The Pharmacy Council of Thailand.

3.2 KEY INFORMANTS AND SELECTION

The key informants in this study were people relevant to food products for infants and young children, namely authorized people, consumer protection officers, medical
personnel in the supply chain marketing food for infants and young children, entrepreneurs in the food business for infants and young children, and general people who were consumers of food for infants and young children. Purposive sampling was used to select the informants according to the following inclusion criteria: (i) be a person relevant to policymaking and/or work in consumer protection about health products, or an entrepreneur relevant to sales of food for infants and young children in Phayao province, or (ii) be a representative of a non-profit organization which had registered as a consumer protection organization in Phayao, and (iii) be able to communicate in Thai fluently.

The key informants were selected to be 7 interviewees: 1 policy maker; 4 officers accountable for the Control of Marketing of Infants and Young Children Food Act; 1 registered nurse in maternal and childcare; and 1 consumer protection network office. Most are female (n=5).

3.3 RESEARCH INSTRUMENTS AND DATA COLLECTION

The authors sent a request letter for permission to carry out data collection to relevant organizations and coordinated to make appointments with each informant. The data were collected through face-to-face interviewing or teleconferencing through online conference programs or telephone depending on the informants’ convenience. The authors made appointments with each informant for field data collection. The interviewees/informants could respond openly without limits to give a chance for them to describe their opinions fully, completely, and to the greatest extent possible.

The interview tools were issues for an in-depth interview. The issues were open-ended questions for inquiring about reasons and answers. The questions were flexible according to the situation in order to make the data collection process smooth so the informants could give as much complete and real data as possible.

The tools were initially developed by the research team. The authors also studied data, frameworks, and legal principles relating to consumer protection and laws on controlling the marketing of food for infants and young children. Then, the obtained data were used as fundamental knowledge to integrate in developing suitable questions for the interview. The draft questions and the draft interview were validated by three experts on appropriateness and congruence to the research objectives. Then the questions were improved according to suggestions of the experts before collecting the data in real situations.
3.4 DATA ANALYSIS

After the interview, recordings were transcribed word by word by a transcriber. The data was analyzed with content analysis. The data were tested on validity with data triangulation by examining the data sources in terms of time, places, and people. The findings were reported with a descriptive methodology and interpretative methodology.

All quotations within this article underwent translation to English and were reviewed by a native Thai speaker to ensure accuracy and fidelity in the translated content, without any alteration in their intended meaning.

4 RESULTS AND DISCUSSION

4.1 CURRENT REGULATION OF PHAYAO PROVINCE

The province of Phayao has implemented a model and mechanism for regulating the marketing of food products targeted towards infants and young children, in accordance with the Control of Marketing of Infants and Young Children Food Act, B.E. 2560 (2017). The Department of Health exhibited deficiencies in its monitoring plans and the delineation of responsibilities for authorized officers and support officers, resulting in a lack of clarity regarding their specific monitoring roles. According to the statements provided by key informant:

““We use the Act as a basis for work implementation because we must be compliant with laws.” (Key informant 1).

Passive surveillance was facilitated through the establishment of a complaint center situated at the Provincial Public Health Office. This center served as the primary coordination hub for the reception of complaints and the subsequent compilation of violation case files. The key informants said that:

“…the consumer protection division does not do anything. For this Act, a lawyer and the health promotion division are the main responsible people…” (Key informant 4)

“…I receive the complaints, collect evidence and witnesses according to the complaints, and submit the cases to the Health Area to take further action…” (Key informant 2)

The surveillance conducted in the Phayao Province area encompassed various activities pertaining to the marketing of food products targeted towards infants and young children. There are two main types of visits that are conducted: (1) visits to specific
locations such as shops and child development centers, and (2) visits aimed at enforcing
standards related to maternal and child health. For example:

“…The Act prescribes the implementation of active surveillance. I visit the areas
and supervise the subdistrict health promotion hospital. I may visit health promotion
officers. I inspect shops, hospitals, and child development centers, led by an officer of
the subdistrict health promotion hospital…” (Key informant 2)

“We have to report indicators according to maternal and childcare standards.
The Provincial Public Health Officer also visits for empowerment…” (Key
informant 6)

The first 1,000 miracle days of life project played a pivotal role in fostering the
formation of networks and facilitating the widespread dissemination of knowledge. Key
informants mentioned:

“…Most of the work is done through the first 1,000 miracle days of life project.
There are networks throughout the province to report the results to the Provincial Public
Health Office…” (Key informant 4)

“…The Foundation works in this part. If they find a problem, they will directly
notify the Provincial Public Health Office. It’s like other works of the Foundation…”
(Key informant 7)

“…There is training to give knowledge to team members in terms of academic
matters and laws.

