



Helen Keller
INTERNATIONAL



CAMBODIAN MOTHERS INFLUENCED BY PROMOTION OF BREAST-MILK SUBSTITUTES:

Research Findings and Recommendations for Policymakers

*A recent survey found that **43% of mothers in Phnom Penh fed their children under 6 months of age breast-milk substitutes.** The involved ministries, institutions, development partners, civil society, and the private sector must continue their joint efforts on an educational campaign to make them aware that **exclusive breastfeeding during the first six months is the best option** rather than breast-milk substitutes.”*

–Prime Minister Hun Sen, Cambodia National Nutrition Day 2014

CAMBODIAN MOTHERS INFLUENCED BY PROMOTION OF BREAST-MILK SUBSTITUTES:

Research Findings and Recommendations for Policymakers

This brief summarizes research on the illegal promotion of breast-milk substitutes in Cambodia and proposes actions to improve the nutrition, health, and survival of Cambodian children. The research found that ten years following the establishment of Cambodia's Sub-Decree 133 on Marketing of Products for Infant and Young Child Feeding, manufacturers and distributors of breast-milk substitutes continue to promote them illegally, leading to an increase in the use of these products. The brief recommends ways to protect and promote breastfeeding in Cambodia, including enforcing Sub-Decree 133 and supporting mothers, their families, and those who influence them to make informed choices about breast feeding.

SUB-OPTIMAL BREASTFEEDING POSES AN ECONOMIC AND NUTRITIONAL BURDEN IN CAMBODIA

***"The economic losses due to sub-optimal breastfeeding cost
Cambodia approximately 24 million USD per year."***

–UNICEF and World Food Program

Cambodia has made significant progress in increasing exclusive breastfeeding rates. In 2000, only 11% of Cambodian infants aged 0–6 months were exclusively breastfed. This proportion increased to 60% by 2005 and to 74% by 2010.ⁱ

However, preliminary results from the Cambodia Demographic and Health Survey (DHS) 2014 reveal a worrisome reverse trend– exclusive breastfeeding during the first six months declined to 65%.ⁱⁱ While the full report is not yet available, the last DHS already demonstrated that the use of breast-milk substitutes, which are nutritionally inferior to mothers' breast milk, is rapidly increasing, nearly doubling among children aged 6-24 months from 2000 to 2010 (4.8% to 9.3%).ⁱⁱⁱ

Decreases in breastfeeding rates have financial implications for Cambodia. A recent analysis from UNICEF and WFP showed the economic losses due to sub-optimal breastfeeding cost Cambodia about 24 million USD per year.^{iv}

While child mortality in Cambodia has dropped precipitously in the past decade, from 118 deaths per 1,000 live births in 1990 to 38 in 2010, malnutrition continues to pose a significant health burden. The 2014 Cambodia DHS reports that 23% of Cambodian children under five are underweight, 32% are stunted, and 10% are wasted.^v

POLICIES TO IMPROVE CHILD NUTRITION AND PROMOTE BREASTFEEDING IN CAMBODIA EXIST, BUT ARE NOT ALWAYS ENFORCED

“Any manufacturer and distributor shall not, without prior permission from the Ministry of Health, promote infant and young child feeding products as stated in this Sub-decree by him or herself, or by his or her representative, at a point of sale, in a hospital, health center or elsewhere.”

*–Article 13 of Cambodia’s Sub-Decree 133
on Marketing of Products for Infant and Young Child Feeding^{vi}*

Cambodia has taken steps to regulate manufacturers’ advertising of breast-milk substitutes, and these laws build on and in some cases exceed international standards on regulating marketing of these products (See Box). In 2005, the Government of Cambodia issued the Sub-Decree 133 on Marketing of Products for Infant and Young Child Feeding to restrict the promotion of breast-milk substitutes and to set strict guidelines for the production of any information, education, or other materials related to infant feeding.

According to the Sub-Decree, manufacturers and distributors are not allowed to promote any breast-milk substitutes, including advertising or providing discounts, samples or gifts to mothers, distributors, or health care workers (Article 13, quoted above). All information developed to accompany breast-milk substitutes must emphasize the superiority of breastfeeding. It must explain how to initiate and sustain breastfeeding, and reference the World Health Organization’s recommendations to breastfeed exclusively for six months and continue until the child is two years of age. Information must also be written in Khmer (Article 6).

POLICIES TO IMPROVE CHILD NUTRITION AND PROMOTE BREASTFEEDING IN CAMBODIA

- Cambodia Ministry of Health, National Maternal and Child Health Center and National Nutrition Program National Nutrition Strategy (2009-2015)
- MOH/NMCHC/NNP Fast Track Road Map for Improving Nutrition (2014-2020)
- National Policy on Infant and Young Child Feeding (2008)
- Cambodian Millennium Development Goals (2003)
- Government’s Rectangular Strategy (2013)
- National Strategic Development Plan (2014-2018)
- National Strategy for Food Security and Nutrition (2014-2018)
- Sub-Decree 133: Marketing of Products for Infant and Young Child Feeding (2005)
- Joint Prakas 061: Marketing of Products for Infant and Young Child Feeding (2007)
- World Health Organization International Code of Marketing of Breast-Milk Substitutes (1981)



“86% of mothers with children less than two years of age in Phnom Penh had read, seen, or heard a promotion for a breast-milk substitute.”

