THE CONVENTION ON THE RIGHTS OF THE CHILD

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REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN CAMBODIA

May 2011

Report prepared by:
IBFAN - International Baby Food Action Network

Data sourced from:

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1. General points concerning reporting to the CRC

Cambodia is being reviewed by the CRC Committee for the 2nd time. At the last review in June 2000 (session 24), IBFAN did not present an alternative report.

In its last Concluding Observations, the CRC Committee recommended in 2000, that *"the State party address **the issue of child morbidity and mortality** by taking a multisectoral approach recognizing the critical role of illiteracy, lack of clean water supplies and food insecurity in the current pattern of childhood illnesses".* The need to breastfeed was directly linked to these issues.

Health indicators related to infant and child mortality in Cambodian have generally improved since the last Cambodia Demographic and Health Survey (CDHS) in 2005. However, the preliminary analysis of the 2010 CDHS results indicated stagnation in indicators related to childhood nutrition and neonatal mortality. Nutrition indicators for children under 5 years are generally very poor. For example, a healthy population should have 2.5% underweight; at 28.3% Cambodia is more than eleven times the rate of a healthy population. Underweight is a composite indicator that indicates acute and chronic malnutrition. With CDHS 2010 there are now three household surveys that show stagnation in improvement after the 2008 food price crisis.

Further analysis of the 2010 CDHS data will include a focus on breastfeeding and its contribution to nutrition and health. Therefore, the CRC Committee's concluding observation above is still very relevant.

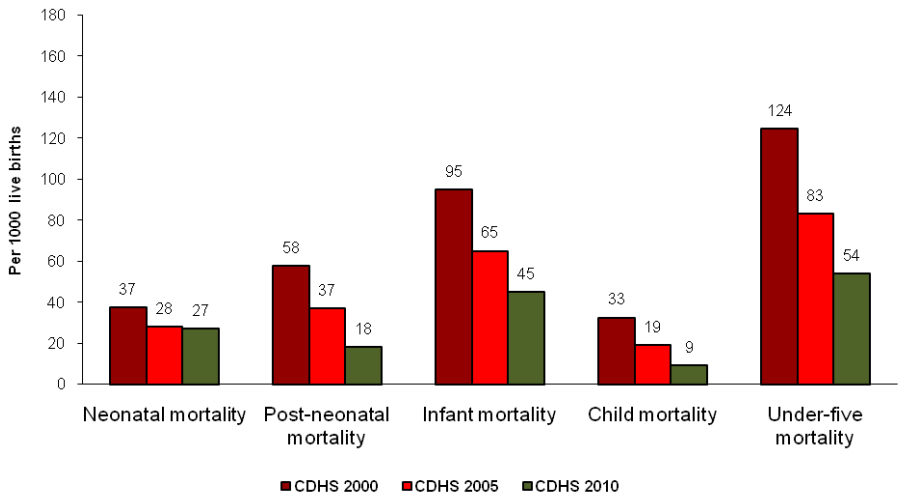
2. General situation concerning breastfeeding in Cambodia

2.1 Neonatal, Infant, and Child Mortality

Approximately 367,000 babies are born in Cambodia every year. Cambodia has approximately 1.38 million children under the age of 5 years (11% of the population). Despite a decline of 30% in both infant and under-5 mortality since 2000, the preliminary analysis of the 2010 CDHS results indicated stagnation in neonatal mortality.

One in every twenty babies born does not survive to his or her first birthday. This represents an under-5 mortality rate of 54, much improved from the estimate of 124 in 2000, but still high. The national infant mortality rate is estimated at 45 per 1,000 live births (higher in rural areas, especially Preah Vihear, Steung Treng, Mondulkiri, Ratanakiri, Prey Veng and Kampong Speu provinces) and the neonatal mortality rate is 27 per 1,000 live births. Birth spacing of less than two years is a significant risk factor for infant mortality.