The Provincial Public Health Office usually requires the areas to send the
representatives to attend the training…” (Key informant 4)

4.2 OVER-CONMING SYSTEM FOR PHAYAO SURVEILLANCE

The findings of this study present a summary of the outcomes derived from the
creation of a model and mechanism for monitoring the marketing of food products
targeted towards infants and young children in Phayao province. These results are
specifically related to the aspect of consumer protection, as governed by The Control of
Marketing of Infants and Young Children Food Act, B.E. 2560 (2017).

(1) The execution should adhere to the regulations as outlined by legal
requirements, as mentioned by key informants:

“The Ministry of Public Health has laws and implementational manuals as a basis
for us to follow.” (Key informant 1)
“Although this law is non-specific, we have to follow it.” (Key informant 2)

(2) It is recommended that the provincial public health office or hospitals establish policies or guidelines for organizations pertaining to the regulation of marketing practices for infant and young children's food products, ensuring clear compliance across the board. Key informants said that:

“The policy is mostly important for practitioners to understand and have an operating direction.” (Key informant 2)

(3) The integration of implementation at the provincial, district, and subdistrict levels is imperative for effectively managing the marketing of food for infants and young children. Key informants mentioned:

“We have networks throughout the province. I think this is important.
We can easily request information.” (Key informant 3)

“The provincial public health office, the hospitals, and the subdistrict health promotion hospitals can work together well in terms of breastfeeding, health promotion, and legal matters. This is a good thing for successful work.” (Key informant 6)

(4) To enhance the effectiveness of problem management, it is advisable to boost the involvement of pertinent individuals in monitoring and addressing offenses, key informants said:

“The public sector is really necessary because most offences are found online. People need to be knowledgeable to cope with such advertisements. If people are supported to know and participate, the implementation will be more sustainable.” (Key informant 7)

(5) There exists a necessity to augment empowerment among the implementational network, entrepreneurs, and other individuals, with the aim of promoting knowledge acquisition and ensuring compliance with legal regulations, as mentioned by key informants:

“Responsible officers are often changed. If training is arranged for them, the practitioners will be more confident in implementing work.” (Key informant 3)

“It is good to build knowledge to the target groups, pregnant women, and general people about this law.” (Key informant 7)

(6) The utilization of communication technology should be employed in a progressively greater manner to enhance the execution of various tasks. Key informants mentioned:
“The implementation is mainly based on documents sent by post according to the official system with the exception of the ministerial indicators which are reported online.” (Key informant 2)

“If there is an online system, it will be good, quick, and convenient. Workers can work conveniently.” (Key informant 6)

4.3 DISCUSSION

Despite the establishment of global targets for exclusive breastfeeding and the identification of effective strategies to accomplish this, it is crucial to comprehend the practical implementation of these measures in real-world contexts (Tumilowicz et al., 2019). This study presents findings obtained from important individuals involved in the execution of a nutrition intervention in Thailand. The objective of this study is to offer practical knowledge on the development of more effective regulatory approaches for the implementation, monitoring, and enforcement of the Control of Marketing of Infants and Young Children Food Act, B.E. 2560, using Phayao province, Thailand as a case study.

