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Report on study findings

Analysis of current system of sale, propaganda and advertisement of feeding formulas for infants (breast milk substitutes) in the Kyrgyz Republic

Julia Aleshkina (CHSD)
Tursun Mamyrbaeva (NCMCH, NU)
Jyldyz Artykbaeva (IMCI Center)

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Health policy analysis unit, Center for health systems development,
Kyrgyz Republic, Bishkek, 720040, T. Moldo st. 1
Tel: +996 (312)666-244 • Fax: +996 (312) 663-649 • E-mail: juli@manas.elcat.kg

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List of abbreviations

ADB	Asian Development Bank
IBFC	Initiatives on Baby-Friendly Clinics
WHA	World Health Assembly
WHO	World Health Organizations
EBF	Exclusive breast feeding *means that an infant receives solely breast milk from a mother or wet-nurse or expressed breast milk and no other food or drink during first 6 months of life.*
BMS	Breast milk substitute *is any kind of product sold in the market or provided by other means for partial or full substitute of breast milk irrespective of whether it is suitable for this purpose or not.*
International Code	International Code of marketing rules for breast milk substitutes, *adopter in 1981 in Geneva (Sweden)*
MOH KR	Ministry of Health of the Kyrgyz Republic
NU NCMCH	Nutrition Unit of the National Center on Mother and Child Health
PHC	Primary Health Care
IMCI Center	Center for Integrated Management of Childhood Illnesses
CHSD	Center for Health Systems Development
FMC	Family Medicine Center
UNICEF	United Nations International Children's Emergency Fund

1. Introduction

Feeding of infants during the first year of life is crucial for their survival and is the most effective factor in reduction of morbidity and mortality. WHO and UNICEF place high emphasis on breast feeding when making health policy in the area of mother and child health in XXI century. It is proved that ***breast feeding annually maintains 2 millions lives of children aged from 0 to 12 months***. Moreover, not quite optimal breast feeding, especially ***not exclusive breast feeding, during first months of child's life result in 1.4 million of deaths and 10% of disease burden in children under 5***[1].

"Investing resources in breast feeding is investing health" – that was the slogan stated in WHO EURO report in 1995. Experts tend to agree that breast milk satisfies all infant's needs during first six months of life and that there is not need to use additional drinks or feeding during this period. Advantages of exclusive breast feeding include[2]:

- Protective action: Breast milk contains immune factors that give a child uninterrupted active protection from contagious diseases when child's organism cannot protect itself as yet. Exclusive breast feeding ensures children under first six months of life with balanced physical and good psychomotor growth and development. Infants brought up on artificial formulas suffer from diarrhea, pneumonia and other infectious diseases more frequently.

- Utility: Breast milk contains proper ratio of proteins, fats and carbohydrates, sufficient amount of energy, vitamins and minerals necessary for a child during first six months of life. Breast milk also provides a child with water. Breast milk nutrients are easily digested and completely assimilated. Children that were breast fed have higher indices of intellectual development and lesser likelihood of obesity or allergic illnesses in older age than children fed with artificial formulas.

- Access: Breast milk is always ready, there is no need to sterilize it, to cool or warm it and moreover almost every mother is able to provide required amount of this high quality product for her child. Nursing mothers need to get 500 calories a day to ensure full-fledged breast feeding. Breast feeding allows for saving money and avoiding purchase of breast milk substitutes.

- Advantage for mothers: Breast feeding is applicable for all religions. It prevents pregnancy and in some situations serves as major means for prolongation of period until birth of a next child.

In the Kyrgyz Republic the following measures are undertaken to promote and protect exclusive breast feeding:

- In 1999 Ministry of Health of the Kyrgyz Republic with support of UNICEF launched the Program "Initiative on baby-friendly clinics" (BFC). Primary goal of this program includes protection, support and promotion of breast feeding through introduction of 10 principles of successful breast feeding and discontinuance of free or preferential supply of breast milk substitutes to health institutions. Over a period of 2000-2006, certificates of correspondence to BFC status were awarded to 33 maternity hospitals (departments). At present, over 50% of deliveries occur in certified maternity hospitals (departments).
- Since 2004 the country has been implementing the program on Integrated Management of Childhood Illnesses countrywide with support from UNICEF and ADB. In the context of this program specialists of primary health care were trained on the issues of feeding of healthy and ill children including breast feeding.

1 "Malnutrition of mothers and children: global and regional impact and implications for health", Group on research of malnutrition of mothers and children. Published on-line: www.thelancet/com on January 17, 2008.
2 "Exclusive breast feeding – golden standard". Published on site www.uaua.com based on materials of World Breastfeeding Week 2004: Action Folder WABA

However, findings of recent studies (MICS, 2005) suggest that prevalence of exclusive breast feeding among infants aged 0 to 3 months is 43.7% and among infants aged 0 to 5 months is 35.6%, while in some regions (Naryn, Talas and Chui provinces and Bishkek city) only 13.7% – 29.2% of infants aged 0 to 3 months are exclusively breast fed. Moreover, cluster analysis of infant nutrition at household level in Talas province (UNICEF, 2007) showed that during first hours after birth only 50.8% of newborns were applied to breast and 12.3% of mothers give various fluids and food to infants from very first days of their life including milk formulas (14.7%) of industrial production.

Existing situation requires application of additional measures on protection and cultivation of breast feeding. In the context of preparation of initiative on implementation of social and legal measures regulating issues related to safe and adequate feeding of infants and early age children it was decided to study issues of sale, propaganda and advertisement of breast milk substitutes. The study gives information about existing situation regarding commercial and non-commercial system of BMS promotion as well as existing breast feeding support system in health institutions.

Obtained findings suggest that maternity hospitals in most cases provide effective launch for successful breast feeding of infants. Maternity hospitals organize rooming-in for mothers and newborns, practice early giving of breast to newborn, promote feeding on request and inform about advantages of breast feeding.

Nonetheless, prevalence of exclusive breast feeding is not high. Key factors affecting motivation of mothers regarding feeding of infants and early age children include: (1) low level of awareness on issues of organization of nutrition for children and hazard caused by artificial feeding and (2) application of BMS promotion techniques that contradict international requirements.

The study showed that promotion of breast milk substitutes in the KR violate at least 7 of 12 key positions of International Code of marketing rules for breast milk substitutes. In particular, mothers receive incomplete or distorted information about hazard of artificial feeding according to WHO and UNICEF principles, BMS are actively advertised and health system is actively used for sale, propaganda and advertisement of BMS.

Current report can serve as foundation for further planning of social and legislative measures aimed at support and protection of breast feeding.

This report consists of the following sections: section 2 describes goals, objectives and method of the study; section 3 describes main findings of the study; and section 4 provides key conclusions. Annexes contain main positions of International Code of marketing rules for breast milk substitutes and “Ten principles of successful breast feeding” of WHO and UNICEF “Baby-friendly clinic” Program.

2. Study method

2.1.Goal and objectives of the study

The goal of this study is to analyze current system of sale, propaganda and advertisement of breast milk substitutes. It is assumed that study findings will be used by Working Group for development of the Law on protection of breast feeding and for identification of directions and elaborations of recommendations on realization of social and legislative measures regulating provision of adequate nutrition to infants and early age children.

In this regard, the study has to accomplish the following objectives:

1. Study commercial and non-commercial system of distribution of breast milk substitutes and analyze its compliance to standards envisaged by International Code of marketing rules for breast milk substitutes, including:

    1.1. Description of breast milk substitutes available in pilot sites of the study including range of products, representation of manufacturer companies and design of package;

1.2. Description of sources of advertising information about breast milk substitutes available in pilot sites of the study;
1.3. Investigation of interaction practice between distributors of breast milk substitutes and health institutions including incentives system, free supplies and supply of equipment, delivery of sponsor assistance, etc.;
1.4. Investigation of interaction practice between representatives of companies manufacturing breast milk substitutes and health workers, pharmacists, managers and sellers in sale outlets and mothers including different forms of motivation and incentives.

