

Is breast-feeding in Hungary satisfactory?

P CHOLNOKY

Department of Paediatrics, Markusovszky Hospital, Szombathely, Hungary

National breast-feeding statistics derived from health visitor reports have shown a slight but steady increase in the frequency of breast-feeding since 1977. Between the counties, however, unjustifiable differences persist. Fulfilment of the national programme for better breast-feeding practices is urged.

Hungary was one of the nine participants in the study group of the World Health Organization (WHO) working on frequency and duration of breast-feeding in several parts of the world [7]. In the final report delivered to the Ministry of Health of Hungary by the principal investigator a national programme for encouraging breast-feeding was delineated. This country also collaborated in the WHO study on volume and composition of breast-milk. The report on this second topic is just being edited.

Meanwhile, an important WHO document on marketing of breast-milk substitutes was also elaborated [8] and approved by the WHO assembly in May, 1981. The International Code of Marketing of Breast-milk Substitutes, a matter of controversy in the United States of America [5, 6], became an accepted recommendation in that country [1] and in most other member-countries of the WHO. The Code was officially

approved in Hungary and its intentions were followed: in 1982 all attractive baby pictures disappeared from the packages of breast-milk substitutes and instead an appropriate warning stressing the superiority of breast-feeding appeared on them.

In Hungary, reporting of certain breast-feeding parameters by health visitors has been obligatory since 1960. During the last eleven years the reports have been summarized by the National Institute of Child Health. Here we offer a brief review of the changes in breast-feeding habits during the last 23 years.

Figure 1 shows the annual percentage of infants who have never been breast-fed, from 1960. It is quite clear that both in the capital and in the rest of the country there was a steep increase in this percentage: in 1960, about 5% of all infants were fully deprived of breast-feeding and by 1977 this value exceeded 15%. Since then there has been a slight

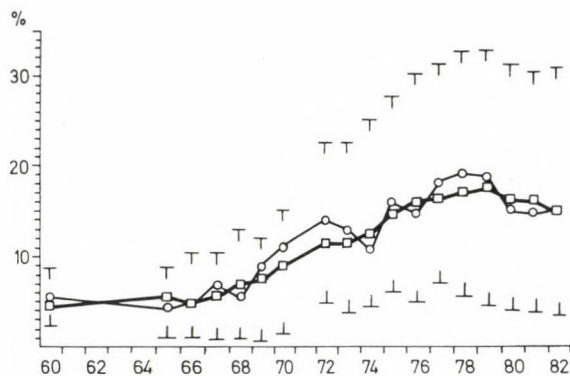


FIG. 1. Percentage of infants never breast-fed, 1960-1982
 □: Budapest; ○: Hungary without Budapest; ⊥: Highest resp. lowest county value

improvement. The range and scatter of values for the individual counties, each comprising 300 to 900 thousand inhabitants, was amazing; in some instances the worst county had a tenfold percentage as compared with the best one.

Figure 2 shows the values obtained for 1982.

Percentage values of fully breast-fed babies three months of age are represented in Fig. 3. A gradual decrease in the mean values could be observed up to 1977, the percentage

was at any time lower in the capital than in the rest of the country. Here again a wide inter-county variation could be seen. Anyhow, the highest percentage in 1977 hardly exceeded the lowest county value for 1960. The lowest value ever observed was less than 15%. The mean value for the whole country has slightly improved since 1977. The lowest point occurred in the various counties at various times: in certain counties the improvement began as early as 1975, in others later than 1981.

