

Challenges and Strategies of Bicol University in Compliance with the Expanded Breastfeeding Promotion Act (RA 10028)

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Abstract

This descriptive study utilized a pre-tested structured interview guide based largely on the provisions of the Expanded Breastfeeding (EBF) Promotion Act (RA 10028) which required evidence for verification in order to maintain the objectivity of the responses. Key informant interviews were done with Bicol University (BU) academic deans and directors (as Gender and Development (GAD) focal persons) and faculty presidents to determine BU's extent of compliance with RA 10028, identify the challenges to its compliance and the strategies to address the identified challenges. Fourteen academic deans and directors who voluntarily participated in the study claimed "Low Extent of Compliance" with the provisions of RA 10028 which was confirmed by 12 faculty presidents. According to the key informants, the most significant challenge lies in integrating the concepts of EBF in programs not related to health. Hence, the respondents' proposed strategy was to integrate the EBF concepts in the National Service Training Program (NSTP). BU's low extent of compliance with RA 10028 can be attributed to the identified challenges which is compounded by no systematic evaluation of its implementation in the university. It is hereby recommended to BU administrators to support the proposed Exclusive Breastfeeding Promotion Program aimed at establishing a breastfeeding-friendly work environment in the university through the implementation of policies and programs that align with guidelines set forth by RA 10028 so that work is not a barrier to exclusive breastfeeding.

Keywords: *focal persons, GAD, key informants, regulatory compliance*

Introduction

The Philippines has passed key legislation on the protection, promotion, and support of breastfeeding, including the Philippine Milk Code (1986), Republic Act 7600 (1992), Republic Act 10028 (2010) and government policies aligned with the global breastfeeding recommendations. Weak enforcement, however, has opened the door for milk companies to promote and market their products despite the stringent regulations (WHO, 2015). The rise in breastfeeding rates has been stagnant, and infant formula usage is increasing for infants under six months. After a period of backsliding, the Mother-Baby Friendly Initiative is being revitalized, but there is an urgent need to step up monitoring and supportive supervision visits (WHO, 2015).

As provided for in RA 10028 or the Expanded Breastfeeding Promotion Act of 2009, the State shall adopt rooming-in as a national policy to encourage, protect and support the practice of breastfeeding. It shall create

an environment where basic physical, emotional, and psychological needs of mothers and infants are fulfilled through the practice of rooming-in and breastfeeding (Congress of the Philippines, 2010).

The Department of Labor and Employment (DOLE) ensures compliance of establishments with all labor laws and other labor related issuances such as the provision of lactation support in the workplace. The Bureau of Workers with Special Concerns (BWSC) focus on policy and program development for special groups of employees under the Labor Code such as women, children, domestic workers and other equally vulnerable groups of workers (DOLE, 2018). Breastfeeding promotion in the workplace can be part of the Family Welfare Program advocacy through the Responsible Parenthood and Nutrition dimensions (DOLE, 2011).

Pursuant to the Magna Carta of Women (RA 9710) and the General Appropriations Act (GAA), all government departments and instrumentalities are mandated to formulate their annual GAD plans and

budgets, allocating at least 5% of their total budget to mainstream gender perspectives in policies, programs and projects (PCW-NEDA-DBM (2012).

RA 10028 enjoins the Commission on Higher Education (CHED) to integrate breastfeeding concepts and change of societal attitudes towards breastfeeding in the curriculum of private and public institutions at the college level especially in medical education. As workplaces, schools are also expected to implement the workplace provisions of RA 10028. For State universities and colleges (SUCs), GAD funds can be allocated for this purpose. Hence, Bicol University has come up with this extension program to assess the implementation of the law, and provide recommendations on how to integrate it fully in the university.

This study attempted to determine BU's extent of compliance with RA 10028 or the Expanded Breastfeeding Promotion Act in terms of establishment of lactation stations, provision of lactation breaks as office policy, information dissemination and education programs for pregnant women and women of reproductive age and their access to breastfeeding information, integration of breastfeeding education in school curriculum, continuing education, re-education and training of health workers and health institutions on lactation management, public education and awareness program on breastfeeding promotion, and budget. It also tried to identify the challenges to BU's compliance with the aforesaid act and the potential strategies to address the identified challenges.

Materials and Methods

Study Locale

Bicol University (BU) has seven campuses, with 16 colleges/units serving the people of Albay and Sorsogon. This state university offers complete education from primary to graduate level, and has passed the DBM Standards as SUC Level IV since 1998. BU is one of the top State Universities and Colleges (SUCs) in the Philippines, the 16th biggest among SUCs in terms of enrollment, and 7th in General Budget Appropriation (GAA). It is also one of the CHED's Higher Education Research Centers, and is the first SUC in the Philippines to be recognized as ISO (International Organization for Standardization) -certified institution (ISO 9001: 2008); most recently by TUV Rheinland. The facilities and structures necessary in the conduct of this Breastfeeding in the Workplace Promotion Program are in place and sufficient in number

in all campuses of Bicol University.

Research Instruments

The study utilized a structured key informant interview (KII) guide based primarily on the provisions of the implementing rules and regulations (IRR) of RA 10028. The respondents were instructed to answer Yes for compliant or No for non-compliant with each provision of the IRR. To determine the extent of compliance with the RA, the following were used: 81- 100% - Very High (VH); 61- 80% - High (H), 41- 60% - Moderate (M); 21- 40% - Low (L); 01- 20% - Very Low (VL).

The instrument required the respondents to identify the challenges to BU's compliance with the IRR of RA 10028 and the possible strategies to address the identified challenges.