2. Study available information and training materials on the issues of breast feeding, introduction of additional feeding and breast milk substitutes used in practice by health system specialists.

3. Study daily medical practice at the level of maternity hospitals and PHC on support of breast feeding promotion.

4. Study motivation, experience and practices related to feeding of infants in mothers who have children under 1 year old.

2.2. Study sample:

This study was implemented in three cities of the country: Bishkek, Osh and Talas cities. Choice of these cities was determined by the following factors:

- Wide range of artificial formulas in cities of Bishkek and Osh with prime offices of manufacturing companies located in Bishkek and Osh cities;
- Diverse range of food products for infants (National Center of Pediatrics and Child Surgery, UNICEF, 2006) since milk formulas for children are imported from Uzbekistan to Osh and from Kazakhstan to Talas;
- Possibly different advertisement in mass media since Osh and Talas provinces have TV and radio broadcasts relayed from neighboring republics and import of printed information material;
- Study in 3 regions gives most complete picture of real situation in the country.

Information was collected in places which presumably could serve as points for promotion and dissemination of breast milk substitutes: in health organizations, pharmacies, stores and in the markets. General sample design of this study is presented in Table 1.

Table 1. Sample design of the study

	Bishkek city	**Talas city**	**Osh city**	**Total**
Health institutions	***7***	***3***	***5***	***15***
Including				
Maternity hospital (IBFC)	2	1	1	4
Maternity hospital (non-IBFC)	2	1	1	4
FMC	3	1	2	6
Sales outlets	***9***	***6***	***7***	***58***
Including				
Pharmacies	14	6	7	27
Markets	12	7	4	23
Stores	3	3	2	8
Women with children under 12 months	***80***	***76***	***50***	***206***

2.3. Structure of the study

The following methods of information collection were applied to achieve goal and fulfill objectives of the study:

1. Structured interviews – interviews where the order of questions asked to respondents are predetermined. Structured interviews were conducted with personnel of health institutions, personnel of sales outlets and mothers having children under 12 months old. Survey of managers and staff of health organizations as well as staff of sales outlets was intended to collect information about practices of interaction with distributors of breast milk substitutes as well as practices of promotion and support of breast feeding. Survey of mothers was intended to collect information about experience and motivation of feeding children under 12 months old.

2. Observation – method of information collection about investigated object through targeted systematic and immediate visual and auditory perception (tracing) and registration of phenomena, processes and situations crucial for the goal and objectives of the study. In the context of this study specially designed observation forms were used to record information about the following objects:
   - Breast milk substitutes. Specially designed observation forms which contain questions about list of breast milk substitutes, types of produce, range, information about manufacturing company, package design, caption content, etc. were used for collection of this information.
   - Information and training materials about breast milk substitutes. Specially designed observation forms which contain questions about information about manufacturing company, information about product, package design, advertisement slogans, etc. were used for collection of this information.
   - Practice on support of breast feeding promotion. Questionnaire and observation forms which contain key questions related to support and motivation of mothers to practice exclusive breast feeding were used for collection of this information.

In total 9 tools were used for information collection in the process of study implementation. All tools of information collection for this study were developed on the basis of special questionnaires designed by European Center of Code Documentation (WEMOS, Amsterdam, Netherlands).

3. Study findings

3.1. Practices of feeding children aged 0 to 12 months

Main objective of the survey of mothers having children aged 0 to 12 months was to study experience and practices related to feeding of infants as well as factors affecting their motivation in this issue.

Survey covered 206 mothers who have children aged 0 to 12 months. 31% of respondents had children less than 3 months old, 32% - from 4 to 6 months, 19.4% - from 7 to 9 months and 17.6% of mothers had children aged 10 to 12 months.

3.1.1. Prevalence of exclusive breast feeding and practice of supplementary feeding introduction

At the time of conduct of interviews with mothers having children less than 6 months old only 25.5% continued to provide exclusive breast feeding (Table 2). Among children 1 month old only 50% were exclusively breast fed. Critical age when mothers start introducing supplementary feeding is 3 months. Share of children exclusively breast fed at that age reduces on average by 20%. Among those respondents who applied supplementary feeding to a child (n=171), 58.5% reported doing that before the child reached the age of four months. Share of exclusively breast fed children among children of 5 months old was 16% and among 6 months old – 6%.

Table 2. Prevalence of exclusive breast feeding (survey of mothers, % of total number of respondents, n=206)

	Child age				Total (among children under 6 mns)
	0-3 mns	**4-6 mns**	**7-9 mns**	**10-12 mns**	
Continue to give exclusively breast feeding (n=206)	34,4	16,7	-	-	25,5
As what age did you start to provide supplementary feeding to a child (n=171)					
1 month	9,5	1,8	2,6	2,8	4,1
2 months	23,8	7,3	7,9	2,8	10,5
3 months	66,6	47,3	42,1	27,8	43,9
4 months	-	38,2	28,9	22,2	26,3
5 months	-	5,5	15,8	44,4	14,6
No answer	0,0	0,0	2,6	0,0	0,6

Artificial formulas were used as supplementary feeding by 45.6% of mothers. They also gave other home-cooked products to their children (Table 3). Mothers give mainly water to babies during first three months of baby's life and about 30% use artificial formulas. Ration of children starting from 4th month of children's life includes much more products than just water and artificial formulas. At the same time, mothers continue to feed children with industrially produced products until they reach the age of 1 year. Moreover, share of mothers reporting use of artificial formulas increases relative to child's age. WHA resolution (1981) states that "formulas are not needed for feeding of elder infants…, it is recommended to encourage introduction of supplementary feeding starting from age of 6 months while emphasizing the importance of continuation of breast feeding and *use of local food products*". Hence, supplementary feeding may include home-cooked products which reduce financial burden on households. However, existing system of promotion of artificial formulas and mush as well as provision of incomplete or inexact information about supplementary feeding have impact on the convictions of mothers about the need to use industrial BMS for feeding of children.

Table 3. BMS used for feeding of children (survey of mothers, % of the number of respondents providing supplementary feeding, n=171)

Used BMS	Age				Total
	0-3 mns	4-6 mns	7-9 mns	10-12 mns	
Artificial formulas/industrially produced mush	28,6	40,0	55,3	63,9	45,6
Home-cooked mush	4,8	14,5	34,2	17,1	17,0
Bulamyk	7,1	23,6	18,4	31,4	19,9
Industrially produced diary and sour-milk produce	2,4	3,6	18,4	17,1	9,4
Biolact	0,0	1,8	7,9	2,9	2,9
Puree	2,4	3,6	15,8	14,3	8,2
Tea	7,1	9,1	15,8	5,7	9,4
Water	35,7	20,0	7,9	0,0	17,0
Soup	0,0	3,6	7,9	28,6	8,8
Biscuits	2,4	12,7	10,5	25,7	12,3
Juice	0,0	7,3	2,6	5,7	4,1
Use supplementary feeding but didn't specify the product	26,2	23,6	5,3	2,9	15,8

Among those who already introduced supplementary feeding (n=171), 73% of mothers give supplementary feeding to children regularly several times a day. Similar response was given by 78.6% of mothers with children aged from 0 to 3 months. Additional 18% of respondents reported giving supplementary feeding to a baby once a day. In single instances such practice was caused by the fact that a mother was not able to continue breastfeed (7.6%). The most frequent reason of introducing supplementary feeding was uncertainty of mothers about their babies getting sufficient amount of breast milk – 36.2% (Table 4). This, obviously, is a consequence of advance information about supplementary feeding in cases of need received by mothers from health workers in maternity hospitals and FMCs. Moreover, every third woman, including half of respondents from Osh city, gives supplementary feeding to a baby during first 6 months of life by recommendation of doctors. Desire to ensure the baby with adequate nutrition and confidence of mothers in fact that they have "bad milk" also indicate inadequate consultative assistance on infant feeding provided at the level of maternity hospitals and FMCs.