Figure 4. Trend in infant and under-five mortality rates

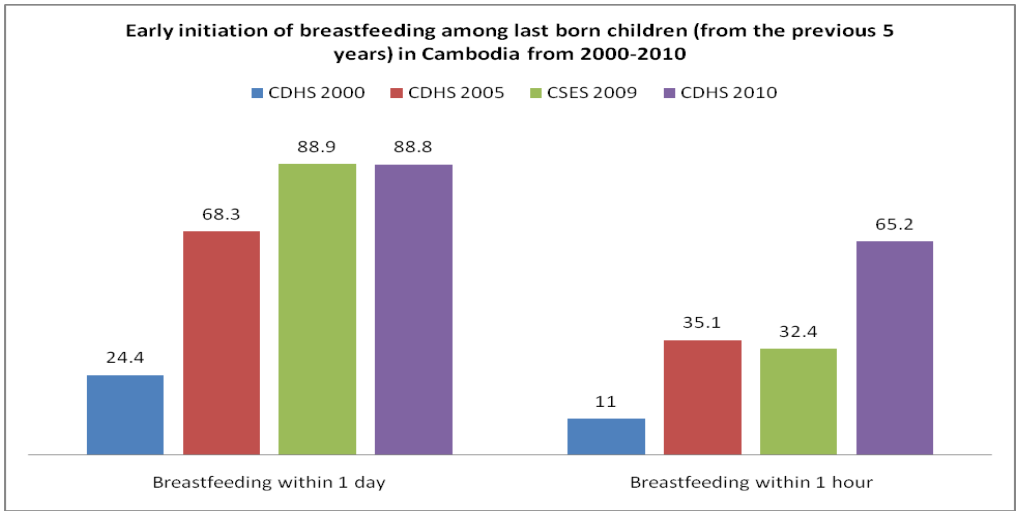


2.2 Maternal mortality

An estimated 1,700 women die as a result of pregnancy/childbirth in Cambodia every year. The Maternal Mortality rate (MMR) of 461 per 100,000 live births (2008) per year (National Institute for Statistics, 2008) has not changed since the 1990s despite significant efforts, and remains among the highest in the region. Current efforts are not likely to result in achievement of the 2015 Millennium Development Goal to reduce the Maternal Mortality Ratio to 250 (which has already been adjusted from the earlier target of 140). Maternal death contributes 17% to overall mortality in Cambodian women aged 15-49 years. Postpartum haemorrhage is the leading cause of maternal death.

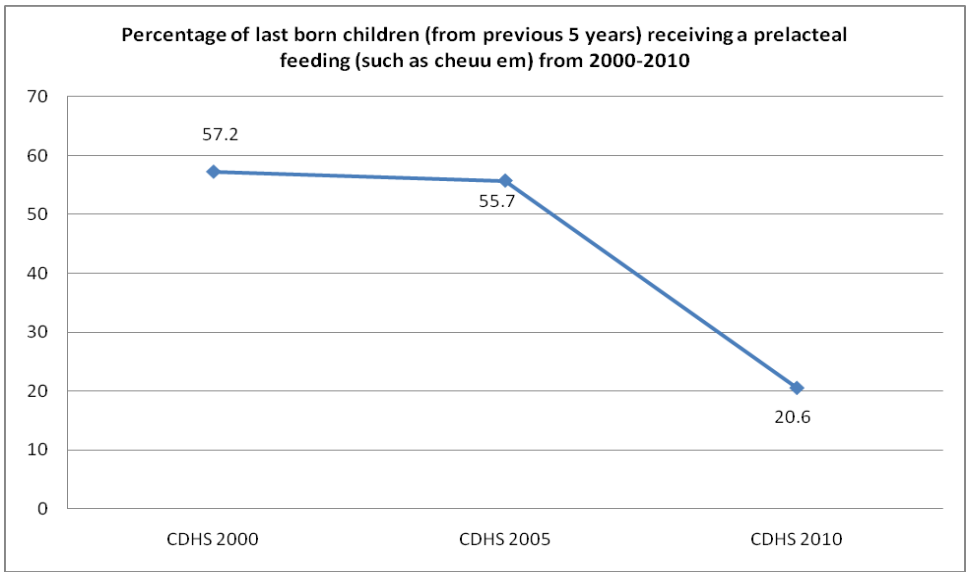
2.3 Initiation to breastfeeding

Cambodia is doing well on early initiation of breastfeeding and discouragement of prelacteal feeding[1]. The 2010 Cambodian DHS indicates an improvement since 2000 in the initiation of breastfeeding. At present, total of 65.2% of babies are breastfed within an hour of birth and 88.8% within 24 hours.