–Helen Keller International study, 2014

Despite this clear policy issued by the Royal Government of Cambodia and Ministry of Health, a 2014 survey by Helen Keller International (HKI) found that 86% of mothers with children less than two years of age in Phnom Penh had read, seen, or heard a promotion for breast-milk substitutes (89% saw commercials on television and 12% saw advertisements in newspapers or magazines).^{vii} 24% of mothers with children less than two years of age reported observing promotions for breast-milk substitutes in stores. HKI research shows that use of breast-milk substitutes among new mothers in Phnom Penh is significant: 43% of mothers with infants 0-5 months old, 40% of mothers with infants 6-11 months old, 14% of mothers with infants 12-17 months old, and 34% of mothers with children 18-23 months old.^{viii}

RESEARCH ON MOTHERS' PERCEPTIONS AND RESPONSES TO PROMOTION OF BREAST-MILK SUBSTITUTES

To follow up on these findings, HKI's Assessment and Research on Child Feeding (ARCH) project conducted research in Phnom Penh, Cambodia to understand perceptions of and responses to promotion of breast-milk substitutes among 37 mothers of 6-23 month old children (See HKI ARCH Methodology Brief: Mothers' Focus Group Discussions). The research also investigated the role of store owners who sell breast-milk substitutes (See separate brief and methodology paper).

The research, funded by the Bill & Melinda Gates Foundation, aims to inform programs to improve child health and nutrition.

The researchers showed mothers three print ads for breast-milk substitutes, and three television ads for breast-milk substitutes, and asked them about their perceptions of the ads, and whether the ads would cause them to take any actions, such as buying new products, recommending the product to others, etc.

RESEARCH RESULTS:

ADS INFLUENCE MOTHERS TO USE BREAST-MILK SUBSTITUTES

*“I heard that it can make children to grow well and be intelligent.
This is what I heard from the television.”*

–Mother

When questioned about their impressions of the products in the advertisements, mothers recalled product claims and benefits, some of which were inaccurate or not founded on science. Mothers who used the products referred to perceived benefits, such as promoting growth and intelligence, providing nutrients, high quality, and versatility. Even mothers who did not use the breast-milk substitutes could recall communication of product claims such as vitamins, strength, and increase in mobility and development.

MOTHERS PERSUADED BY QUALITIES UNRELATED TO HEALTH BENEFITS

“After drinking infant formula, the child becomes smarter and cuter; also has strong bones and grows well. The child looks cute ... and it means feeding him with infant formula creates love between mother and child.”

–Mother

A television promotion for breast-milk substitutes was the most popular ad shown to the mothers in the study. The majority of the mothers reported it was the most compelling ad, because of its depiction of the emotional connection it shows between the mother and child. Mothers recalled the purported benefits such as making children clever, a claim which is not based on scientific evaluation.

Some mothers saw ads for breast-milk substitutes which contained unsubstantiated advice, some of which runs counter to guidance from the Cambodian Ministry of Health and the World Health Organization. In other ads, promotional messages had nothing to do with health benefits. The main message in one print ad for a breast-milk substitute, for example, was that it is the #1 breast-milk manufacturer in the United States.

ADS MAY PERSUADE MOTHERS TO ABANDON BREASTFEEDING

“I am interested in that. Especially, the children who reach the age of one year old...I saw fat and strong baby, so I want my child like that too....I saw the advertisement on TV. They said that infant formula can make children intelligent and strong. I really want my child to look like that.”

–Mother

Among the users of breast-milk substitutes, many claimed advertising persuaded them to start using them. Even among women who were not using breast-milk substitutes, some said they would consider using breast-milk substitutes instead of breastfeeding after seeing the ads.

Some women reported hearing about breast-milk substitutes from store owners and from other mothers, and were considering switching.

PROMOTION EFFORTS CAN SUCCEED: MANY MOTHERS KNOW ABOUT BREAST MILK BENEFITS

“There is only breast which is the best milk for babies...We breastfeed the babies every day...I want my children to be healthy and not [be] sensitive to any diseases so often. What is more [important] is that they are strong.”

–Mother

Many mothers (both users and non-users of breast-milk substitutes) expressed awareness of breastfeeding benefits, particularly the immune protection it offers to infants. They cited family members, NGOs and health care professionals as the source of their knowledge that breastfeeding provides superior nutritional benefits to breast-milk substitutes. This indicates previous health communications campaigns have had some success.

Several mothers identified husbands as key influencers of their decision to breastfeed.

RECOMMENDATIONS:

- Enforce Sub-Decree 133 and Joint Prakas 061 on Marketing of Products for Infant and Young Child Feeding
 - Prevent breast-milk substitutes manufacturers from advertising on national TV
 - Prevent manufacturers from providing free samples of breast-milk substitutes in hospitals, private clinics, and stores
 - Prevent manufacturers from distributing incentives to buy breast-milk substitutes products
 - Increase awareness on Sub-Decree 133 and Joint Prakas 061 among personnel from relevant institutions
 - Enforce rules about advertising using correct nutritional information and providing information in Khmer
 - Work with private health care providers to ensure they are giving accurate information about optimal breastfeeding practices and aren't promoting breastmilk substitutes
- Work with store owners to dissuade them from using unapproved promotional materials
 - Develop informational leaflets for store owners about Sub-Decree 133
- Increase Ministry of Health education of doctors, midwives, store owners and others who influence mothers' decisions on breastfeeding and enforce laws against promoting breast-milk substitutes
- Continue to promote breastfeeding with mothers and clarify that breast-milk substitutes do not bring additional benefits to children
 - Develop materials to promote breastfeeding using the compelling image of mother and baby
 - Provide all information in Khmer
 - Adapt Ministry of Health education efforts about breastfeeding to include husbands.
 - Promote positive messages to mothers via the media
- Promote policies that make it easier for mothers to breastfeed while working



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