Table 4. Reasons for introduction of supplementary feeding (survey of mothers, % of the number of respondents providing supplementary feeding, n=171)

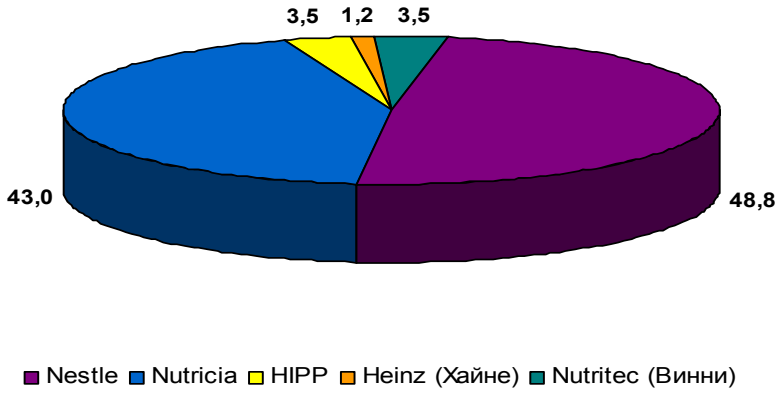
Reasons for supplementary feeding	City			Total
	Bishkek (n=52)	Osh (n=73)	Talas (n=46)	
I had not enough milk, bad milk	44,3	19,1	54,4	36,2
Couldn't contribute to breastfeed	11,5	6,8	4,3	7,6
Wanted to provide adequate nutrition to my baby	9,6	15,1	8,7	11,7
To prevent constipation and other diseases	5,8	2,7	6,5	4,7
Doctors recommended	9,6	49,3	13,0	27,5
Relatives recommended	3,8	6,8	6,5	5,8
Should be given at this age	7,7	-	2,2	2,9
Thirst in a baby	7,7	-	-	2,3
Do not know	-	-	4,3	1,2

3.1.2. Use of artificial formulas

At the time of study implementation 38% of children were getting artificial formulas as supplementary feeding. In 94.9% of cases mothers practice giving artificial formulas and mush daily with 75% of them

giving artificial formulas several times a day. These figures are equally distributed among children of all age groups. Products of Nestle (48.8% of all responses) and Nutricia (43%) companies are used most often for feeding of infants. Share of products produced by companies HIPP, Heinz and Nutritec is less than 10% (Picture 1).

Picture 1. Artificial BMS used for feeding of children (survey of mothers, % of the number of responses, n=86)



Survey of mothers shows that doctors are actively involved in promotion of artificial BMS (Table 5): 63% of respondents reported choosing specific product by recommendation of a doctor. In Osh city where influence of doctors on feeding practice is especially strong this answer was given by 86% of mothers. Recommendations of relatives and friends have relatively strong influence on choice of product. Overall, only 14% of mothers made their choice on the basis of information provided on product label.

Table 5. Reasons for choosing specific product from artificial BMS (survey of mothers, % of the number of respondents providing supplementary feeding, n=78)

Reasons	City			Total
	Bishkek (n=33)	Osh (n=22)	Talas (n=23)	
Suggested by doctor, health worker	63,6	86,4	39,1	62,8
Suggested by salesman	9,1	0,0	0,0	3,8
Previous experience of feeding	6,1	18,2	8,7	10,3
Suggested by relatives, friends	24,2	22,7	26,1	24,4
Bought what was on offer	3,0	0,0	21,7	7,7
Chose affordable price	6,1	0,0	0,0	2,6
Read label	12,1	4,5	26,1	14,1
Saw advertisement	6,1	0,0	4,3	3,8
Other	3,0	0,0	0,0	1,3

Therefore, survey of mothers allows for making statement that coverage of children during first 6 months of life with exclusive breast feeding is extremely low with 50% of children receiving supplementary feeding during first month of life. Mothers start giving water or supplement feeding with milk formulas regularly during first three months of baby's life. From 4th month of life parents significantly expand ration of the baby.

Deficient informative work of health workers significantly affects feeding practice. So, main reason for introduction of supplementary feeding is the belief that the baby doesn't get enough milk or salubrious substances from breast milk. Choice of artificial BMS is most often based on recommendations of doctors. When a baby is 6 months old and his ration may include usual products the share of children getting artificial BMS increases.

3.2. Description of commercial system of BMS distribution

A list of all kinds of BMS available on sale was made in the context of this study. Survey covered 58 sales outlets including 27 pharmacies, 8 stores and 23 sales points in the markets. In 11 out of 27 pharmacies BMS were not sold. In Osh and Talas not a single pharmacy sells BMS. Pharmacists explained that selling foodstuff for children is not cost-effective for pharmacies since overall demand for these products is not very high and it is quite difficult to provide wide range of these products. Plus people are used to buying these kinds of products in the markets. From 1 to 60 kinds of BMS were found in other sales outlets. Main goal of making this list was to find out what products are available in the Kyrgyz market, what manufacturing companies occupy largest share of the market and what kind of products are highly demanded.

Survey of salesmen (47 people) was undertaken to find out promotion techniques used by manufacturing companies to sell products through sales outlets. Emphasis in this survey was placed on the issues of information sharing about BMS and advantages of breast feeding according to the scheme "company – salesman – purchaser".

3.2.1. Description of market for breast milk substitutes

At the time of study implementation, sales outlets in Bishkek, Osh and Talas cities offered products of 21 companies manufacturing breast milk substitutes including 18 companies producing foodstuff for children. Among manufacturers of foodstuff for children largest share belongs to such companies as Nestle, Nutricia (including Istra-Nutricia), HIPP, Nutritec (Winnie brand) and Wimm-Bill-Dann (Agusha brand). It was found that sales outlets offered 22 kinds[3] of BMS products produced by Nestle company, 43 kinds of BMS of Nutricia company, 25 kinds of BMS of HIPP company, 11 kinds of BMS of Nutritect company and 4 kinds of products of Wimm-Bill-Dann company. Moreover, products of other companies not widely known in local market of foodstuff for children were also in offer (e.g., SC "Tihoretskiy" – juices and purees and SC "Sady Pridonia" – purees). They are introduced by one or several kinds of products. On the whole, it was found that 15 countries supply this kind of products to the markets of the Kyrgyz Republic.

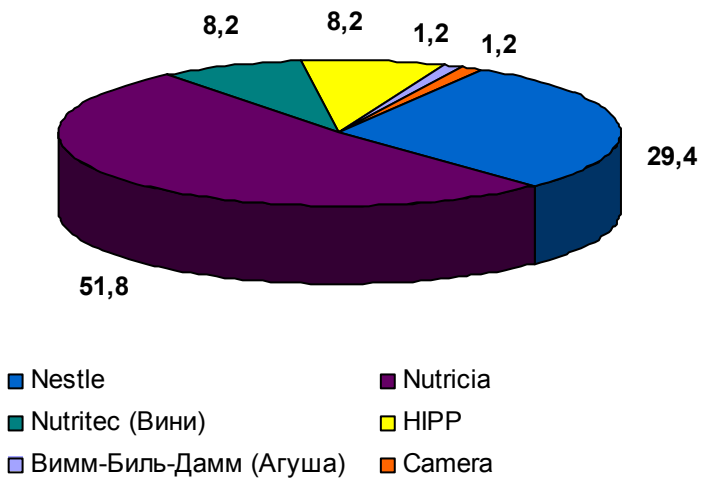
Virtually all types of foodstuff products are available in retail sale, namely feeding formulas for newborns; formulas for feeding children from birth till 12 months old; medicinal, sour-milk and low-lactose formulas; various kinds of milk and milk-free mush; vegetable, fruit and meat purees; juices, teas and beverages; powder and liquid milk; drinking water; biscuits as well as bottles and nipples for feeding. Prices[4] for common (non medicinal) formulas of the most popular manufacturing companies range from 200 to 400 som and cost of mush ranges from 97 to 110 som per pack. One pack of formula lasts for 5-6 days for regular feeding of a 3-months-old baby and 3 days for 6-months-old baby. Cost of vegetable purees ranges from 33 to 50 som and juices – from 50 to 85 som.