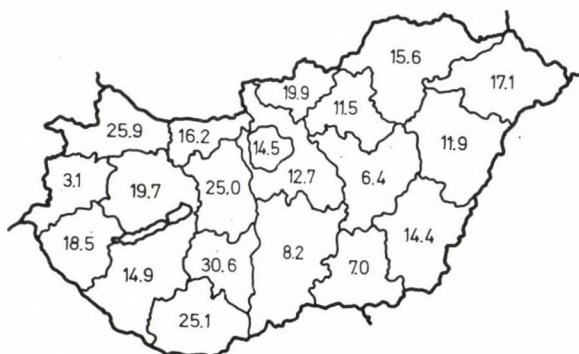


FIG. 2. Percentage of infants never breast-fed, 1982. Hungary: 15.7%

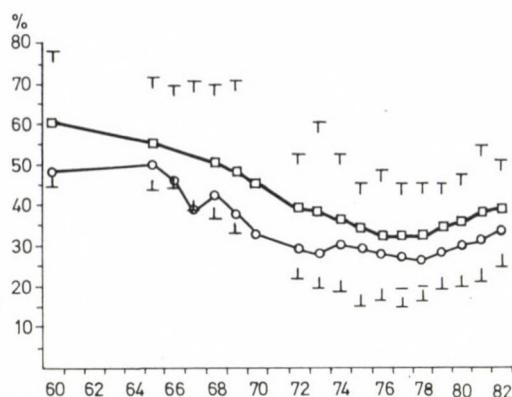


FIG. 3. Percentage of fully breast-fed infants of three months 1960–1982
 □: Budapest; ○: Hungary without Budapest; T: highest resp. lowest county value

Figure 4 demonstrates the situation in 1982.

The frequency of infants breast-fed at least partly beyond the seventh month of life has been reported and summarized since 1972. Figure 5 shows that this percentage, too, attained its lowest value in 1977 with a subsequent slight increase. As expected, the values for the capital were consequently lower than those

for the province. There is no close correlation between the percentage of fully breast-fed infants at three months and the percentage of infants breast-fed beyond the seventh month; e. g. in the county with the highest percentage of fully breast-fed infants of three months was encountered the smallest number of infants with prolonged breast-feeding.

Figure 6 shows the values obtained

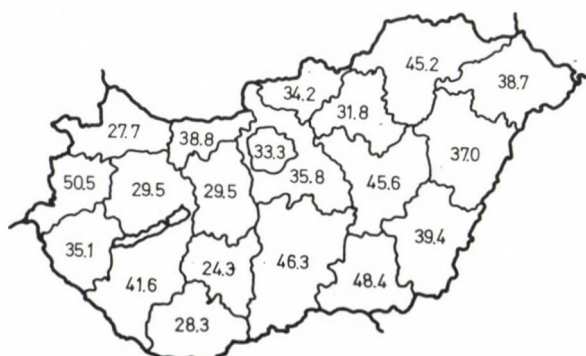


Fig 4. Percentage of fully breast-fed infants of three months, 1982
 Hungary: 37.1%

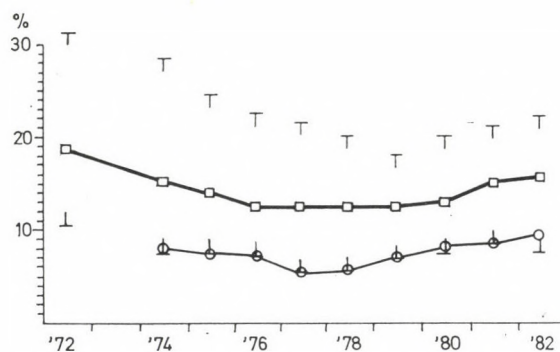


FIG. 5. Percentage of infants fully or partly breast-fed beyond the seventh month of life, 1972-1982
 □: Budapest; ○: Hungary without Budapest; ⊥: highest resp. lowest county value

in 1982. Quite clearly, there was an increasing West-East gradient within the country.

Collection of breast-milk is traditional in Hungary. During the last eight years a stable quantity could be collected in spite of a steady decline in the number of births. This may be due to the improving breast-feeding practice observed during the last five years.