Respondents (Inclusion and Exclusion Criteria)

The deans and directors as Gender and Development (GAD) focal persons as well as the faculty presidents were the primary source of data. Two groups of respondents were considered in order to validate each other's data - the deans and directors represented the administration while the faculty presidents represented the faculty. Fourteen academic deans and directors and 12 faculty presidents who volunteered to join the research established BU's compliance with RA 10028.

Data Gathering Procedures

Utilizing the KII guide based largely on the provisions of the IRR of RA 10028, the researcher had two groups of key informants, namely the academic deans and directors who are GAD's focal persons and the faculty presidents representing the faculty of BU. The KII required evidence for verification in order to maintain the objectivity of the rating of the respondents. Hence, failure to show the required documents as evidence for each provision of the IRR would mean non-compliance. The participants were also asked to identify the challenges to compliance with the Act and the strategies to address them.

Data Analysis Plan

The researchers compiled the data in an Excel spreadsheet in order to obtain the mean, percentage and ranking. The data were presented in tables and in text and then interpreted and analyzed to answer each objective (research question) in three levels such as textual analysis, analysis with implication, and inference.

Ethical Considerations

This study was submitted for ethics review to the Institutional Review Board (IRB) of Bicol Regional Training & Teaching Hospital (BRTTH), Legazpi City, Albay. The study had been structured in accordance with ethical considerations such as the protection of the identity of all participants.

Results and Discussion

Table 1 presents the responses on the extent of compliance with RA 10028 along workplace policy and minimum requirements. Lack of break time, inadequate facilities for pumping and storing milk, lack of resources that promote breastfeeding, and lack of support from employers and colleagues are among the challenges faced by employed mothers who want to continue breastfeeding. Tsai (2013) said that breastfeeding provides unique health advantages to both the infant and

mother, and thus a breastfeeding-friendly workplace for the employed mother is recommended to increase the initiation and duration of breastfeeding.

Studies conducted among American working mothers reported that early cessation of breastfeeding was greater among employed mothers, and mothers who returned to work after childbirth reported to have a 6-9 weeks shorter duration of breastfeeding as compared to mothers who stayed at home (Hirani & Khan, 2011). Hirani and Khan (2011) reviewed several studies and their findings indicate that the mothers' workplace settings have a deep impact on their decision to continue or discontinue the breastfeeding practices. Several publications have also revealed that the presence of workplace lactation support programs enhances working mothers' capacity to continue breastfeeding along with employment. One of these studies reveals that female employees, who received support from employers and workplace, described their experiences as "the best experience affecting breastfeeding". Moreover, supportive

Table 1. Extent of Compliance with RA 10028 along Workplace Policy and Minimum Requirements

| Indicators | Deans & Directors (n=14) | | Faculty Presidents (n=12) | |
|--|-----------------------------|----|------------------------------|----|
| | % | AD | % | AD |
| Workplace Policy | | | | |
| There is a clear set of guidelines that protects, promotes and supports breastfeeding program in the college/unit. | 36 | L | 33 | L |
| The written policy was developed in consultation with the personnel and students, approved and properly disseminated to all concern. | 36 | L | 33 | L |
| The Nursing/Lactating employees have been oriented on the proper handling, labeling, and storage of their own expressed breastmilk. | 21 | L | 33 | L |
| The policy is part of the university's general policy or manual of operation, and the policy operationalizes the provision of the IRR. | 21 | L | 25 | L |
| Minimum Requirements of Lactation Status | | | | |
| Established lactation stations as appropriate. | 36 | L | 33 | L |
| Accessible to the breastfeeding women. | 21 | L | 25 | L |
| Adequately provided with the necessary equipment and facilities as required by the Department of Health. | 36 | L | 42 | M |
| Clean, well ventilated, comfortable and free from contaminants and hazardous substances. | 36 | L | 33 | L |
| Ensure privacy for the women to express their milk and/or breast-feed their child. Not located near the toilet. | 43 | M | 42 | M |

Legend: 81- 100% = Very High (VH), 61- 80% = High (H), 41- 60% = Moderate (M), 21- 40% = Low (L), 20% = Very Low (VL)

policies and practices that enable women to successfully return to work and breastfeed send a message to all employees that breastfeeding is valued (Health Resources and Services Administration, 2008).

With regards to workplace policies on breastfeeding, 36% of the college deans and directors claimed that there is a clear set of guidelines that protects, promotes and supports breastfeeding program in their college/unit and confirmed by 33% of the faculty presidents. This is interpreted as “Low” extent of compliance. According to the 36% of these heads, the written policy was developed in consultation with the personnel and students, approved and properly disseminated to all concerned which was supported by 33% of the faculty presidents and interpreted as “Low” extent of compliance. It implies that majority of the colleges and units in the university had no written policy on breastfeeding in the workplace as perceived by both GAD focal persons and faculty presidents.

All breastfeeding policies and strategies underline the importance of providing support for lactating mothers and highlight the need to promote specific interventions in the workplace (Bettinelli, 2012). Li and colleagues (2004) found that establishing workplace breastfeeding policies and lactation rooms in public places are the most acceptable breastfeeding policies surveyed. At least 43% of the population surveyed believes employers should provide flexible work schedules, extended maternity leave, and a private room for pumping breastmilk. Hence, Li and colleagues (2004) encourage employers to establish breastfeeding policies and to provide appropriate facilities for pumping breastmilk. The public support for these policies at work should ease the way toward implementation of such policies. It is important of having mother and baby friendly policies to support breastfeeding continuation. In fact, a Hong Kong-based cross-sectional study suggests that “policies can validate employees’ right to provide their milk for their children, even when individual supervisors or co-workers are less than supportive (Li, *et al.* (2004). This reveals that the presence of breastfeeding policies could secure rights of breastfeeding mothers at workplace settings.