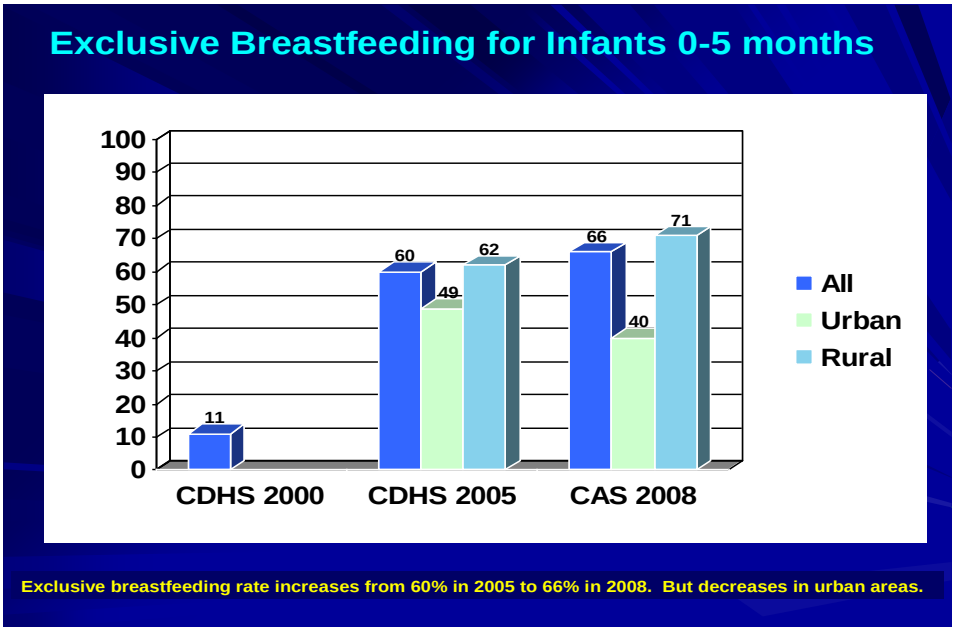
[1] Prelacteal feeds are those foods given to newborns before breastfeeding is established or before breastmilk comes in usually on the first day of life.

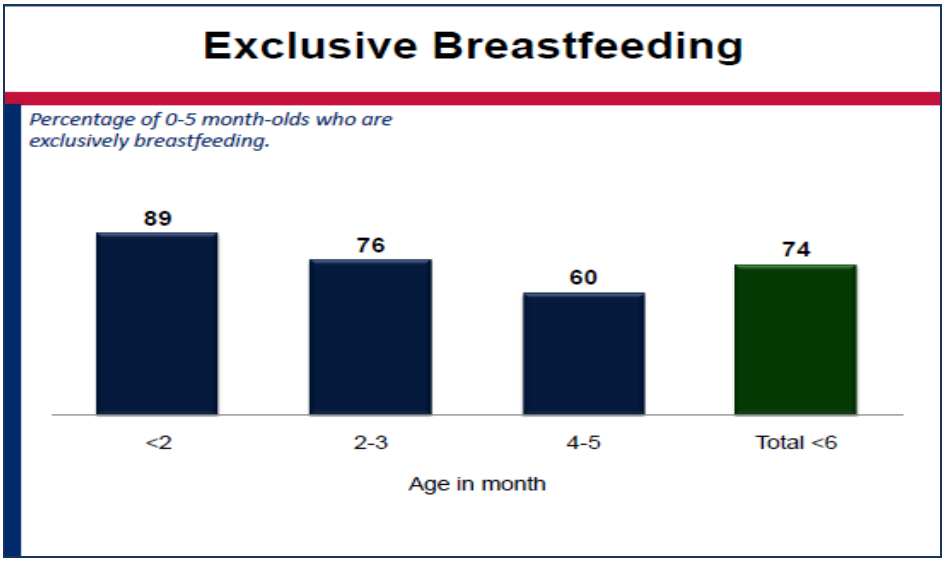
The incidence of prelacteal feeding has declined significantly, but 20% of babies still receive prelacteal feeding. The urban/rural split is unclear.