There are data on the annual consumption of breast-milk substitutes

during the last six years [2]. Table I shows the consumption of four preparations. Oriza is a rice-powder product thought to be used exclusively for preparing cow's milk dilutions, the other three products (Linolac, Robébi A, Robébi B) are real breast-milk substitutes. Quite surprisingly, there has been no decrease in their consumption during the last six years in spite of the declining birth numbers and the increasing rate of breast-feeding. No conclusion should, how-

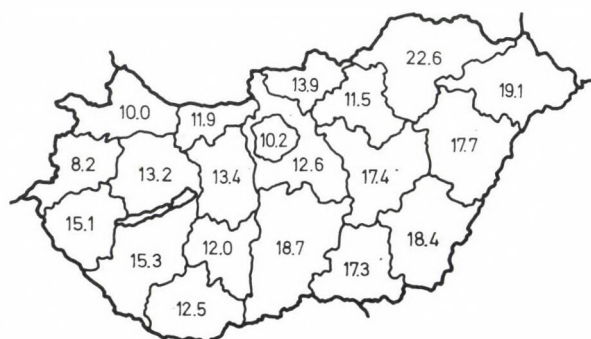


FIG. 6. Percentage of infants fully or partly breast-fed beyond the seventh month of life, 1972-1982
 Hungary: 14.7%

TABLE I
Annual consumption of four preparations, per 1000 boxes of 500 g

	1977	1978	1979	1980	1981	1982
Oriza	323	289	328	335	306	383
Linolac	674	536	570	520	353	435
Robébi A	656	615	679	630	414	535
Robébi B	1320	1278	1301	1300	910	1062

ever, be drawn prematurely about the validity of health visitor reports on breast-feeding rates, since the products may not be used for infant feeding or human consumption and, in addition, nothing is known about changes in infant feeding practices utilizing milk sources other than breast-milk plus infant formula; besides, the reports do not reveal the real mean duration of full or partial breast-feeding. In the report, an infant having been breast-fed for only a few days after birth appears in the same group as an infant nearly fully breast-fed for less than seven months. It may be assumed that many of the

partly breast-fed infants receive no breast-milk beyond the first month of life. This was actually the case in 1975, when the WHO study on frequency and duration was performed.

Figure 7 shows that although the overwhelming majority of mothers had breast-fed immediately after birth, many of them stopped to do so by the second month. There is no reason to think that since then the pattern had undergone much change.

Since the main duration of breast-feeding cannot be derived from the present data, the report system will be changed. This will happen in 1983,

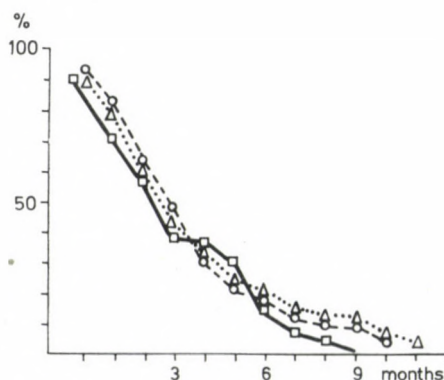


FIG. 7. Percentage of infants fully or partly breast-fed, Hungary, 1975, WHO study
□: Budapest; ○: towns; △: villages

and from then on the duration of full and partial breast-feeding will be registered.

Breast-feeding is coming back also in our country but the rate by which this happens is rather unsatisfactory as compared with figures experienced abroad [e. g. 3, 6]. There are still too many obstacles in this country to successful lactation: lack of teaching the topic in schools, deficient medical and paramedical education, defective pregnant care, lack of rooming-in and free mother-infant contact in most

obstetric departments, uncorrect feeding practices, little help to the young mother when she returns home with her baby, no access of adequate health propaganda to mass media, etc.

It is high time to fulfil the national programme for promoting breast-feeding. Quite recently, the Hungarian Paediatric Association has taken charge of the sponsorship over the national programme. We can only hope that this will give a new impetus to the improvement in this important field.

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PROF P CHOLNOKY
Markusovszky Hospital
P. O. Box 143.
H-9701 Szombathely, Hungary