Survey findings of salesmen helped to identify "best sellers" among companies manufacturing BMS, namely Nutricia, Nestle, HIPP, Nutritec, Wimm-Bill-Dann and Camera. Formulas for feeding children from birth till 12 months old and mush are most sold BMS. Nutricia company was mentioned as "best seller" in more than half of reported cases (Picture 2). In the opinion of salesmen, products of Nestle company occupy second place in overall volume of sales even despite active marketing.

[3] "Kind" in this study implies different names of trade marks (e.g., formula NAN-1 and NAN-2, Lactogen-1 and Lactogen-2, Formula Malysh – Istrinskiy, etc.) as well as products for children of different age under 12 months without brand name (e.g., milk mush Nestle from 4 months, milk mush Nestle from 5 months, etc.). Some kinds (milk and milk-free mush, purees and juices) have up to 10 variants. Hence, total number of titles of BMS products offered in sales outlets is significantly higher.

[4] Here prices of products are taken from one supermarket of Bishkek city.

Picture 2. Which breast milk substitutes account for largest volume of sales (survey of salesmen, % of total number of responses, n=85)



Best sold brands of Nutricia company include formulas “Malysh” and “Malutka” as well as mush “Malyshka” with formula “Malutka” mentioned in 30% of sales outlets of all cities. Best sold products of Nestle company is mush. Formulas of this company were mentioned twice as less as similar products of Nutricia company. Products of other companies (HIPP, Nutritec and Wimm-Bill-Dann) are purchased mainly by residents of Bishkek city. Such foodstuff products for children as juices and purees remain unclaimed in Talas and Osh cities. All answers to this question are reflected in Table 6.

Tale 6. Which breast milk substitutes account for largest volume of sales (survey of salesmen, % of total number of responses, n=58).

Brand	Locality			Total
	Bishkek	Osh	Talas	
Nestle NAN	10,3	0,0	15,4	8,6
Nestle Nestagen	3,4	6,3	15,4	6,9
Nestle Lactogen	0,0	6,3	0,0	1,7
Nestle mush	**27,6**	**12,5**	**38,5**	**25,9**
Nutricia Malysh Istrinskiy	24,1	31,3	7,7	22,4
Nutricia mush Malyshka	24,1	18,8	7,7	19,0
Nutricia mush	3,4	0,0	0,0	1,7
Nutricia Formula Malutka	**34,5**	**31,3**	**30,8**	**32,8**
Nutritec Nutrilac	0,0	0,0	7,7	1,7
Nutritec Winnie juice	3,4	0,0	0,0	1,7
Nutritec Winnie formula	6,9	0,0	0,0	3,4
Nutritec Winnie mush	3,4	0,0	15,4	5,2
HIPP formula	6,9	0,0	7,7	5,2
HIPP puree	13,8	0,0	0,0	6,9
Agusha puree	3,4	0,0	0,0	1,7
Camera bottle	0,0	0,0	7,7	1,7
Difficult to answer	17,2	25,0	38,5	24,1
BMSs not on offer	24,1	37,5	0,0	22,4

According to the opinion of salesmen, most significant reasons influencing popularity of these products are high quality (33.3%) and affordable price (36.1%) (Table 7). In addition to common reasons salesmen in each city identified personal “success” factors of the above-mentioned products. In Bishkek city where promotion of BMS is very high over 20% of salesmen mentioned good

advertisement. Opinion of Osh respondents suggests that decisive factor is good flavor qualities of products. While one forth of Talas salesmen believe that reason of popularity of individual products is the fact that they are recommended by doctors.

Table 7. Reasons of popularity of BMS products (survey of salesmen, % of total number of respondents, n=58)

Reasons of popularity	Locality			Total
	Bishkek	Osh	Talas	
Affordable by price	47,4	11,1	37,5	36,1
Good quality	36,8	-	62,5	33,3
Children like the taste	15,8	44,4	12,5	22,2
Widely advertised	21,1	-	-	11,1
Famous brand	10,5	11,1	12,5	11,1
Recommended by doctors	5,3	-	25,0	8,3
Don't know	26,3	11,1	25,0	22,2
No response	-	22,2	-	5,6

3.2.2. BMS procurement/supply practice

Sales outlets procure BMS by two main methods: through supplies of BMS manufacturing companies and/or distributors (31%) and through purchase from wholesalers (32.8%). Supplies of manufacturing companies were reported by more than half of respondents in Bishkek city (51%). This procurement method is used less often in Osh city (18%). None of sales outlets in Talas receives BMS directly from companies (Table 8).

Table 8. How does this sales outlet receive breast milk substitutes for sale? (survey of salesmen, % of total number of respondents, n=58)

	Type of sales point			Locality			Total
	Store	Pharmacy	Market	Bishkek	Osh	Talas	
Supplied to the market by manufacturing company/official distributor	12,5	18,5	52,2	51,7	18,8	0,0	31,0
Specially procured from wholesalers in the markets	25	3,7	17,4	3,4	6,3	38,5	12,1
Procured simultaneously with other goods from wholesalers in the markets	12,5	11,1	34,8	3,4	18,8	61,5	20,7
BMS not on offer	0	48,1	0,0	24,1	37,5	0,0	22,4
No response	62,5	18,5	8,7	17,2	25,0	23,1	20,7

Procurement method is affected by lack of trade representations of BMS producing companies in the regions. Among those who reported procurement from companies 31% mentioned that they procure all products in that way. Rest of sales outlets procure products from only two leading companies: Nestle (43.8%) and Nutricia (31.3%). Products of other companies (HIPP, Wimm-Bill-Dann) can be procured directly from manufacturers only by sales outlets in Bishkek city (25% and 6% respectively).

Procurement method may impact quality of products. Salesmen receiving BMS directly from companies reported that suppliers undertake obligations on withdrawal of expired products from sales. Moreover, such procurement method guarantees observance of norms for storage and transportation of products. Procurement from wholesalers in the market, especially from those selling wide range of different goods, makes observance of these rule questionable. When making a list of goods and labels on offer interviewers found packs with expired dates. One product which was

phased out more than 1 year ago was found in Osh city (milk formula “Kichkintoy” manufactured by Uzbek company).

3.2.3. Interaction “company – salesman – purchaser”

Companies manufacturing BMS interact with sales outlets predominantly in the area of sale of BMS without application of additional promotion techniques. 30% of respondents in sales outlets selling BMS[5] reported receiving additional information about foodstuff for children or individual BMS from manufacturing companies. Largest share of mentioned respondents consists of salesmen from Bishkek city (52.2% representatives of sales outlets are from Bishkek). In 15% of sales outlets information was provided by Nestle company, in 17% - by Nutricia company and in 10% of cases respondents mentioned HIPP company. Wimm-Bill-Dann, Heinz (Haine) and Nutritect (Winnie) were mentioned only in some sales outlets in Bishkek city.

All manufacturing companies use two approaches to provide information. Most often sales outlets receive special information materials in addition to products (80% of those who ever received information[6]) or company representatives visit sales outlets (46.7%). In Osh and Talas cities salesmen receive information materials only.