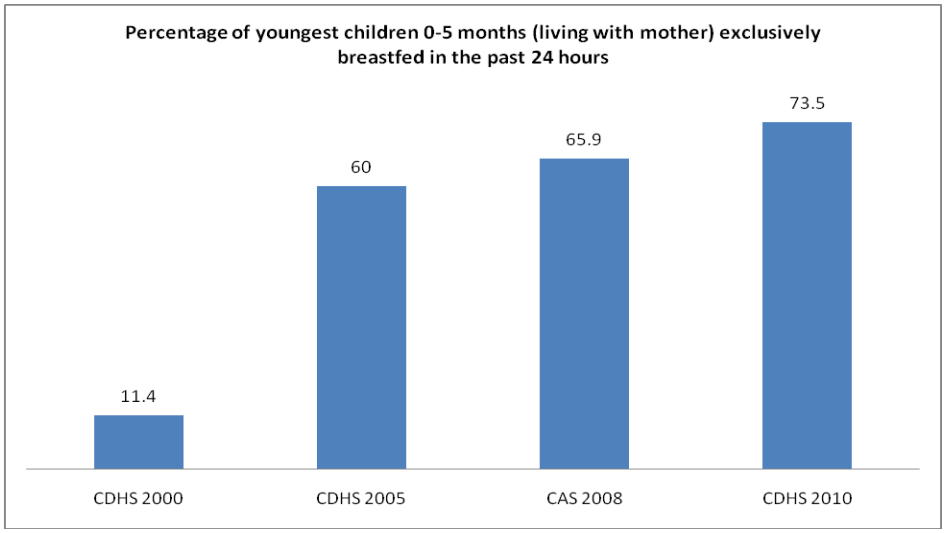


2.4 Exclusive breastfeeding

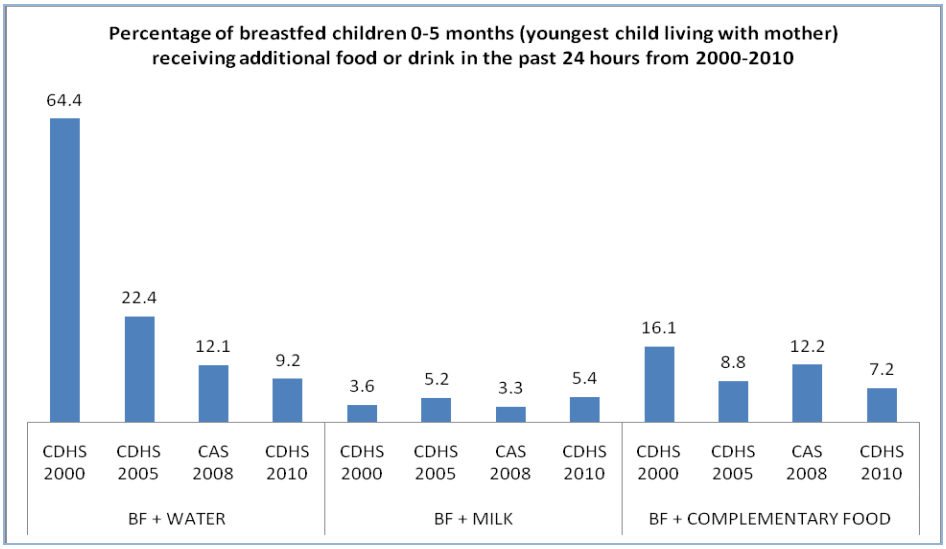
Cambodia has made dramatic improvements in exclusive breastfeeding (EBF) rates since 2005 because of government and NGO programs. Exclusive breastfeeding, up from 11% in 2000 to 74% in 2010, is now the norm for children aged 0-6 months. This demonstrates that Cambodia is capable of making impressive gains in public health in a relatively short period. However, EBF is still not 100%. In particular, there has been a significant decline in breastfeeding in urban areas (down from 49% in 2005 to 40% in 2010). The rate of exclusive breastfeeding is highest for 0-2 months and declines from 0-6 months.