The regulation of marketing of food for infants and young children in Phayao province is in accordance with the Control of Marketing of Infants and Young Children Food Act, B.E. 2560. This compliance is achieved through the establishment of guidelines and manuals for officers in the Ministry of Public Health, which aligns with the conclusions drawn from previous research studies in other sides of Thailand (Netiwiphatchatham et al., 2021; Cetthakrikul et al., 2023). The international community has predominantly responded to the Milk Code by implementing voluntary measures, such as the adoption of an industry self-regulatory framework in Australia and New Zealand. Nevertheless, it has been noted that these measures have not demonstrated efficacy in effectively mitigating cross-promotion (Australian Competition and Consumer Commission, 2021). In addition, a previous study found a correlation between strong law legislation and a low violation rate (Lutter et al., 2022). Moreover, the implementation of robust regulatory measures accompanied by substantial penalties has been shown to have a positive impact on the promotion of exclusive breastfeeding rates and the mitigation of violations of the International Code of Marketing of Breast-milk Substitutes in healthcare settings (Barennes et al., 2016; Soldavini & Taillie, 2017). Importantly, the Act's enforcement has to be taken more seriously by enforcing
punishments against those who violate it because ineffective policy measures were caused by inadequate enforcement (Kaewpramkusol et al., 2018).

The Provincial Public Health department in Phayao Province is tasked with overseeing and regulating the marketing of food for infants and young children. This responsibility includes monitoring, coordinating, and fostering collaboration among various network partners. The arrangement of the main hospital in each area can facilitate the implementation of surveillance and control of the marketing of food for infants and young children to be more effective. This finding aligns with the results reported by Netiwiphatchatham et al. (2021), wherein they observed that the primary hospitals demonstrated effective support for the operational activities of the Provincial Public Health sector.

The oversight of the marketing of food for infants and young children in Phayao province is currently limited to the enforcement efforts of government organizations. The extent of work integration between the public sector and the Phayao Province remains limited, despite the collaborative efforts of the consumer organization, Phayao Development Foundation, in promoting consumer protection. In the study of Sangjachat et al., (2005), the implementation of consumer protection at a provincial level was restructured by increasing the participation of the public sector, educators, mass media, and entrepreneurs who could generate more appropriate policies/guidelines for consumer protection.

According to the study of Netiwiphatchatham et al. (2021), giving knowledge to empower implementation in the marketing of food for infants and young children was conducted through the LINE application continuously at the levels of the health area, province, and districts. Phayao Province implemented empowerment only 1 – 2 times a year. Phayao province should increase the frequency of the implementation of empowerment, monitoring, and giving knowledge in order to make the areas perceive the importance and remain alert in work operation. Furthermore, the approach proposed here is valuable for marketers and policymakers to design campaigns to raise awareness of the importance of breast milk (Wathanakom, N., 2023).

This study has main limitation. The data were collected from informants not covering the whole area of Phayao province and not covering all groups of stakeholders according to the research plan. However, this study has collected opinions from the important sectors in controlling the marketing of food for infants and young children in
Phayao province. Further study is needed to examine the proficiencies and capabilities of authorized personnel, while a comprehensive evaluation of the legislation's formulation is necessary to identify potential vulnerabilities. In addition, it is recommended that countrywide monitoring of compliance in breast–milk substitutes marketing be conducted periodically, with the aim of generating frequent monitoring reports that highlight instances of non-compliant breast–milk substitutes marketing and subsequent legal actions. Finally, it is essential to conduct a study with a well-designed methodology to assess the favorable effects of implementing the Act. This may involve comparing alterations in breastfeeding rates and the frequency of infractions while using the ideas, frameworks, and principles of implementation science within the realm of nutrition.

5 CONCLUSION

It is crucial for researchers and policymakers to collaborate in order to attain nutrition policy objectives and goals, such as increased breastfeeding rates. According to the perceptions of key informants, Thailand's experience with Code implementation helps to identify barriers, build on strengths, and address weaknesses that could inform future actions of this kind. The results demonstrated that Phayao province had a control model and mechanism on the marketing of food for infants and young children according to The Control of Marketing of Infants and Young Children Food Act, B.E. 2560 (2017). The implementational model for regulating the marketing of food for infants and young children should be compliant with laws; determine clear policies; work collaboratively; increase participation of related people for surveillance of offences; empower operational networks, entrepreneurs, and other people to gain knowledge and be compliant with the law in a suitable way; and use communication technology to support implementation.
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