Salesmen are not aware of the information provided by companies manufacturing BMS. Only in 3 out of 14 sales outlets receiving information from BMS manufacturing companies noted that salesmen were well-informed about these issues. Most often it was difficult for respondents to recall the content of provided information and all they reported is that companies “provide information materials” (9 out of 14 outlets). The rest of respondents said that they were provided with information about the range of products and sales techniques. Despite the fact that majority of information materials contain information about advantages of exclusive breast feeding only 2 salesmen reported receiving such information.

In 23.4% of sales outlets offering BMS salesmen consult purchasers when they buy breast milk substitutes. This practice occurs in stores and in the markets but not a single surveyed pharmacist responded positively to this question. Consultation of salesmen is aimed primarily at promotion of their goods and covers various aspects of selection of the right product. Positive answer to the question “Do you inform about advantages of exclusive breast feeding?” was given by 5 out of 11 salesmen (Table 9). Some salesmen give consultations “based on own experience” (5 respondents), two respondents said that they share information received from health workers and one – information read at product labels.

Table 9. What kid of recommendations do you give to purchasers when they buy BMS? (survey of salesmen)

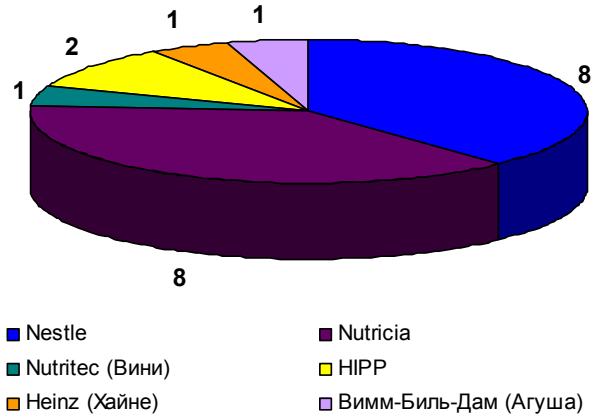
	Number	% of sales outlets giving consultations to purchasers (n=11)	% of sales outlets offering BMS (n=47)
Selection of BMS relative to a child (age, illnesses, etc.)	5	45,5	10,6
Information about the product	2	18,2	4,3
On advantages of BMS feeding (fortification, etc.)	2	18,2	4,3
BMS cooking technique	2	18,2	4,3
On range of products	2	18,2	4,3
On advantages of exclusive breast feeding	5	45,5	10,6

[5] 47 sales outlets offering BMS at the time of study implementation
[6] 14 sales outlets receiving information from companies manufacturing BMS

Manufacturing companies applied some promotion techniques in 25.5% of sales outlets (n=47) including one fourth of surveyed stored, in 19% of pharmacies and 30% of sales points in the markets. All respondents mentioned 21 actions (events) with 13 taking place in sales outlets in Bishkek city, 7 in Talas and only 1 in Osh.

Respondents indicated that 6 BMS manufacturing companies conducted actions oriented at promotion of their goods. Maximum number of actions was conducted by Nestle and Nutricia companies (Picture 3). Most wide-spread types of actions include discounts on goods and provision of information to purchasers.

Picture 3. Were any promotion techniques used for selling BMS in your sales outlet? – By which company? (survey of salesmen, number, n = 12)



BMS market is represented by 21 manufacturing companies with leading role played by companies Nestle, Nutricia, Nutritec (Winnie), HIPP and Wimm-Bill-Dann (Agusha). All kinds of products including different formulas, mush, purees, juices, teas, bottled water and others are available in the market. Milk formulas for feeding babies from birth till 12 months of age and mush are at highest demand.

Companies Nestle and Nutricia most often apply promotion techniques (discounts on products and provision of information to purchasers) which are prohibited by Chapter 5.3 of the International Code. In addition, companies supply information and advertisement materials to sales outlets.

Salesmen consult purchasers often using information received from unprofessional sources. Statement of salesmen about informing purchasers about exclusive breast feeding raise doubts since they themselves, first, do not receive such information and, second, oriented at selling their products.

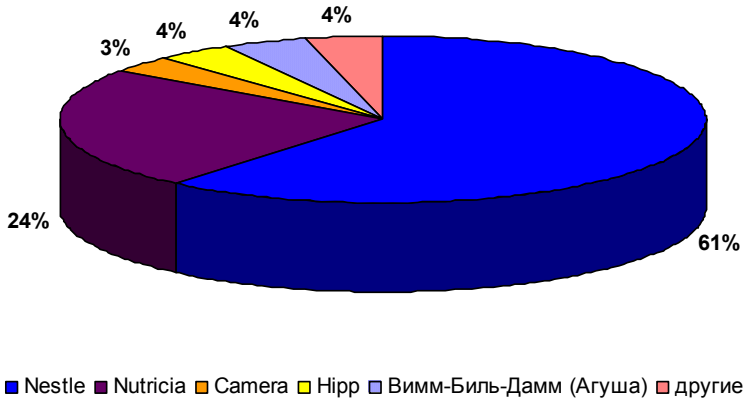
3.3.Description of information materials on BMS

Analysis of information and advertisement materials found in health institutions and points of sale of BMS as well as labels attached to BMS was undertaken in the context of this study. This analysis was concerned with key requirement of International Code of marketing rules for breast milk substitutes regulating informational content of such materials.

3.3.1. Special information and advertisement materials on BMS

Researchers discovered 41 information materials related to BMS products. Largest share of information materials presents produce of Nestle (61%) and Nutricia (24%) companies. Aggregate share of information materials produced by Camera, Hipp, Nutrilon, Heinz (Heine) and other companies constituted 15% (Picture 4). 62.7% of materials were intended for population, 30.7% - for health workers and 6.6% - for salesmen.

Picture 4. Distribution of information materials by companies manufacturing BMS (n = 41)



Analysis of content of information and advertisement materials allows for making statement that requirements of International Code of marketing rules for breast milk substitutes demanded from information materials are violated by virtually all companies represented in the markets of the Kyrgyz Republic. In particular, according to International Code of marketing rules for BMS (Chapter 4) all information materials should contain the following statements:

- About advantages of breast feeding;
- About negative effect of introduction of partial feeding from a bottle on breast feeding;
- About difficulties emerging from denial of breast feeding;
- About breast feeding, preparation to feeding and support of breast feeding;
- About social and financial aspects of BMS use;
- About hazardous impact of irrational nutrition and inadequate methods of feeding on health.

More over, Chapter 4 of the Code notes that manufacturing companies should not use any pictures encouraging feeding from a bottle. Information materials may contain the name of the firm/company and its logo but not a trade mark of the product.

Analyzed information materials advertise milk formulas, mush and juices designed for feeding children from birth or 3-4 months of age and special formulas for premature children, underweight children and children with allergy and carbohydrates intolerance. All information materials use logo and brand name. Only materials of Nestle company correspond to requirements of the Code to a great extent. Materials of Nutricia, Agusha and Hipp companies did not at all contain information about advantages of breast feeding, negative effect of partial feeding from a bottle on breast feeding, difficulties emerging from denial of breast feeding and threats of artificial feeding. Moreover, information materials of Nutricia company contain pictures encouraging feeding from a bottle.

Information materials meant for population do not provide necessary information about consequences of artificial and mixed feeding. 58,5% of materials of manufacturing companies do not provide information about proper use of formulas for infants. In 65,8% of cases there was not information about social and financial consequences of consumption of formulas. Information about undesirable consequences of consumption of inappropriate products or consumption without special need is ignored by virtually all producers of BMS (95,1%).

Places where information materials were found also indicate violation of requirements of International Code of marketing rules for BMS, namely the following positions:

- Chapter 6.2.: Means of health system should not be use for propaganda of BMS products.
- Chapter 6.3.: Means of health system should not be used for supply… of posters and advertising announcements with information about such products.