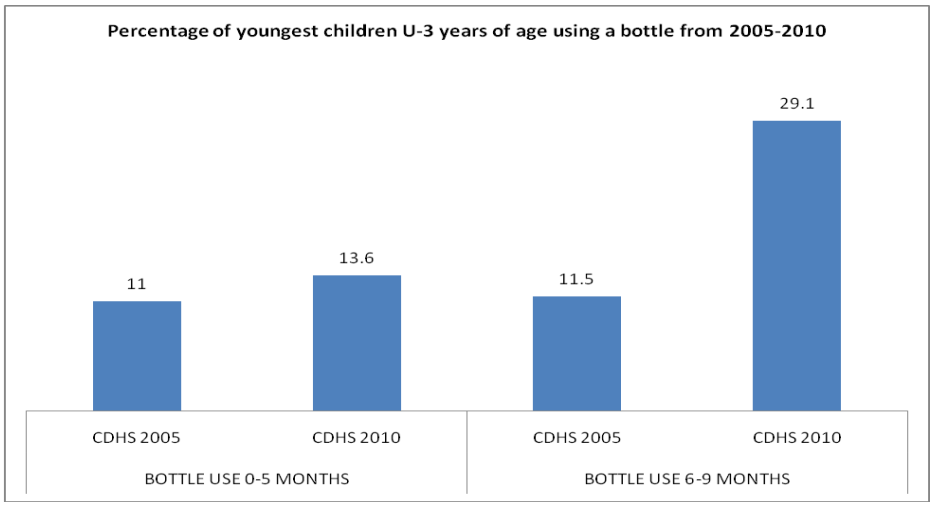


A total of 96.8% of babies aged 0-6 months receive at least some breastmilk and a corresponding percentage receiving food or drink other than breastmilk.



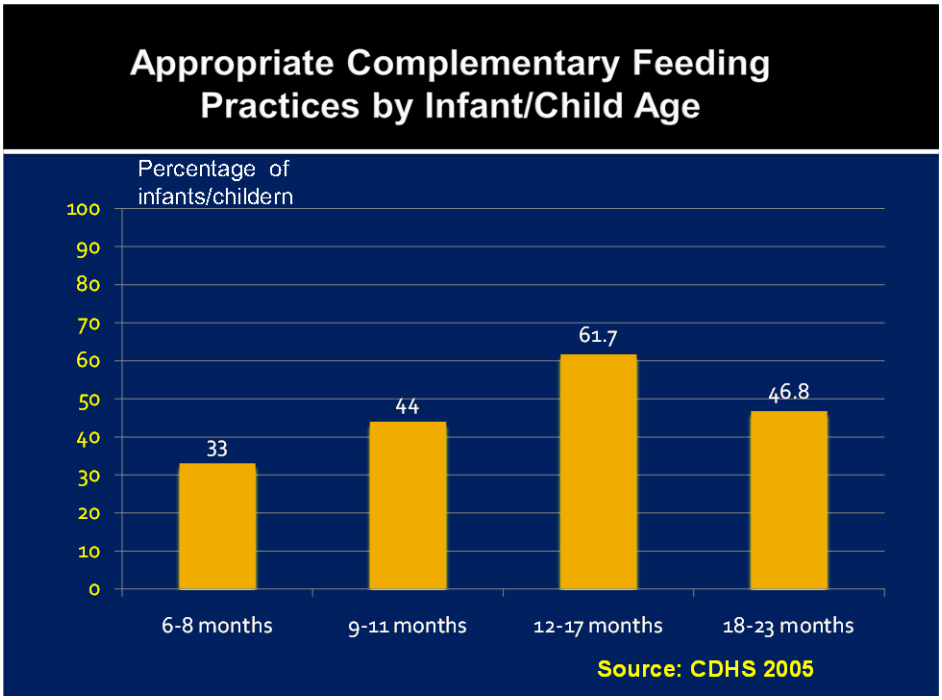
2.5 "Bottle feeding"

Bottles are not only being used for breastmilk substitutes; juice, water, diluted condensed milk, and rice porridge are also fed by bottle. Since the EBF message is getting through for 0-6 months group, less bottle feeding is seen in that age group. However, the percentage of young children (0-9 months) using a bottle has increased in the last 5 years, and bottle use continues into young childhood (e.g. up to 3 years). This indicates that no messaging is made around the health and contamination risk that bottles and teats pose.