One of the cross-sectional studies conducted at a Taiwanese semi-conductor manufacturer plant reports that the presence of breastfeeding policies at the workplace and having awareness about them influences the initiation rates of breastfeeding among working mothers; however, differences exist in breastfeeding continuation among office workers and fab (fabricating) workers due to differences in job flexibility and working

environments of both (Hirani, *et al.*, 2011). Another study found that working mothers with access to lactation rooms with dedicated space had a higher awareness of the breastfeeding-friendly policy of breast pumping breaks, had more encouragement to use the breastfeeding-friendly policy of breast pumping breaks from their colleagues, supervisors, and nurses, and were more likely to agree that a breastfeeding-friendly policy of breast pumping breaks helps working mother continue to breastfeed (Tsai, 2013).

According to Anderson and colleagues (2015), formal policies can establish guidelines and expectations for workplace breastfeeding support. However, interpersonal communication between employees and managers is the context where such policies are explained, negotiated, and implemented. The research of Anderson and colleagues (2015) has established that companies often encounter challenges to providing formal support for breastfeeding employees. Yet, even when formal policies are in place, they do not guarantee support will be provided, nor do they determine exactly how that support is experienced. Instead, it is through interpersonal communication that employees negotiate and experience workplace breastfeeding support. In fact, this breastfeeding support in the workplace must come from both formal policies and informal interpersonal communication between employees and managers. Hence, Tsai (2013) suggests that employers should provide encouragement and support for working mothers to continue breastfeeding after returning to work.

Only 21% of the deans and directors answered that lactating employees have been oriented on the proper handling, labeling, and storage of their own expressed breastmilk. It is noteworthy that lactating employees are more likely to breastfeed if they are informed about the considerable health benefits of breastfeeding, but knowing how to breastfeed is crucial (Bettinelli, 2012). To achieve the World Health Organization’s recommendation of 6 months of exclusive breastfeeding, working mothers need a more supportive policy and an environment that protect and promote breastfeeding. Employers play a critical role in mothers’ success with breastfeeding when the women work full-time (Tsai, 2013).

As to the minimum requirements of lactation stations (LS), 36% of the deans and directors claimed that they have established lactation stations as appropriate, clean, well ventilated, comfortable and free from contaminants and hazardous substances, and accessible to the breastfeeding women, and privacy is ensured for the women to express their milk and/or breastfeed their

child. This is interpreted as “Low”; 43% of them said that the LS is not located near the toilet interpreted as “Moderate” while only 21% gave an affirmative answer to the provision of necessary equipment and facilities as required by the Department of Health. This is interpreted as “Low”. On the other hand, 42% of the faculty presidents answered YES to the following statements: clean, well ventilated, comfortable and free from contaminants and hazardous substances and not located near the toilet; 33% gave a positive answer to established lactation stations as appropriate, accessible to the breastfeeding women, and privacy is ensured for the women to express their milk and/or breastfeed their child; only 25% of them affirmed that there is adequate provision of necessary equipment and facilities as required by the Department of Health which indicates “Low” extent of compliance.

The law requires workplaces to establish a lactation station for nursing mothers. For both health (hospitals and clinics) and non-health companies like higher education institutions (HEIs), there must be lactation stations with complete equipment and facilities such as: lavatory for hand-washing, refrigeration facilities for storing breastmilk, electrical outlets for breast pumps, and comfortable seats and table (Congress of the Philippines, (2009). The two groups of respondents had similar perceptions on compliance with minimum requirements of putting up a lactation station in their respective college or unit which were confirmed by the spot-checking findings.

One study found that women were twice as likely to breastfeed when there was a private space for lactation and pump breaks (Tsai, 2013). In fact, the law requires that the station must not be located in the toilet. Employees should never be asked to express milk or breastfeed in a restroom. Breast milk is food, and restrooms are an unsanitary place to prepare food. In addition, electrical outlets are usually unavailable and it is difficult and uncomfortable managing breast pump equipment in a toilet stall (HRSA, 2008).

Tsai (2013) also learned that working mothers with access to lactation rooms without dedicated space felt embarrassed to use breast pumping breaks. A breastfeeding environment without dedicated space leads to earlier cessation of breastfeeding. Data suggest that employers should establish lactation rooms with a dedicated space so that they can be used by mothers who return to work after giving birth to increase the rate of continued breastfeeding. Tsai (2013) suggests that workplaces that have established dedicated lactation room should maintain a comfortable and clean environment, so

that they can truly be a breastfeeding-friendly workplace environment, enhance the frequency of usage of lactation rooms, and increase the rate of continued breastfeeding.

In compliance with the milk code, 21% of the deans and directors confirmed their compliance with the following statements: strictly implements measures to prevent any direct or indirect promotion, marketing, and/or sales of infant formula and/or breastmilk substitutes within the lactation stations, implements measures to effect exclusive breastfeeding up to six months and encourages the introduction of appropriate complementary food from six months while continuing to breastfeed for two years and beyond.

As regards the faculty presidents, 25% of them claimed that the college strictly implements measures to prevent any direct or indirect promotion, marketing, and/or sales of infant formula and/or breastmilk substitutes within the lactation stations which suggests “Low” extent of compliance while only 17% said that the college implements measures to effect exclusive breastfeeding up to six months and encourages the introduction of appropriate complementary food from six months while continuing to breastfeed for two years and beyond. The law requires establishments must not promote, market or sell infant formula milk within these lactation stations. There was practically a small number of deans and directors and faculty presidents who confirmed compliance with the milk code, promotion of exclusive breastfeeding up to six months and introduction of complementary food among their lactating personnel.