Information materials of BMS manufacturing companies were found predominantly in health institutions: in FMCs - 52,8% of materials, in maternity hospitals - 34,8% of materials and in pharmacies - 12,4% of materials. Nestle company in particular supplied health institutions with calendars with company logo and a picture of happy healthy child. Such advertisement may stimulate parents to draw distinct association between the company and child's health in parents. Similar calendars are posted in the halls of maternity hospitals and FMCs.

3.3.2. Labels

Part of this study included analysis of 73 kinds of labels with largest share falling onto products of Nutricia (46.6%), Nestle (16.4%) and HIPP (11%) companies. 32.9% of listed labels belong to different kinds of milk and milk-free mush, 20.5% of labels belong to purees, 11% - to formulas from 0 to 6 months and 9.6% - to milk formulas from 0 to 12 months.

International Code of rules imposes the following requirements to design of labels:

- Labels should contain such clauses as words "important note" or equivalent, statement about advantage of breast feeding, indication of need to use particular product only by recommendation of health worker, instruction on proper preparation and information about possible threat for health.
- Labels should contain information about used ingredients, product composition, required storage conditions, serial number and expiry date with consideration of climate and storage conditions in particular country.
- Labels should not contains pictures of infants as well as other pictures and texts idealizing use of feeding formulas and should not apply such phrases as "composition similar to breast milk", etc.

All labels presenting feeding formulas contain general information about the product: recommended age for consumption of this product; user-friendly instruction of preparation of this product; easily seen expiry date; recommendations on storage; serial number and batch number; ingredients; compositions and few about the product. At the same time, manufacturing companies do not always consider it necessary to publish information supporting exclusive breast feeding. Moreover, 90% of labels do not contain information about hazardous effect of artificial feeding, more than one third of labels do not warn about threats for health in case of improper cooking of formula and about the need to use products only by recommendation of doctors (Table 10). Labels of Nestle products were acknowledged to be maximally complaint to requirements of International Code. Labels of HIPP company correspond to these requirements to great extent. Not a single label of Nutricia company showed full compliance to Code requirements. Moreover, packs of products of Nutricia company contain pictures encouraging feeding from a bottle.

Table 10. Absence of information specified by International Code of marketing rules for BMS (%, n=22)

Information	Company			Total (n=22)
	Nestle (n=9)	Nutricia (n=7)	HIPP (n=5)	
Words “important note” or something similar	11,1	42,9	0,0	18,2
Statement about breast feeding being the best	0,0	57,1	40,0	27,3
Key words highlighted by size or color of letters	0,0	42,9	0,0	13,6
Warning about threat on health in case of improper cooking of formula	0,0	100,0	0,0	36,4
Information about hazardous effect of artificial feeding	100,0	100,0	60,0	90,9
Warning about the need to use product only by recommendation of health worker	0,0	100,0	0,0	36,4
All this information written in Kyrgyz	11,1	14,3	60,0	22,7

Labels of other formulas, foodstuff for children used as supplementary feeding and other BMS can be summarized as follows:

- All labels contain information about recommended age for consumption of this product with 57% of products recommended to feed children under 6 months old.
- 74% of labels look like labels of other products of these companies (using same colors, logo, font and/or picture). Some labels contain information about phases of feeding infants or other products of the same company (e.g., three phases of feeding with Nestle).
- 51% of labels contain inscription that this product can be used for feeding children under 6 months old.
- Packs of Wimm-Bill-Dann company contain pictures of infants which is prohibited by International Code of rules.

Labels on bottlers and nipples for feeding also do not comply with requirements of the Code on the following positions:

- 80% of all labels have picture of a baby or parent feeding a baby from a bottle, including 100% of labels of Baby Nova and Heinz companies.
- 60% of labels contain other pictures idealizing use of this produce.
- 80% of labels contain information about resemblance of product to woman’s breast and nipple.
- One label contains advertisement of BMS.

Hence, analysis of various information materials intended for promotion of BMS allow for stating that majority of manufacturing companies do not meet the requirements imposed by International Code of marketing rules for BMS. For the most part these infringements relate to evasion from provision of information about advantages of exclusive breast feeding and partially to encouragement of feeding from a bottle. Information materials and labels of Nestle company meet the requirements of International Code to the maximum. Alarming fact is that majority of infringements of Code requirements is made by Nutricia company which is recognized as one of “best sellers” by salesmen.

Another critical issue is distribution of advertisement and information materials in health institutions where they come to the field of vision of potential consumers. The fact that materials were found in doctors’ offices confirms the conclusion that health system is used by manufacturing companies as main means of promotion of foodstuff for children.

3.4. Analysis of daily medical practice supporting breast feeding at the level of maternity hospitals and PHC institutions

Giving the breast to newborn during first hours of life is a crucial moment for subsequent successful breast feeding. However, this is not a singular condition facilitating continuation of feeding an infant with breast milk during upcoming 6 months. To continue breast feeding the mother needs comprehensive support with main role played by health workers.

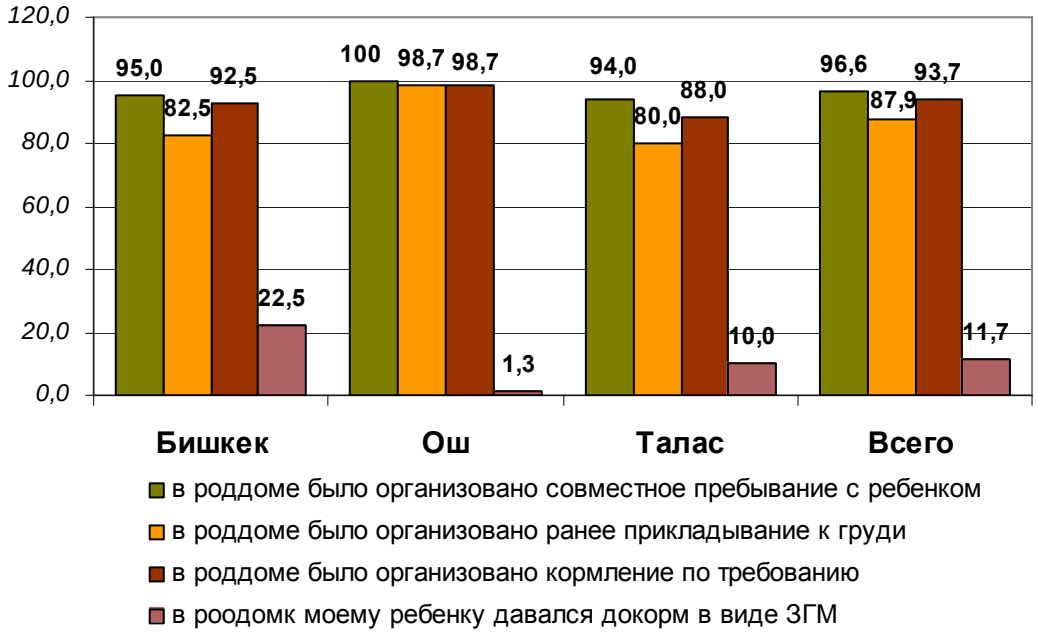
One of the objectives of this study was to analyze practice of health institutions on protection of breast feeding. Key issues to be analyzed were as follows: (1) Which measures are undertaken in maternity hospitals and FMCs in support of breast feeding; (2) To what extent is health personnel involved in promotion of BMS products; (3) Does the practice of interaction of BMS manufacturing companies with health personnel and potential consumers exist at the level of health institutions.

3.4.1. Support of exclusive breast feeding and practice of feeding infants in maternity hospitals

Virtually all maternity hospitals comply with main principles of "Baby friendly clinics"[7]: absolute majority of surveyed mothers roomed-in with their newborn children in maternity hospitals, gave breast to newborn soon after birth and fed their newborns by request (Picture 5). As confessed by personnel and mothers one of maternity hospitals in Bishkek city with BFC status does not practice exclusive breast feeding.