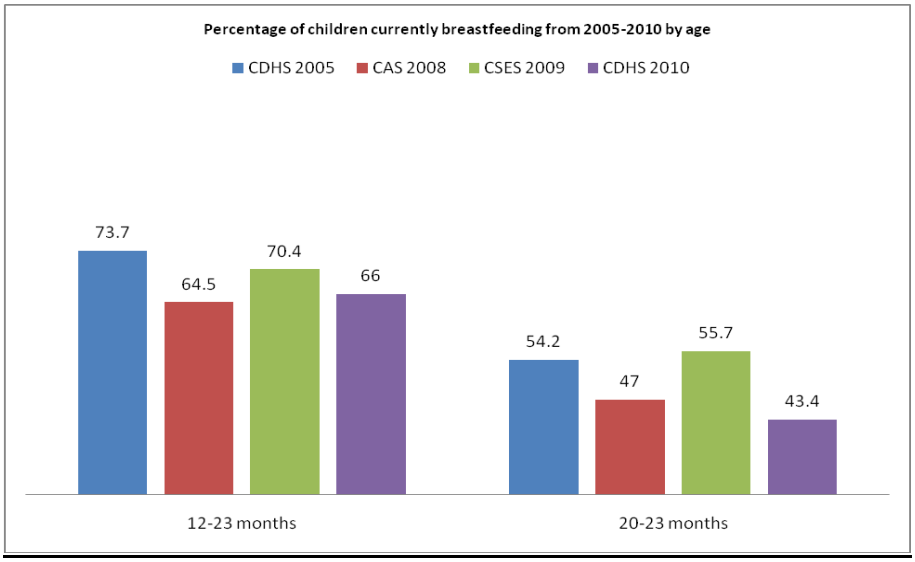
2.6 Complementary feeding

Appropriate complementary feeding practices are poor, especially for the 6-8 month and 18-23 month age-groups. The main reasons for poor complementary feeding practices from 6-8 months are poor quality, energy density and frequency of complementary feeds, as well as breastfeeding cessation before the appropriate minimum age of at least two years, especially for the 18-23 months age group. Evidence suggests that interventions that target early initiation and exclusive breastfeeding, and improvement of complementary feeding practices, will have a significant impact on reducing undernutrition and under-5 mortality.



2.7 Continued breastfeeding

The rate of continued breastfeeding (beyond 6 months and until at least 2 years) has decreased dramatically in the last 5 years, meaning that children under 2 years are deprived of the important nutritional support from breastmilk. The 2005 DHS linked malnourishment to these low levels of continued breastfeeding, and this would appear to be even more the case now, judging by the preliminary results of the 2010 CDHS. The government has recognised that the focus on complementary feeding has under-emphasised continued breastfeeding and plans to address this in future campaigns.



2.8 Mean duration of breastfeeding

The median duration of exclusive breastfeeding in 2005 was 3.2 months, and most children received complementary food before 4 months of age. Based on the table above, we could expect that the mean duration of breastfeeding (in months) must have decreased since 2005. Urban breastfeeding practices

are poorer than rural practices, and urban and wealthy Cambodian women have the lowest relative rates of EBF and the shortest breastfeeding duration.

3. Government efforts to encourage breastfeeding

At some levels, government efforts to encourage breastfeeding have been robust and successful (see above). The Prime Minister lent high level support to some of those campaigns, reportedly making particular reference to the link between breastfeeding and IQ.

In terms of developing a national policy on Infant and Young Child Feeding (IYCF) and a national strategy for the promotion of IYCF, the Royal Government of Cambodia (RGoC) has taken strong steps. Likewise, in implementing the International Code of Marketing of Breastmilk Substitutes, the government has been active. Monitoring violations has been less successful.

3.1 Implementation of the Code

The International Code of Marketing of Breastmilk Substitutes (the Code) is enforced in Cambodia through the 2005 Sub-Decree (Prakas) on Marketing of Products for Infant and Young Child Feeding. Guidelines were developed to help public health facilities to comply with the sub-decree. In 2007, the Joint Sub-Decree (Joint Prakas) on Implementation of Sub-Decree on Marketing of Products for Infant and Young Child Feeding between the Ministries of Health, Commerce, Industry and Information indicated the responsibilities of each Ministry in implementing the sub-decree. The RGoC created a committee (including Terms of Reference) to oversee the implementation of the sub-decree, including monitoring and reporting violations.