Regarding provision of lactation breaks as office policy, 43% of the deans and directors and 50% of the faculty presidents claimed that lactating employees are allowed no less than 40 minutes paid lactation break for every 8 hours work period divided into 2-3 milk expressions lasting to 15-30 minutes each within a workday (exclusive of meal breaks) while 29% of the former and 25% of the latter said that nursing employees are entitled to break intervals in addition to the regular time-off for meals to breastfeed or express milk. It can be inferred that less than majority of both groups of respondents claimed of providing lactation breaks and allowing not less than 40 minutes paid lactation break during office hours because it has not been established as office policy.

Findings from literature highlight that working mothers decide to continue breastfeeding with employment if they get time and space to express milk at work (Hirani *et al.*, 2011). Early studies on this new

law demonstrate that supporting breastfeeding, working mothers require more than providing adequate time and space (Anderson, *et al.*, 2015). The space should be a clean private area where a breastfeeding worker can breastfeed or express breastmilk. Bettinelli (2012) stressed that breastfeeding programs must go beyond merely providing time and space for breast milk expression, but also provide employees with breastfeeding education, access to lactation consultation, and equipment such as high-grade, electric breast pumps. So that this arrangement is protected, promoted and supported, there should be a written policy in the workplace and all workers receive the information that this benefit is being offered, as well as its importance (International Labor Organization, 2012). Moreover, literature recommends that flexible work hours could enhance breastfeeding mothers' capacity to continue optimal breastfeeding (Hirani *et al.*, 2011).

Breastfeeding women are entitled to an additional break called lactation periods. These break intervals will include the time it takes to get to and from their workplace to the company's lactation station. The law mandates that these are considered compensated hours. Although the Department of Labor and Employment (DOLE) can approve adjustments, the law requires not

less than 40 minutes of lactation break for every 8-hour working period. With this, lactating mothers can have 2-3 breast milk expressions lasting 15-30 minutes each within a workday.

According to Borh (2016), the frequency of breaks likely will be determined by the mother and other circumstances, such as the baby's feeding schedule, which is affected by age and nutritional intake. The duration of breaks will be based on factors such as the employee's distance from the break location, setup time, how much time the employee spends expressing milk, and cleanup time. It is suggested that a nursing mother will normally need about 15 to 20 minutes to express milk. Employers should remember that the time spent expressing milk can vary based on whether a baby is an aggressive or lazy eater, which affects pumping times (Borh, 2016).

A woman produces milk on a constant basis. This means she needs to express milk approximately every 3 hours to maintain a healthy milk supply and relieve uncomfortable fullness while separated from her infant. Milk can be refrigerated or stored in a personal cooler to provide to the baby later (HRSA, 2008). Breastmilk production is dependent on the baby's breastfeeding.

Table 2. Extent of Compliance with RA 10028 along Compliance with Milk Code

| Indicators | Deans and Directors (n=14) | | Faculty Presidents (n=12) | |
|--|-------------------------------|----|------------------------------|----|
| | % | AD | % | AD |
| Compliance with the Milk Code | | | | |
| Strictly implements measures to prevent any direct or indirect promotion, marketing, and/or sales of infant formula and/or breastmilk substitutes within the lactation stations. | 21 | L | 25 | L |
| Implements measures to effect exclusive breastfeeding up to six months. | 21 | L | 17 | L |
| Encourages the introduction of appropriate complementary food from six months while continuing to breastfeed for two years and beyond. | 21 | L | 17 | L |
| Provision of Lactation Breaks as Office Policy | | | | |
| Nursing employees are entitled to break intervals in addition to the regular time-off for meals to breastfeed or express milk. | 29 | L | 25 | L |
| It allows nursing/lactating employees no less than 40 minutes paid lactation break for every 8-hour work period divided into 2-3 milk expressions lasting to 15-30 minutes each within a workday (exclusive of meal breaks). | 43 | M | 50 | L |

Legend: 81- 100% = Very High (VH), 61- 80% = High (H), 41- 60% = Moderate (M), 21- 40% = Low (L), 20% = Very Low (VL)

Breasts that are not regularly emptied decrease production in time, and mothers often perceive this change. "Inadequate milk flow", whether perceived or real, is the most common reason why mothers give up breastfeeding. Thus, regular breastmilk expression protects and sustains her breastmilk supply (ILO, 2012). Also, when a lactating mother goes to work and leaves her baby home, milk production is still an ongoing process, even if the baby is not feeding. Breastmilk eventually builds up, leaving the mother in discomfort and even pain (ILO, 2012).

Tsai (2013) found that using breast pumping breaks are significant predictors of continued breastfeeding for more than 6 months after returning to work. So it was suggested that to encourage and increase the rate of continued breastfeeding, workplaces should establish dedicated breastfeeding rooms and maintain a comfortable and clean environment (Tsai, 2013).

With regards to information dissemination and education programs, 36% of deans and directors and 42% of faculty presidents interpreted affirmed the following provisions: It ensures that staff and employees are made aware of the Act and its IRR, and it has linked with the Department of Health, NGOs, and professional groups thru the local government unit in the area to avail of the breastfeeding program for working mothers as part of its human resource development program; 29% of deans and directors and 33% of faculty presidents said that all pregnant employees are provided with information on how they can combine breastfeeding and work once they return to work which means "Low" extent of compliance; 21% of the former and 25% of the latter said that regular breastfeeding education is provided for pregnant women focusing on capacitating them with skills and knowledge necessary to continue breastfeeding/expressing breastmilk after returning to work; 21% of deans and directors and 17% of faculty presidents revealed that the college complied with the information provided to mothers include manual breastmilk expression, cup feeding, handling, storage and transporting of expressed breastmilk which suggests "Low" and "Very Low", respectively; and 14% of deans and directors and 17% of faculty presidents affirmed that the university through its Human Resource Management Office (HRMO) organizes, initiates and conducts adequate orientation on lactation management, and support program for lactating employees. This figures account for the colleges that offer Bachelor of Science in Nursing and Doctor of Medicine whose linkages include DOH and Hospitals. The BU-HRMO is in close coordination with the aforesaid colleges to comply with the IRR of RA 10028.

