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INFANT AND YOUNG CHILD FEEDING KNOWLEDGE AND PRACTICES IN MOLDOVA

Representative opinion poll for caregivers with
children aged 0-23 months in the Republic of Moldova

BRIEF

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Background

The importance of optimal feeding

Optimal feeding during the first 1000 days of life is essential for better health in the future. Infant and child feeding is a key area to ensure the survival, growth and healthy development of children. The first two years of a child's life are particularly important because optimal feeding during this period reduces morbidity and mortality rates as well as the risk of noncommunicable diseases in the future and facilitates better general development.

Exclusive breastfeeding for the first six months of life is the basis for the survival and health of infants as it provides essential and irreplaceable nutrition for growth and development. Breast milk is an important source of energy, nutrients and other biologically active substances for young children. It provides protection against respiratory diseases, diarrhea and other gastrointestinal infections and reduces the risk of infant death. Breastfeeding is one of the main interventions to reduce under-five mortality. It improves human capital by boosting intelligence levels. Exclusive breastfeeding also has a protective effect against obesity and noncommunicable diseases such as diabetes later in life. The longer the period of breastfeeding, the more it reduces the risk of death associated with infections as well as the risk of overweight and obesity and increases intelligence. Breastfeeding also helps maintain maternal health and prevent certain diseases such as breast cancer.¹

Human breast milk is more than a nutritional source perfectly tailored to the infant; it is perhaps the most specific, personalized medicine the infant can receive, which is administered at a time when gene expression is being fine-tuned for life. This is an opportunity for health imprinting that should not be missed.¹

Infant and young child feeding: the international situation

Nutrition is high on the international political agenda. The Decade of Action on Nutrition (2016-2025) proclaimed by the United Nations signals the need for prompt action to improve human nutrition. The Convention on the Rights of the Child establishes the right of every child to adequate food and nutrition.

¹ Victora CG, Bahl R, Barros AJD et al. Breastfeeding. 1. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet* 2016; 387:475-90.

In 2012, the Fifty-sixth World Health Assembly set a target to be achieved by 2025 to increase the rate of exclusive breastfeeding by 6 months of age to at least 50% globally.² The protection, promotion and support of breastfeeding is essential for achieving many of the Sustainable Development Goals (SDGs) by 2030. Breastfeeding is relevant to SDG 3, which includes child health, maternal health and noncommunicable diseases such as cancer and diabetes, as well as overweight and obesity. Sustainable Development Goal 3.2 calls for halting preventable deaths among newborns and children under five. The effects of breastfeeding on intelligence and human capital are important for achieving SDG 4 (quality education), SDG 1 (poverty eradication) and SDG 8 (inclusive economic growth). Breastfeeding can also contribute to achieving SDG 10 (reducing inequality). Increasing breastfeeding and exclusive breastfeeding rates will also contribute to one of the nine global targets on noncommunicable diseases³ that member countries have committed to achieve by 2030, namely, to halt the increase in the prevalence of obesity and diabetes.

In 1981, the World Health Assembly adopted the International Code of Marketing of Breast-milk Substitutes (the Code) to curb inappropriate marketing of breast-milk substitutes. The Code sets minimum requirements for regulating the marketing of breast-milk substitutes, feeding bottles and teats and aims to put an end to aggressive and inappropriate marketing of breast-milk substitutes. A series of subsequent World Health Assembly Resolutions have updated the Code and filled some of the gaps in the original document. These resolutions have the same status as the Code itself.

The Code expresses the collective will of the Member States, informed by the world's highest authority on health, and carries substantial political and moral weight. The implementation of the Code also falls within Member States' obligations under international human rights law. Governments that have ratified the Convention on the Rights of the Child, including the Republic of Moldova, are legally bound to implement the Code to fulfil their obligations under the Convention.

However, more than forty years after the adoption of the Code, the marketing of infant formula products is still one of the most underestimated health risks to infants and young children.

² World Health Organization. WHA Global Nutrition Targets 2025: Breastfeeding Policy Brief. 2014. Available at http://www.who.int/nutrition/publications/globaltargets2025_policybrief_breastfeeding (Accessed December 6, 2017).

³ WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2030 (resolution WHA66.10, extended by WHA72). Available at <https://www.who.int/publications/i/item/9789241506236>

Infant and young child feeding: the situation at national level

The Multiple Indicator Cluster Survey (MICS) conducted in 2012⁴ found that almost all infants (96.7%) were ever breastfed. At the same time, the survey identified worrying declining trends in early breastfeeding and exclusive breastfeeding. Early breastfeeding (during the first hour after birth) was 60.9%, down from 65% in 2005. At the same time, exclusive breastfeeding during the first six months of life decreased over the same period from 46% in 2005 to 36% in 2012. Less than a half of infants (48.4%) were breastfed at the age of one year and only 12.2% were breastfed until the age of two years. A higher percentage of children aged 0-5 months (39.7%) were solely breastfed in rural areas, as compared to 30.4% in urban areas.

One in six children aged 6-8 months (62.4%) received solid, semi-solid or soft food. Only a half of the children aged 6-23 months (49.2%) had minimal meal frequency. Every second child aged 0-23 months (50.2%) was bottle-fed.

The Legal Act on State Supervision over Public Health stipulates (in Article 38(1)) the promotion of breastfeeding as one of the priorities in ensuring a healthy start in life and reducing the burden of disease.⁵ One of the objectives of the National Program on Food and Nutrition for 2014-2020⁶ was to increase the percentage of exclusive breastfeeding to 60% by 2020. However, no assessments have been carried out to determine the extent to which the target was achieved by 2020.

The promotion of exclusive breastfeeding is part of the National Program for the Prevention and Control of Priority NCDs in the Republic of Moldova for 2023-2027⁷ (Specific Objective 5.2: Promote healthy nutrition at all ages to ensure zero increase in obesity and diabetes rates) currently underway.

⁴ National Centre of Public Health within the Ministry of Health of the Republic of Moldova, United Nations Children's Fund (UNICEF), 2014. 2012 Republic of Moldova Multiple Indicator Cluster Survey, Final Report. Chişinău, Republic of Moldova. Available at https://mics-surveys-prod.s3.amazonaws.com/MICS4/Europe%20and%20Central%20Asia/Moldova%2C%20Republic%20of/2012/Final/Moldova%202012%20MICS_English.pdf

⁵ Legal Act 10/2009 on state supervision over public health. Available at https://www.legis.md/cautare/getResults?doc_id=106570&lang=ro

⁶ Government Resolution No. 730/2014 on the approval of the National Program in the field of food and nutrition for 2014-2020 and action plans for its implementation. Available at https://www.legis.md/cautare/getResults?doc_id=110305&lang=ro#

⁷ Government Resolution no. 129/2023 on the approval of the National Program for the prevention and control of priority non-communicable diseases in the Republic of Moldova for 2023-2027 Available at: https://www.legis.md/cautare/getResults?doc_id=136642&lang=ro

In 2018, the Government of the Republic of Moldova transposed the European Union regulations on infant formula and follow-on formulas into the national legal framework,⁸ replacing the previous regulations of 2011. The approved Health Regulations ensured partial transposition of the provisions of the International Code of Marketing of Breast-milk Substitutes and subsequent resolutions of the World Health Assembly into the national legal framework. The Health Regulation sets the requirements on composition and information, in particular for infant formulas and follow-on formulas. In the same year, a new food safety law was adopted, which changed the competences of the involved authorities, but without a respective amendment to Government Decision No. 179/2018. Thus, the Health Regulation was not enforced.

In 2019, the Ministry of Health, Labor and Social Protection (MHLSP) approved the Standard of Outpatient Child Growth and Development Monitoring and the Child Development Record⁹ and put medical facilities in charge of the implementation and monitoring thereof. In 2020, the Ministry of Health, Labor and Social Protection approved the National Clinical Protocol NCP-369/2020: *Natural Breastfeeding*,¹⁰ which sets the policies of perinatal centers, primary health care facilities and hospitals for breastfeeding. PCN-369/2020 sets out the following: exclusive breastfeeding until the age of six months; first breastfeeding - within the first hour of birth; continued breastfeeding until at least one year of age; and introduction of solid foods from the age of six months. Annex 1 to NCP-369 contains a summary of the Code, which refers in particular to the prohibition of advertising/marketing in healthcare facilities. The *Baby-Friendly Hospital* initiative, which contributed to increasing breastfeeding and exclusive breastfeeding rates in the past, has been abandoned.