3.2 Monitoring of the Code:

Despite the above mentioned measures, infant formula is widely available in a range of outlets: pharmacies (including some attached to private clinics), supermarkets, corner stores, etc. Advertising of formula, bottles and teats is very obvious (see **Annex 1**: Code violations in Cambodia). Baby bottles are sold in public hospitals; even if there is no formula sold, but there may be other products, such as condensed milk, sold nearby.

One reason that follow-up to the national law on the marketing of breastmilk substitutes isn't happening is because of pressure from formula companies. Although formula companies tend not to market in public hospitals and health centres. Some reports from women birthing in public hospitals are very positive – they received good breastfeeding advice and no encouragement to use formula. However, some private clinics push formula hard. Moreover, formula companies get lists of recent births from health staff and visit those mothers to market formula, or get midwives to visit those mothers. Formula companies sponsor events, at least in private settings (see **Annex 2**: Flyer of S26 sponsorship of a child development seminar in a major private hospital).

Actions such as these clearly break the spirit of the Code if not the letter.

Nestle is rumoured to be opening a factory in Cambodia.

No national baby book exists for Cambodia. However, one draft baby book, which bears the Ministry of Health logo, also bears the Abbott logo (see **Annex 3**). The book contains clear code violations and violates the RGoC sub-decree. For example, although it supports EBF to 6 months, it only talks about breastfeeding babies up to one year, and compares infant formula favourably to breastmilk. It is not clear if the book has been printed or distributed, but in the meantime, no other baby book appears to have been distributed.

Labels on certain bottled water also violate the Code by indicating that it is good to mix with infant formula or to give to babies. Water companies, including the largest companies, Oral and Vittal (which have high political connections), have been known to provide free drinks to wedding parties plus a coupon for free water and 2 baby bottles, which can be redeemed at the time a baby's birth. Some of the coupons bear the Ministry of Health logo.

The RGoC recognizes that there is not enough follow up of the sub-decree or monitoring of violations.

3.3 National Policy and Strategy on IYCF:

As mentioned above, the national policy and strategy puts strong emphasis on early initiation and EBF, but not on continued breastfeeding.

Next steps in IYCF for the National Nutrition Program (NNP) in 2011 include:

- Continue to work National Centre for Health promotion and development partners to develop IEC/BCC materials for the Communication for Behavioural Impact (COMBI) Campaign to Promote Complementary Feeding in Cambodia: 2011-2013. The launch and implementation of the campaign will be conducted in July.

- Continue to work with the Department of Drugs and Food and other line ministries to implement the Joint Prakas on the Implementation of the Sub-decree on Marketing of Products for Infant and Young Child Feeding. Conduct two meetings to review the implementation and enforcement of the sub-decree.

3.4 Courses on breastfeeding, etc:

The Ministry of Health trains health staff in Integrated Management of Childhood Illnesses (IMCI) which includes training on appropriate breastfeeding and complementary feeding practices. In 2010, the National Nutrition Program conducted one training course on "IYCF Counselling: An Integrated Course" for 36 participants in Phnom Penh and provinces.

4. Baby Friendly Hospital Initiative (BFHI)

Starting from 2009, the NNP has used funds to expand Baby Friendly Hospital Initiative (BFHI) and Baby Friendly Community Initiative (BFCI).

Ten hospitals have been certified as Baby Friendly since 2004. Training of 25 trainers on BFHI and an orientation workshop with decision makers were conducted. In 2010, external assessments were

conducted in five hospitals implementing BFHI. One hospital did not pass the assessment and follow up assessment is planned for 2011.