Employees value information they receive during their pregnancy about continuing to breastfeed upon returning to work. Pamphlets, resources, lunchtime prenatal classes, and access to a lactation consultant can help employees feel more prepared (HRSA, 2008). According to Hirani and co-workers (2011), dissemination of educational material to workplaces helped employers in revisiting their existing workplace policies; therefore, designing assistance programs for employers has been recommended to maximize the implementation of breastfeeding support at the workplace setting.

In terms of integration of breastfeeding education in school curriculum, 36% of deans and directors ("Low") and 42% of faculty members ("Moderate") said that their college ensures provision of positive and supportive environment to promote and support breastfeeding; 29% of deans and directors and 33% of faculty presidents revealed that the college conducts assessment, monitoring and evaluation of the breastfeeding integration in the curriculum; 21% of deans and directors and 25% of faculty presidents said that the college has implemented the integration of breastfeeding-related concepts in its curriculum, integrated promotion of breastfeeding into instruction, research and extension services, and initiated the development of competencies for faculty members and instructors and provision of related learning experiences (RLEs).

Likewise, the college-based and university-based personnel organizations Bicol University Union of Faculty Associations, Inc. (BUUFAI) and Bicol University Association of Non-Teaching Staff (BUANTS) protect, promote and support breastfeeding through advocacy in organizational activities, forum and conventions among its members had the same result and interpretation; 21% of deans and directors and 33% of faculty presidents affirmed that it has implemented the issuances on integration of breastfeeding concepts in the curricula and it encourages and supports relevant breastfeeding research among its personnel and students; only 14% of deans and directors and 17% of faculty presidents claimed that the college has complied with the issuance of CHED Memorandum Orders (CMO) and CHED Special orders (CSO) pursuant to the implementation of the Act 10028, and future policy and program developments and recognizes personnel, students, college-based organizations, NGOs supportive of breastfeeding advocacy through awards and incentives while 14% of deans and directors and 25% of faculty presidents said that the college provides financial support in academic-based breastfeeding.

The integration of breastfeeding concepts in the

tertiary education is one area where the law is met with some of the bigger challenges. Key informants from the CHED and the university called on the health sector/ professionals to provide them with reference materials or breastfeeding modules where curriculum can take off from. However, these instructional materials that would help guide the HEI to deliver the principles of breastfeeding as well as develop the curriculum have not materialized (Ramirez *et al.*, 2017). According to Ramirez and colleagues (2017), the advent of on-line social media has contributed to increasing the awareness level of mothers about breastfeeding. Volunteerism and advocacy among mothers were identified as factors for the successful promotion of the program. From the end of service providers, the social media becomes a venue for responding to complaints and reports on licensing concerns (Ramirez *et al.*, 2017). According to Singletary and colleagues (2016), introducing breastfeeding education in the school setting presents a unique opportunity to engage both male and female students from a variety of socioeconomic and cultural backgrounds early in their decision-making process.

At the university level, no memorandum circular has ever been issued related to this because breastfeeding is already a topic in nursing subjects such as Maternal and Child Nursing and Nutrition even before the implementation of the law. However, only three colleges offer Bachelor of Science in Nursing (BSN) in the university. While the integration of breastfeeding topic in the university curriculum is being considered, its integration in all discipline appeared unrealistic since each discipline has specific goal to achieve. Integration of the law is more related to accreditation where one of the requirements is on the need for a breastfeeding facility in the academic institution.

The 7th component of the IRR is continuing education, 21% of deans and directors and 25% of faculty presidents said that the college/unit has developed and updated common messages that can be adopted in training and other IEC materials to ensure consistency and correctness of the content of trainings on breastfeeding and lactation management; 21% of deans and directors and 33% of the faculty presidents claimed that their

Table 3. Extent of Compliance with RA 10028 along Information Dissemination & Education Programs

| Indicators | Deans and Directors (n=14) | | Faculty Presidents (n=12) | |
|---|-------------------------------|----|------------------------------|----|
| | % | AD | % | AD |
| Information Dissemination and Education Programs | | | | |
| It ensures that staff and employees are made aware of the Act and its IRR. | 36 | L | 42 | M |
| All pregnant employees are provided with information on how they can combine breastfeeding and work once they return to work. | 29 | L | 33 | L |
| It has linked with the Department of Health, NGOs, and professional groups through the local government unit in the area to avail of the breastfeeding program for working mothers as part of its human resource development program. | 36 | L | 42 | M |
| Regular breastfeeding education is provided for pregnant women focusing on capacitating them with skills and knowledge necessary to continue breastfeeding/expressing breastmilk after returning to work. | 21 | L | 25 | L |
| The information provided to mothers include manual breastmilk expression, cup feeding, handling, storage and transporting of expressed breastmilk. | 21 | L | 17 | VL |
| The university through its HRMO organizes, initiates and conducts adequate orientation on lactation management, support program for nursing employees. | 14 | VL | 17 | VL |

Legend: 81- 100% = Very High (VH), 61- 80% = High (H), 41- 60% = Moderate (M), 21- 40% = Low (L), 20% = Very Low (VL)

college/university has developed and implemented a capacity development plan to provide training more intensively until such time that breastfeeding has been fully integrated in the medical and nursing curricula; 14% of deans and directors and 17% of faculty presidents also revealed that BU-HRMO in coordination with the Civil Service Commission, has developed an orientation course on breastfeeding for its personnel interpreted as “Very Low” while only 7% of deans and directors and 8% of faculty presidents claimed that the college has organized a pool of trainers and experts from its workforce who can be tapped by the health and non-health facilities,

establishments or institutions to transfer the necessary knowledge and skills required for the implementation of this Act.