At the same time, 22,5% of mothers in Bishkek city and 10% of mothers in Talas province gave BMS to their newborn children during their stay in maternity hospitals. In general, every tenth of surveyed mothers started to give supplementary feeding to a newborn already in maternity hospital.

Picture 5. Practice of feeding infants in maternity hospitals (survey of mothers, % of total number of respondents, n=206)



Health institutions purchase and promote BMS. There are 6 maternity hospitals including 3 that are BFC certified purchase BMS – milk formulas of Nestle (NAN-1, NAN HA-1, Nestogen, NAN hypoallergenic, Lactogen) and Nutricia (Istra-Malutke) companies. Procurement of BMS for maternity hospitals in Bishkek city is done by Bishkek Territorial Department of Mandatory Health Insurance Fund through "Vortex" Ltd. In addition, maternity hospitals procure BMS on their own through tender

[7] See 10 principles of Baby friendly clinics in Annex 2.

or using money of delivering mothers. BMS are primarily procured for feeding of abandoned children (5 maternity hospitals including 2 with BFC status) and according to medical indications (6 maternity hospitals including 3 with BFC status).

One of the main positions of International Code of marketing rules for BMS stipulates the right of mothers to receive information about advantages of breast feeding and threats related to consumption of artificial formulas. 94% of surveyed mothers indicated that they received information about advantages of breast feeding in maternity hospital (Table 11). However, only one third of respondents reported receiving information in maternity hospitals about hazardous effect of artificial formulas on baby's health. At the same time, 13.6% of mothers including every fifth mother in Bishkek and Talas cities reported receiving information about which formulas to give to a child in case of need.

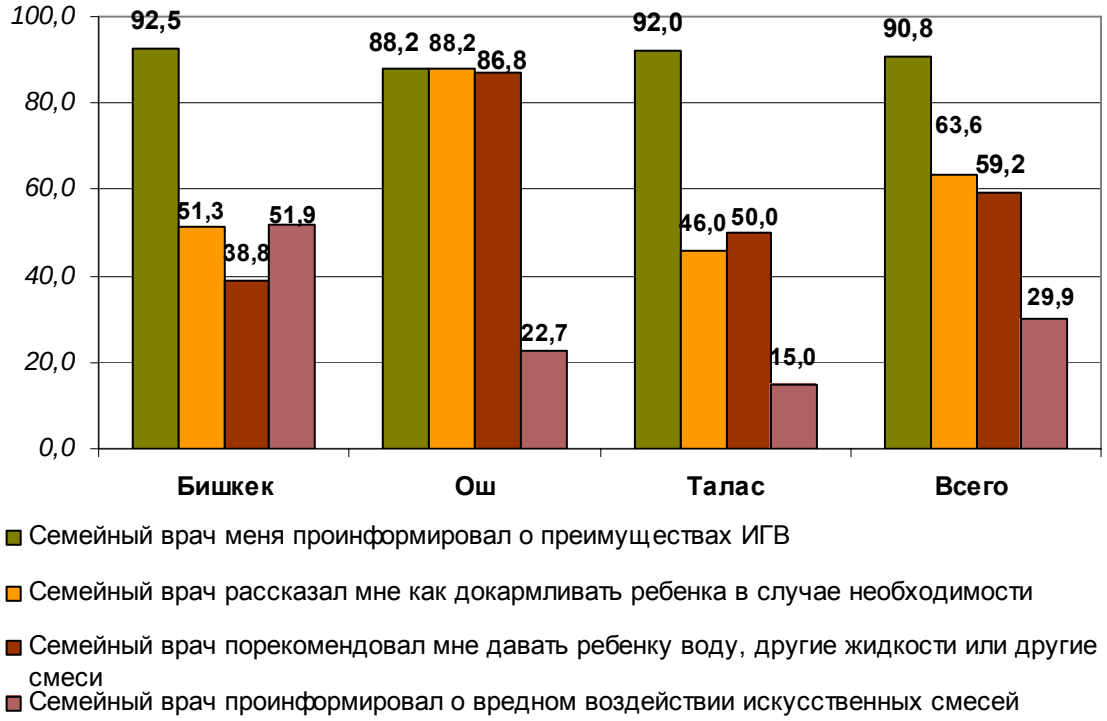
Table 11. Provision of information about feeding infants in maternity hospitals (survey of mothers, % of total number of respondents, n=206)

Information for mothers	City			Total
	Bishkek	Osh	Talas	
Inform about advantages of exclusive breast feeding in maternity hospital	93,8	96,1	92,0	94,2
Inform about hazardous effect of artificial formulas on child's health	53,2	32,0	15,0	33,4
Inform about proper introduction of supplementary feeding after 6 months of age	7,8	9,3	15,0	10,7
Inform in maternity hospital about which formulas to buy in case of need	22,5	0,0	20,0	13,6

3.4.2. Support of exclusive breast feeding in FMC

Absolute majority of surveyed mothers report that family doctor informed them about advantages of exclusive breast feeding (90.8%). Only 30% of mothers with major share represented by respondents from Bishkek city received information about hazardous effect of artificial formulas on children. At the same time, sizable share of surveyed respondents mentioned that family doctors also gave recommendations on supplementary feeding, namely recommendations on giving water, other fluids and formulas to a child (Picture 6). Among mothers with children aged under 3 months 58% reported receiving such recommendation from a doctor while among those with children aged 4-6 months this share was 51%. Interestingly, almost every mother from surveyed mothers in Osh city received such information in FMC.

Picture 6. Provision of information about feeding infants in FMCs (survey of mothers, % of total number of respondents, n=206)



Virtually no proactive actions in support of exclusive breast feeding are undertaken in FMCs despite the fact that all staff members of all FMCs are familiar with MOH KR Order №173[8] and clinical protocols on protection of breast feeding. Only in 2 FMC staff members mentioned that their health institutions had mothers support group functioning although this information was not verified by mothers themselves. Mothers support groups are not widespread due to the fact that up to date not a single FMC in the KR has launched BFC initiative.

Family medicine centers in Bishkek and Osh cities stimulate use of artificial formulas and other products for feeding infants. Results of the survey of FMC staff show that in 4 FMCs health workers recommend artificial formulas for feeding infants and in 2 FMCs in Osh city health workers provide artificial formulas as humanitarian aid. In addition, FMCs procure formulas for newborns and underweight children from budget funds (3 FMCs in Bishkek and 1 in Osh). Funds of city administration are used for procurement of milk and biolact (2 FMCs in Bishkek and 2 in Osh). Buildings of 6 out of 7surveyed FMCs have pharmacies inside and 4 of these pharmacies offered BMS, bottles and nipples at the time of study implementation. In 4 FMCs in Bishkek and 4 FMCs in Osh mothers received formulas of Nestle (NAN HA-1, NAN HA-2) and Nutricia (“Malysh Istrinskiy” from 0 to 12 months) companies for newborns and underweight children as gifts. Personnel of milk kitchen for children in FMC of Osh city has milk and biolact on offer the whole year round.

3.4.3. Advertisement, information materials and contacts with representatives of BMS manufacturing companies

FMCs and maternity hospitals including those with BFC certificate are not protected from advertisement of BMS. Information and advertisement materials were noticed in 3 maternity hospitals in Bishkek and Osh cities. Two of these maternity hospitals had BFC status. Information materials and/or items produced by BMS manufacturing companies were notices in 6 out of 7 surveyed FMCs.

[8] MOH KR Order №173 “On introduction of exclusive breast feeding into practice of obstetrical institutions, children’s departments and FMCs”, dated as of April 14, 2004

In 9 out of 16 surveyed health institutions respondents mentioned that representatives of manufacturing companies visit health personnel. All visits were attributed to Nestle company. Purpose of visit was provision of information about company products or granting of gifts. All 9 health institutions received gifts from Nestle: notepads, calendars, posters, pens and auxanometers. Moreover, Nestle company organized training activities for 4 maternity hospitals and 5 FMCs with participation from 4 to 35 staff members from these health institutions. One FMC reported assistance rendered by Nestle company in the form of equipment and working tools.