In 2024, the Ministry of Health approved the Standards for the Assessment and Accreditation of Hospital Facilities.¹¹ One of these standards sets the requirements for the assessment and accreditation of perinatal centers (Annex No. 1.3 to the Standards for the Assessment and Accreditation of Hospital-type Medical Service Providers).

⁸ Government Resolution No. 179/2018 on the approval of the Sanitary Regulation on foods intended for infants and young children, foods intended for special medical purposes and substitutes for a total diet for weight control. Available at https://www.legis.md/cautare/getResults?doc_id=102137&lang=ro

⁹ MHLSP Order No. 964/2019: On the Approval of the Standard for the Supervision of Outpatient Child Growth and Development and the Child Development Notebook. Available at: https://old.msmps.gov.md/sites/default/files/legislatie/ordin_nr_964_din_020919.pdf

¹⁰ National Clinical Protocol: *Natural Nutrition* approved by MHLSP Order No. 269/2020. Available at <https://ms.gov.md/wp-content/uploads/2021/05/PCN-369-Alimentatia-naturala.pdf>

¹¹ Order of the Ministry of Health No. 660/2024 on the approval of standards for health assessment and accreditation. Available at <https://cneas.md/>

Currently, one of the biggest challenges is the lack of adequate regulations to protect breastfeeding from the aggressive marketing of breast milk substitutes. Promotional tactics are often designed to undermine women’s confidence in breastfeeding and to persuade them to feed their babies with low-quality and expensive substitutes that can jeopardize the baby’s health and survival.

Aspects relating to foods for infants and young children other than infant formula and follow-on formula, as well as marketing and promotion, including in health care settings, are loosely regulated or not regulated at all. Feeding bottles and teats are not regulated either.

Introduction to survey

The objectives of the survey were to obtain national representative data on infant and young child feeding, awareness of and practices on child feeding, in order to provide fact-based data for policy makers.

The survey was based on nationally representative interviews with parents/mothers/caregivers of children under 2 years old, covering all regions of the country, including urban and rural localities (260 localities in total). A total of 1206 respondents were interviewed face to face, using CAPI technique. In this context, the method of empirical sampling was applied, based on simple random selection. The margin of error for this sample size is $\pm 2.9\%$. The data was collected during the period of October 1 – December 29, 2024.

Key findings

Core indicators

<i>Breastfeeding indicators</i>	
1. Percentage of children born in the last 24 months who were ever breastfed	94%
2. Percentage of children born in the last 24 months who were put to the breast within one hour of birth	72%
3. Percentage of children born in the last 24 months who were fed exclusively with breast milk for the first two days after birth	62%
4. Percentage of infants 0–5 months of age who were fed exclusively with breast milk during the previous day	49%
5. Percentage of infants 0–5 months of age who were fed formula and/or animal milk in addition to breast milk during the previous day	16%
6. Percentage of children 12–23 months of age who were fed breast milk during the previous day	30%

<i>Complementary feeding</i>	
7. Percentage of infants 6–8 months of age who consumed solid, semi-solid or soft foods during the previous day	89%
8. Percentage of children 6–23 months of age who consumed foods and beverages from at least five out of eight defined food groups during the previous day	73%
9. Percentage of children 6–23 months of age who consumed solid, semi-solid or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more during the previous day	94%
10. Percentage of non-breastfed children 6–23 months of age who consumed at least two milk feeds during the previous day	65%
11. Percentage of children 6–23 months of age who consumed a minimum acceptable diet during the previous day	59%
12. Percentage of children 6–23 months of age who consumed egg and/or flesh food during the previous day	81%
13. Percentage of children 6–23 months of age who consumed a sweet beverage during the previous day	58%
14. Percentage of children 6–23 months of age who consumed selected sentinel unhealthy foods during the previous day	56%
15. Percentage of children 6–23 months of age who did not consume any vegetables or fruits during the previous day	7%
<i>Other indicators</i>	
16. Percentage of children 0–23 months of age who were fed from a bottle with a nipple during the previous day	53%

Background information

- 2.22 is the average number of children per household, almost half of them under 24 months.
- 53% of children under 24 months are males.
- Every third child under 24 months was 6-12 months old.
- 88% of the children surveyed were delivered in a public health facility and 11% in a private health facility.
- 28% of children were born through the caesarean section: 64% of those used private maternity, as compared to 24% of mothers who used public maternity.
- 82% of children had a weight range of 2.5-4 kg at delivery. The average weight at delivery of the children surveyed was 3.37 kg.