Based on the IRR, the DOH shall provide the “pool of experts” responsible to educate and train partner-implementers on matters pertaining to the law including breastfeeding education and promotion. This provision indicates a “demand driven” process where the department is given the hand to develop materials and modules solely for implementing this component of the law. This may indicate that implementation of the law for this particular

Table 4. Extent of Compliance with RA 10028 along Integration of Breastfeeding Education in School Curriculum

| Indicators | Deans and Directors (n=14) | | Faculty Presidents (n=12) | |
|--|-------------------------------|----|------------------------------|----|
| | % | AD | % | AD |
| Integration of Breastfeeding Education in School Curriculum | | | | |
| It has implemented the integration of breastfeeding-related concepts in its curriculum. | 21 | L | 25 | L |
| It has complied with the issuance of CHED Memorandum Orders (CMO) and CHED Special Orders (CSO) pursuant to the implementation of the Act 10028, and future policy and program developments. | 14 | VL | 17 | VL |
| It has integrated promotion of breastfeeding into instruction, research and extension services. | 21 | L | 25 | L |
| It conducts assessment, monitoring and evaluation of the breastfeeding integration in the curriculum. | 29 | L | 33 | L |
| It has implemented the issuances on integration of breastfeeding concepts in the curricula. | 21 | L | 33 | L |
| It has initiated the development of competencies for faculty members and instructors and provision of related learning experiences (RLEs). | 21 | L | 25 | L |
| It ensures provision of positive and supportive environment to promote and support breastfeeding. | 36 | L | 33 | L |
| The college-based and university-based personnel organizations (BUFFAI, ANTS) protect, promote and support breastfeeding through advocacy in organizational activities, forum and conventions among its members. | 21 | L | 25 | VL |
| It recognizes personnel, students, college-based organizations, NGOs supportive of breastfeeding advocacy through awards, incentives, etc. | 14 | VL | 17 | L |
| It encourages and supports relevant breastfeeding research among its personnel and students. | 21 | L | 33 | L |
| It provides financial support in academic-based breastfeeding. | 14 | VL | 25 | VL |

Legend: 81- 100% = Very High (VH), 61- 80% = High (H), 41- 60% = Moderate (M), 21- 40% = Low (L), 20% = Very Low (VL)

Table 5. Extent of Compliance with RA 10028 along Continuing Education, Public Education and Awareness Program and Budget

| Indicators | Deans and Directors (n=14) | | Faculty Presidents (n=12) | |
|--|-------------------------------|----|------------------------------|----|
| | % | AD | % | AD |
| Continuing Education | | | | |
| The college/university has developed and implemented a capacity development plan to provide training more intensively until such time that breastfeeding has been fully integrated in the medical and nursing curricula. | 21 | L | 33 | L |
| The college/university has organized a pool of trainers and experts from its workforce who can be tapped by the health and non-health facilities, establishments or institutions to transfer the necessary knowledge and skills required for the implementation of this Act. | 7 | VL | 8 | VL |
| The college/unit has developed and updated common messages that can be adopted in training and other IEC materials to ensure consistency and correctness of the content of trainings on breastfeeding and lactation management. | 21 | L | 25 | L |
| The University Human Resource Management Office in coordination with the Civil Service Commission, has developed an orientation course on breastfeeding for its personnel. | 14 | VL | 17 | VL |
| Public Education and Awareness Program | | | | |
| The college/unit celebrates “Breastfeeding Awareness Month” during August of every year in order to raise awareness on the importance of and to further promote breastfeeding. | 21 | L | 17 | VL |
| Budget | | | | |
| The colleges/units of the University utilize their respective budget for gender and development for the implementation of the Expanded Breastfeeding Promotion Act. | 29 | L | 25 | L |
| The colleges/units of the University allocate their budget for repairs, maintenance and materials acquisition to comply with Section 10 of the IRR of RA 10028. | 21 | L | 17 | VL |

Legend: 81- 100% = Very High (VH), 61- 80% = High (H), 41- 60% = Moderate (M), 21- 40% = Low (L), 20% = Very Low (VL)

component is “demand driven”, meaning the education and training will ensue on demand (Ramirez *et al.*, 2017). The university has a pool of experts in breastfeeding education, training and promotion. These experts have been accredited by the Department of Health (DOH) and the university is the DOH’s training arm for breastfeeding by virtue of a memorandum of agreement.

Regarding public education and awareness program, 21% of deans and directors and 17% of faculty presidents claimed that the college/unit celebrates “Breastfeeding Awareness Month” during August of every year in order to raise awareness on the importance of and to further

promote breastfeeding interpreted as “Low” and “Very Low” extent of compliance.

According to Ramirez and colleagues (2017), operationalization of the law in terms of public education, awareness campaign and breastfeeding promotion is carried within identified strategies in the IRR (Rule VII of the IRR) in the Philippine Health Promotion. The National Center for Health Promotion (NCHP) of the DOH develops health promotion and communication plans and cascade these up to the regional health offices. Primary targets of advocacy efforts are the policy makers and decision makers especially the local chief executives.

In terms of awareness [communication] campaign, there is the Breastfeeding TSEK advocates for exclusive breastfeeding aside from the Unang Yakap (first embrace) which is the campaign component of Republic Act No. 10028 IRR (Ramirez *et al.*, 2017).

It can also be done through provision of breastfeeding information through breastfeeding classes and easily accessible educational materials (e.g. posters, pamphlets, videos and other resources) for pregnant and breastfeeding workers through counselling by trained individuals or peer educators within the workplace, or resource persons within the community (ILO, 2012).