Core Performance Indicator	Achievement 2007	Achievement 2008	Achievement 2009	Achievement 2010	Target 2011
Number/proportion of Baby Friendly Hospitals	7 (cumulative)	7 (cumulative)	9 (cumulative)	10	15
Number/proportion of Baby Friendly Communities (based on 14,000 villages)	2,787 villages (cumulative) 21%	3,038 villages (cumulative) 23%	3,700 villages (cumulative) 26%	4,421 (cumulative) 32%	350

The NNP expanded the implementation of Baby Friendly Community Initiative (BFCI)to 731 villages in 2010. Since 2004, BFCI has been implemented in 4,421 villages in fourteen provinces. A review workshop for the implementation of BFCI was conducted in December 2010, to discuss successes, constraints, and make recommendations. A total of sixty-six trainers have been trained in BFCI, with 531 health staff, 3971 Mother Support Groups, and twenty-six NGOs trained.

5. Maternity protection for working women

Maternity protection for working women under Cambodian labour law is quite good. All female staff are eligible for maternity for maternity leave. Some organisations and agencies provide conditions that go beyond the labour law stipulations, which are:

- Duration of maternity leave: 3 months/ 90 days. The law is unclear on when maternity leave can begin.
- Benefits amounting to 50% of salary paid by the employer
- Breastfeeding breaks are provided for in the law: one hour/day during working hours, paid for by employer; from birth to one year

NB: there are approximately 300,000 women of childbearing age working in garment factories. Most of these young women move from the provinces to the capital to work. Most are not married, but if they have children, many of them leave their babies and children with their mothers and families in the provinces after they finish their maternity leave (i.e. when their babies are two to three months old).

6. HIV and infant feeding

The prevalence of HIV/AIDS in Cambodia is 0.9%.

Health personnel are encouraged to advise HIV+ mothers to make feeding decisions following AFASS definitions (acceptable, feasible, affordable, sustainable, and safe).

7. Obstacles and recommendations

The RGoC is to be commended on its success in increasing early breastfeeding initiation and EBF to six months. In addition, it has developed strong policies and strategies. There are promising opportunities for more robust implementation of these policies and strategies.

7.1 The following obstacles/problems have been identified:

- Breastfeeding duration has declined worryingly, and the importance of continued breastfeeding to at least 2 years is insufficiently emphasised. This exacerbates the poor complementary feeding practices that exist, contributing to high rates of under-nutrition in young Cambodian children.

- Monitoring of Code violations is very weak, compromising advances in breastfeeding promotion, particularly after 6 months.

- Bottle feeding practices are insufficiently discussed and analysed.

7.2 Our recommendations include:

- Raise awareness on the importance of continued breastfeeding to at least 2 years through campaigns and sensitization of health personnel. These messages must be part and parcel of improved complementary feeding messages.

- Raise awareness on the advantages of breastfeeding for child survival and development. Also, raise awareness on the positive impact of early initiation of breastfeeding for the prevention of haemorrhages of women after birth and the positive impact of continued breastfeeding as a natural method of child spacing.

- Address inequalities among urban and rural nutrition practices.

- Code monitoring must be strengthened, and adequately funded.

- Bottle feeding practices need to be discussed, analysed and addressed in order to promote and protect breastfeeding until at least 2 years of age, and to prevent disease from contaminated bottles and teats.

ANNEX 1: Code Violations in Cambodia

Examples taken from: **International Code Documentation Centre (ICDC). 2011. *Breaking the Rules, Stretching the Rules 2011*. Penang: ICDC**

Example from section "Danone: Company Profile and Violations" (pg.13)

LOOK AT THIS!
OLD WINE IN NEW BOTTLES

Abbott tinkers with age recommendation, from 1 year to 2 years.

Hiding a mischievous secret in Cambodia

The Cambodian Law covers the marketing of products used for babies up to 24 months old, preventing a product such as Gain from being promoted.

So what happens when Abbott imports milk intended for use from one year onwards? How to legitimise the promotion of a product when the law prohibits it?

Like pouring old wine into new bottles, Abbott slaps on a new label over the old, taking the product out of the scope of the law. Change one year into two years – simple!

Example from the section "Abbott Laboratories: Company Profile and Violations" (pg.2)

ANNEX 2: Flyer of S26 sponsorship of a child development seminar in a major private hospital.

ANNEX 3: Baby book by the Ministry of Health, with the logo of Abott Ross

(Cover page and rear page bearing the logo of the company Abott Ross)