Feeding immediately after birth

- 56% of children were breastfed at the time of the interview. The older the child, the less likely they are to be breastfed.

- 76% of children who have ever been breastfed were put to the breast within one hour after the birth.
- 34% of ever breastfed children were also given food other than breast milk in the first two days after delivery.

Current breast- and bottle feeding

- 99% of the children who were breastfeeding on the day of the interview were breastfed during the previous 24 hours before the interview.
- 53% of children consumed food from a bottle with a nipple during the previous 24 hours before the interview.
- 3% of children were given an Oral Rehydration Salt solution during the previous 24 hours before the interview.
- 49% consumed some vitamins or mineral supplements or some medicines during the previous 24 hours before the interview.

Consumption of liquids

- 74% of children consumed water during the previous 24 hours before the interview (water is the liquid most often consumed).
- Secondary liquids were tea or herbal drinks (48%) and clear broth or clear soup (47%).
- One in three children consumed infant formula and one in four consumed yogurt drinks or fruit juice.
- 2% of the respondents reported feeding their children with a chocolate-flavored drink and soda or a sports drink.
- 3.4 is the average number of times a child was fed with formula during the previous 24 hours (among those children who consumed formula).
- Of those children who consumed animal milk, it was consumed on an average 1.8 times within 24 hours.
- In the case of 30% of the children who consumed milk, it was a sweet or flavored type of milk.
- In the case of the children who consumed yogurt, it was consumed on an average 1.4 times within 24 hours. 79% of them consumed a sweet or flavored type of yogurt.

Consumption of foods

- The three most popular types of foods consumed by children aged under 24 months were cereal foods (porridge, bread, rice, noodles, pasta, corn, wheat, etc.) (66%), fruits (apples, bananas, blackberries, cherries, grapes, plums, pears, strawberries, etc.) (66%), and white potatoes (59%).
- The survey found that a high percentage of children were consuming unhealthy food, such as sweet foods (42%), sausages, bacon, etc. (17%) and chips (9%).
- Of those children who consumed solid yogurt, it was consumed on an average 1.5 times within 24 hours.
- Of those children who were breastfed more than 6 months, 65% (or 58% of the total sample) were or have been exclusively breastfed.

Awareness, perceptions and attitudes

- Caregivers demonstrate predominant perceptions in favor of breastfeeding as compared to infant formula: 9 out of 10 caregivers agree that breastmilk provides all the nutrition a child aged under six months might need; over 90% of caregivers agree that it is best to breastfeed infants until they are at least 12 months old.
- A relatively high level of uncertainty was registered regarding the importance of specialty formulas (one of every ten respondents).
- Over 80% of caregivers agreed with most of the statements about the main child feeding recommendations.
- At least 2/3 of the respondents agreed with all 6 proposed statements about the importance of breastfeeding for the health of child and mother, their connection, and child brain development.
- 20% of the respondents did not know that toddler formulas or infant formula products often contain added sweeteners.
- 39% did not agree that children aged under two should not consume any drinks with added sugar.
- Over 84% of the respondents agreed with 14 of 16 statements about breastfeeding and complementary feeding proposed to them during the interview.
- 16% of the respondents were not sure if BF can reduce the risk of certain diseases/conditions such as diabetes, obesity, etc.; and 13% were not aware that a sick child needs more breastfeeding.
- In general, the respondents demonstrated good knowledge of certain key child feeding indicators, such as the time to start breastfeeding after birth, the number of months for exclusive breastfeeding, the minimum number of times per day to feed the child, etc.

- Children aged under 24 months are fed by their mothers in almost all cases (99%). The male partner is always or often involved and provides support in feeding or preparing food for the infant only in every second household. The male partner is actively (always or often) involved in discussions about child nutrition and feeding in 70% of households.
- Mothers receive information about breastfeeding and complementary feeding from their family/general doctors more often after delivery (73% on an average) than during pregnancy (62% on an average).
- The three most frequent sources of information about breastfeeding, child nutrition and feeding are the family doctor (57%), online resources (38%) and relatives (30%).