In terms of budget, 29% of deans and directors and 25% of faculty presidents said that their colleges/units of the University utilize their respective budget for gender and development (GAD) for the implementation of the Expanded Breastfeeding Promotion Act while 21% of deans and directors and 17% of faculty presidents claimed that their colleges allocate their budget for repairs, maintenance and materials acquisition to comply with Section 10 of the IRR of RA 10028 interpreted as 'Low' and 'Very Low', respectively.

Ramirez and colleagues (2017) assessed the implementation of the Philippines' Expanded Breastfeeding Promotion Act of 2009 and found that the Civil Service Commission (CSC) lags behind as the counterpart of the DOLE in implementing and monitoring the implementation of the law in the public sector. In the IRR, the involvement of the CSC is on the issuance of exemption from establishing lactation stations and its supposed role in the monitoring of the implementation of the law in government offices. However, it was noted that the LGUs are tasked to monitor the establishment of lactation stations and the crafting of lactation break as policies in government offices and public establishments such as malls at the local level (Ramirez *et al.*, 2017).

Ramirez and colleagues (2017) also identified the absence of a monitoring and evaluation system and the unavailability of resources in the form of financial, materials, manpower, carrying capacity of focal persons and agencies as hindering factors to implementation of the law. It was noted that while some agencies and offices claimed to be implementing the law, the lack of office policy on Republic Act No. 10028 and the perceived gap in enforcing penalty for non-compliance are hindrances to its implementation. In this regard, implementation may be limited to the provision of lactation station but not the crafting of office policy on lactation breaks (Ramirez *et al.*, 2017).

Challenges and Strategies in Compliance with IRR of RA 10028 of Bicol University

The instrument necessitated the respondents to identify the challenges that they encountered in compliance with RA 10028 and their strategies in dealing with them. As regards establishment of lactation station in the campus/college/unit, unavailability of resources in the form of financial, materials, manpower, and carrying capacity of focal persons were identified as a challenge. To address this issue, the deans and directors may consider this undertaking during their work and financial planning meeting. RA 10028 provides that the program shall be sustained through utilization of Gender and Development (GAD) fund of every institution.

As to provision of lactation breaks as office policy, crafting of office policy on lactation breaks was their identified challenge. The law requires that employers should develop a lactation policy after considering the unique characteristics of the workforce and the worksite in which it will be implemented. The policy should include information on how the employee may request an accommodation, describe employees' rights under the law, provide details on using the lactation room, and discuss whether breaks will be compensated or whether the employee will be allowed to make up uncompensated time used to express milk (Borh, 2016). The deans and directors may form a committee to craft the school policies on breastfeeding in the workplace. The draft shall be discussed during the college work & financial planning sessions.

The university offers Bachelor of Science in Nursing (BSN) in the main campus and two of its satellite campuses as well as Doctor of Medicine. These programs integrate the concepts of women of reproductive age and perinatal care in maternal and child nursing, obstetrics and pediatrics. However, in other units of the university that do not offer the aforesaid programs, it is a bit of a challenge to comply with the law particularly with information dissemination and education programs for pregnant women and women of reproductive age and their access to breastfeeding information. Hence, the deans and directors of these colleges may collaborate with the Colleges of Nursing and Medicine in capacitating their personnel through seminars-workshop and trainings.

Considering that Bicol University is an academic institution, integration of breastfeeding education in school curriculum constitutes the most significant challenge. The real challenge lies in integrating the concept of breastfeeding in programs not related to health. The

strategy identified by academic deans and directors was to integrate the concept of exclusive breastfeeding in the subject National Service Training Program (NSTP). It is designed to develop the youth's physical, moral, spiritual, intellectual, and social well-being and promote defense preparedness and ethics of service while undergoing training in any of its three program components. Its various components are specially designed to enhance the youth's active contribution to the general welfare (NSTP UP-Diliman, 2020).

According to Singletary and colleagues (2016), breastfeeding is being discussed in some school environments, but the extent of lessons and the specific messages that teachers communicate have not been explored. The majority of teachers are supportive of incorporating breastfeeding education in family and consumer sciences, sexual education, and health classes; however, time constraints and limited knowledge of infant feeding recommendations may be barriers to implementation of appropriate lesson plans (Singletary *et al.*, 2016). Likewise, previous research on teachers' attitudes toward including breastfeeding education in schools indicates that the majority of teachers are supportive of including breastfeeding education in the classroom, but they have limited time to include this material in the curriculum (Spear, 2010).

Several studies have shown that formal education regarding breastfeeding in nursing and medical school curricula lacks detail, depth, and hands-on practice. Consequently, the lack of breastfeeding education in school's results in professionals learning lactation from clinical experience. Not only is it optimal, but it is possible to successfully integrate lactation management into the healthcare curriculum (AHA, 2016).

Breastfeeding education in the school setting offers the opportunity to improve the knowledge base, address misconceptions, and positively influence beliefs and attitudes for students from a wide range of socioeconomic and cultural backgrounds (Singletary *et al.*, 2016). Teachers' knowledge of and attitudes toward infant feeding recommendations and practices have implications on their willingness and ability to present breastfeeding education to their students (Singletary *et al.*, 2016). It was also found that students generally support and are receptive to breastfeeding education; however, research on educator attitudes, knowledge, and experiences are necessary for appropriate implementation of breastfeeding education in varying school settings. With this knowledge and positive attitude, educators can develop and implement lessons and curricula that are

student-centered and focus on the areas of greatest need and potential impact. Moreover, well-crafted lessons have the potential to increase understanding of the importance of breastfeeding and dispel myths that breastfeeding has a negative impact on the health and well-being of the mother (Singletary *et al.*, 2016).