Nestle company uses health institutions to contact mothers. 3.5% of surveyed mothers reported being contacted by representatives of manufacturing companies and these contacts most often took place in health institutions. Main purpose of contact of manufacturing company representative with mothers was to inform about foodstuff products and granting of gifts. In addition, in some cases mothers received recommendation about consumption of specific brand and received samples of this product. Free samples of BMS were received by some mothers (1,5%) from Nestle company (formula NAN from 0 to 6 months) and milk kitchen (biolact). Moreover, 3.4% of surveyed mothers reported receiving gifts from manufacturing companies (information materials, pampers, auxanometers) and these gifts were always provided by health workers.

Effective launch of exclusive breast feeding is ensured by principles of BFC and at least several of these principles are observed in all surveyed maternity hospitals: rooming-in of mother and child, early giving of breast and feeding by request. Personnel of health institutions are familiar with key documents protecting exclusive breast feeding. However, practice contradicting International Code of marketing rules for BMS was observed along with certain measures supporting breast feeding. Such practice may impede continuation of exclusive breast feeding in the course of 6 months:

- Practice of provision of advance information about introduction of supplementary feeding and recommendations on selection of artificial formulas to mothers was observed both in maternity hospitals and FMCs.
- Information about threats related to artificial feeding is not disseminated sufficiently.
- Delivery of humanitarian aid to health institutions in the form of BMS was observed.
- Health institutions are not protected from advertisement of BMS. Representatives of manufacturing companies contact health personnel and provide information and gifts to health and also use health workers to contact mothers.

4. Conclusions

Protection and expansion of breast feeding require comprehensive approach. Implemented study shows that certain steps on protection and promotion of breast feeding such as Baby Friendly Clinic Initiative undertaken by the Kyrgyz Republic yield positive results. Practice on introduction of some BFC steps in maternity hospitals gained broad ground: organization of joint stay of mother and child in maternity hospital, early giving of breast, feeding by request and informing about advantages of breast feeding.

At the same time, findings of this study are consistent with findings of other wider-scale studies on the issues of feeding early age children and sustaining that prevalence of exclusive breast feeding in the KR remains low. Even when mothers have opportunity to continue feeding babies with breast milk they nonetheless start giving water from early days and later introduce artificial formulas to baby's ration on regular basis. Regular feeding of infant aged 3 to 6 months with artificial formulas may cost from 1000 to 3000 som a month for household. The study shows that mothers do not stop using artificial formulas even when the child is 10-12 months old. Practices of mothers regarding feeding of children are in many respects based on information provided by health workers. Like that, decisions about introducing supplementary feeding, giving water to children under 6 months old and choice of specific product for feeding were most often based on recommendations received from doctors. Therefore, key factor affecting motivation of mothers regarding feeding of infants is the lack of awareness about this issue against the background of active promotion of breast milk substitutes.

The study shows that highly demanded products are products of companies using active methods of promotion. Under such conditions it is important to make sure that marketing of BMS is done according to international requirements. International Code of marketing rules for breast milk substitutes includes 12 main positions and one of them reads that "Manufacturers and distributors should follow the Code (and all subsequent WHA resolutions) irrespective of any actions of governments related to introduction of the Code". Study findings show that system of sale, propaganda and advertisement of BMS existing in the Kyrgyz Republic violates key positions of the Code:

- **No advertisement of any kind of breast milk substitutes**: In the process of study implementation 41 kinds of information materials were discovered. Largest share of them belongs to Nestle and Nutricia companies. Some of them were found in places easily accessible by broad public which makes them attributable to advertisement materials. Analysis of content of these materials also does not comply with International Code requirements, specifically those regarding information about advantages of breast feeding, about negative effect of partial feeding from a bottle and about difficulties emerging from denial of breast feeding. Some materials contain pictures or inscriptions idealizing artificial feeding and feeding from a bottle.

- **No advertisement in health institutions or through health institutions. Rejection of free or cheap supplies (of formulas)**: Information materials were found in health institutions including institution with BFC status. Information materials were found in the halls of health institutions and offices of doctors seeing patients. Health institutions procure BMS and provide artificial formulas as humanitarian aid.

- **No contact between personnel involved in marketing and mothers (including health workers hired by companies for training and recommendation)**: The study revealed cases when representatives of manufacturing companies had contacted mothers even in health institutions with a view of sharing information about their produce and presenting gifts. From words of mothers, gifts were disseminated through health workers.

- **No gifts or samples for personal use to health workers or their families**: Representatives of BMS manufacturing companies had visited more that half of surveyed health institutions and personnel of those institutions had received gifts. In addition, manufacturing companies

had organized training activities for health personnel. One health institution had equipment and tools for work supplied.

- **Inscriptions on labels should be done in the language of the country where the product is sold. Labels should not contain words or pictures (e.g., statements about usefulness of product for health or pictures of babies) idealizing artificial feeding**: More than 20% of labels do not have inscriptions in Kyrgyz. Packs of individual products have pictures or inscriptions encouraging artificial feeding, in particular, feeding from a bottle.

- **All information about artificial feeding including labels should accurately explain advantages of breast feeding and warn about costs and threats related to artificial feeding**: Some labels and information materials do not contain information supporting exclusive breast feeding, i.e., statements about advantages of breast feeding, warning about threat for health in case of improper preparation of product and need to use product only by recommendation of a doctor.

Therefore, to ensure consistent implementation of policy on mother and child health in the Kyrgyz Republic it is required to undertake further steps on protection and support of breast feeding. This document can serve as foundation for further planning of social and legislative measures regulating issues related to provision of safe and adequate feeding for infants and early age children.

5. Annexes

Annex 1.

Main positions of World Health Resolution on International Code of marketing rules for breast milk substitutes

- No advertisement of any kind of breast milk substitutes (any kind of product advertised or offered for replacement of breast milk) and no advertisement of bottles and nipples for feeding.
- No free samples and testers.
- No advertisement in health institutions or through health institutions. Rejection of free or cheap supplies (of formulas).
- No contact between personnel involved in marketing and mothers (including health workers hired by companies for training and recommendation).
- No gifts or samples for personal use to health workers or their families.
- Inscriptions on labels should be done in the language of the country where the product is sold. Labels should not contain words or pictures (e.g., statements about usefulness of product for health or pictures of babies) idealizing artificial feeding.
- Health workers should provide only scientific and evidence-based information.
- Governments should guarantee provision of consistent and objective information about feeding of infants and small children.
- All information about artificial feeding including labels should accurately explain advantages of breast feeding and warn about costs and threats related to artificial feeding.
- Unfit goods and products such as condensed milk should not be offered for child nutrition.
- All products should be of high quality and produced with consideration of climatic conditions and storage conditions in those countries where these products are to be used.
- Manufacturers and distributors should follow the Code (and all subsequent WHA resolutions) irrespective of any actions of governments related to introduction of the Code.

Annex 2.

WHO and UNICEF Program on Baby-Friendly Clinic or Ten Principles of Successful Breast Feeding

1. Have policy on breast feeding stated on paper and bring it to the notice of all health personnel.
2. Train all health workers with skills required to practical application of this policy.
3. Inform all pregnant women about advantages of breast feeding and management of breast feeding.
4. Help mothers to start providing breast feeding within thirty minutes after the child birth.
5. Show mothers how to breast feed and maintain lactation in cases when they need to part with a child.
6. Not to give newborns any food and drink but breast milk with the exception of medical indications.
7. Put into practice round-the-clock stay of mother and child in the same ward.
8. Encourage breast feeding by request.
9. Not to give soothers and pacifiers to breastfed infants.
10. Promote creation of breastfeeding support groups and refer mothers to these groups after discharge from maternity hospital.