School-based breastfeeding promotion programs hold promise for increasing knowledge of breastfeeding and support for breastfeeding, promoting positive attitudes, creating a culture where breastfeeding is the norm, and increasing future intentions to breastfeed. Teacher support enables the development and implementation of breastfeeding education programs as a vital component of breastfeeding promotion initiatives (Singletary *et al.*, 2016).

Glaser and colleagues (2015) revealed that adolescents in particular shun breastfeeding due to several misconceptions, negative attitudes, and concerns about breastfeeding. Correcting misconceptions about breastfeeding is beneficial for future parents and public health in general, creating a more accepting and supportive culture for breastfeeding (Glaser *et al.*, 2015).

In the research by Greene and co-workers (2003) in Northern Ireland, 76% of secondary students surveyed agreed that information about breastfeeding should be part of the main curriculum, with 88% agreeing it should be part of the child development module, 78% part of sex education, and 62% part of home economics. The curriculum should also include the other components (family and community involvement, physical education, health services, nutrition services, counseling services, and school environment) of the coordinated approach to improve school health policies and programs (Glaser *et al.*, 2015).

School nurses are in a unique position to influence school health and science-related curricula designed to promote the health benefits of breastfeeding. More education is needed to teach young people about the advantages of breastfeeding and to make breastfeeding a socially and culturally acceptable lifestyle behavior (Spear, 2007). In fact, breastfeeding interventions in schools improve adolescents' knowledge and attitudes. School nurses are well positioned to promote breastfeeding as a healthy lifestyle behavior within the school setting (Ho & McGrath, 2016). Substantial gains in breastfeeding rates may happen if integrated, comprehensive, and culturally sensitive curricula about breastfeeding and health literacy are designed, implemented, and rigorously evaluated (Glaser *et al.*, 2015).

As part of efforts to increase breastfeeding initiation and duration, the World Health Organization and UNICEF recommend educational interventions to increase awareness and positive attitudes towards breastfeeding beginning during the school years (Singletary *et al.*, 2016). Chapter IV (Information, Education and Re-education Drive), Section 13 (Continuing Education, Re-education and Training of Health Workers and Health Institutions) of RA 10028 provides that the Department of Health with the assistance of other government agencies, professional and nongovernmental organizations shall conduct continuing information, education, re-education, and training programs for physicians, nurses, midwives, nutritionist-dietitians, community health workers and traditional birth attendants (TBAs) and other health worker on current and updated lactation management. Information materials shall be given to all health workers involved in maternal and infant care health institutions (Congress of the Philippines, 2010)."

The deans and directors of Bicol University take on this challenge and comply with the aforesaid provision of the law by sending the members of Gender and Development (GAD) Committee, the school nurses and physicians to attend relevant training/s on breastfeeding promotion. The program is under the human resources division as part of staff development initiatives and at the same time part of the health, wellness or family program through Gender and Development. As training arm of the Department of Health (DOH), the accredited breastfeeding promotion trainers from the BU College of Nursing shall conduct pertinent trainings on breastfeeding in the workplace promotion for BU personnel and students.

Experts recommend education to help increase knowledge, skills, and positive attitudes regarding breastfeeding, emphasizing appropriate support of the working mother from her family, health care providers, and community. Likewise, the World Health Organization endorses strategies that allow parents to make informed decisions about infant feeding through the use of evidence-based educational materials that are designed without commercial influence (Singletary *et al.*, 2016). The purpose of continual client education regarding breastfeeding is to help parents make informed decisions based on awareness of alternatives.

Pursuant to the law, August of every year is considered as "Breastfeeding Awareness Month" in order to protect, promote and support breastfeeding in the Philippines as the normal, natural and preferred method of feeding infants and young children. This observance aims to raise public awareness on the importance of and to

further promote breastfeeding in the country (Philippine Commission on Women (2016). In Bicol University, the College of Nursing spearheads the celebration of "Breastfeeding Awareness Month" as part of its social responsibility efforts for public education and awareness program on breastfeeding promotion.

According to the deans and directors, for state universities and colleges (SUCs) like Bicol University, their GAD funds shall be allocated for the implementation of RA 10028 and for sustainability of the Breastfeeding in the workplace promotion program of Bicol University.

Conclusion and Recommendations

Bicol University's low extent of compliance with the provisions of RA 10028 can be attributed to the challenges to its implementation as identified by GAD focal persons and confirmed by the faculty presidents. It is exacerbated by no systematic evaluation of the implementation of RA 10028 in the university. BU is an academic institution, hence integration of exclusive breastfeeding (EBF) education in school curricula constitutes the most significant challenge. The real challenge lies in integrating the concepts of EBF in programs not related to health which can be addressed by integrating the EBF concepts in the National Service Training Program (NSTP).

It is hereby recommended that BU administrators and GAD focal persons must support the proposed Exclusive Breastfeeding in the Workplace Promotion Program in compliance with RA 10028. They should also establish a breastfeeding friendly work environment through the implementation of policies and programs that align with guidelines set forth by RA 10028 so that work is not a barrier to exclusive breastfeeding in the workplace. Moreover, it is wise to diffuse responsibility in the implementation and evaluation of the EBF program to the GAD focal persons in various colleges and units of the university, so that its implementation and monitoring will not overburden the Human Resource Development Office. Undoubtedly, a greater appreciation of the law will fuel enthusiasm to overcome challenges of compliance. Furthermore, similar studies may be conducted to determine the rate and duration of breastfeeding, and whether breastfeeding is exclusive or partial and to assess the impact of RA 10028 implementation on employer-related, mother-related and infant-related outcomes.

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