Advice and promotion of breastmilk substitutes

- 28% of the respondents received advice in the past six months that they should feed their child with some milk products other than breast milk.
- Most often these respondents were advised to use infant formula (0+ months) (32%) and animal milk (28%).
- Relatives/friends and pediatricians are the main source of information that has advised some milk products other than breast milk.
- Nestle products were more likely to be recommended as food supplementary to breast milk.
- 23% of caregivers were recommended to start feeding the child some other food or drink products when the child was under 6 months old.
- The main product type recommended was specific supplementary foods or liquids (63%).
- Relatives and friends were the most important source of recommendations for all types of food or drink products.
- Nestle was the most recommended brand.
- 38% of respondents saw some promotion materials (mainly flyers and posters) at the healthcare facility they attended on some baby milk products or feeding bottles and teats for children younger than 2 years old.
- The three products remembered most often as having been promoted were infant formula (40%), feeding bottles and teats (28%) and follow-up/on formula (19%).
- Nestle was the most promoted brand for milk products, while Chico and Philips Avent were most promoted for other type of products.

- 41% of the respondents remembered having seen or heard some promotion materials in the past six months from companies that offer some baby milk products for children under 2 years or feeding bottles and teats.
- The four main sources of promotion were TV (19%), retail outlet/pharmacy (16%), social media (10%) and other online resources (12%).
- The three products most often remembered as having been promoted were feeding bottles and teats (38%), infant formula (33%) and follow-up/on formula (20%).
- Nestle was the most promoted/best remembered brand.

Social groups and events

- Every fourth mother was involved in some of the five covered groups or events (online social groups, online events or activities, in-person social groups, classes on parenting of child feeding, baby fairs or festivals) during the past six months, with online social groups being the most preferred event type (16% of the respondents).
- All types of social groups and events were sponsored or organized by companies that offer some food or drinks for children under 2 years or feeding bottles and teats; more often it was true in the case of events or activities (39% of those who attended them) and classes (33%).

Free samples and coupons

- 7% of caregivers confirm they received some free samples and 3% received coupons for some baby milk products for children under 2 years during the past six months.
- The products that were more often received as samples were infant formula (51%) and follow-up formula (31%).
- The three actors who provided samples and coupons most frequently were family or general doctors, pediatricians and pharmacy staff.
- Samples and coupons were more often distributed at primary health clinics, hospitals and pharmacies.

Conclusions

Nearly half of children (49%) were **exclusively breastfed** in the first six months of life in 2024, up from 36.4% in 2012. However, the global target of at least 50% of children up to six months of age exclusively breastfed by 2025 has not yet been reached. Progress has also been made in initiating breastfeeding

within the first hour after birth (72% in 2024 vs. 60.9% in 2012). At the same time, there have been some setbacks in breastfeeding. The percentage of children who were ever breastfed fell to 94% in 2024 from 96.7% in 2012. The percentage of children breastfed at the age of one year in 2024 (15%) dropped to one third of that in 2012 (48.4%) and only 5% of children were still breastfed at the age of two years in 2024, as compared to 12.2% in 2012. The relatively low rate of exclusive breastfeeding up to the age of six months may be the result of the influence of formula companies on healthcare workers and their direct contact with mothers on social media platforms, mothers' lack of awareness of the dangers to children who are not breastfed and possibly insufficient support from health workers, family and community. Growing exclusive breastfeeding rates are a powerful tool to improve the health status and, respectively, the country's economic development.

In 2024, there were improvements in solid, semi-solid and soft food **complementation** for children aged 6-8 months (89%), as compared to 2012 (62.4%). About three-quarters of children aged 6-23 months were fed a minimum dietary diversity expected for this age. Six out of ten children aged 6-23 months (59%) were fed a minimum acceptable diet, and eight out of ten children (81%) were fed eggs and/or meat foods.

Most mothers and caregivers are unaware of the harmful effects of **unhealthy diets** and their long-term implications for children's eating behavior and health. Unhealthy eating is very common among children aged 6-23 months: about six out of ten children have been fed sugar-sweetened drinks (58%) and unhealthy foods (56%). At the same time, a significant percentage of children of the same age (7%) were not fed any fruits or vegetables.

Bottle-feeding of children aged 6-23 months was widespread and increased in 2024 (53%), as compared to 2012 (50.2%). It poses risks to infant and young child health, representing a potential source of infection and undermining optimal sucking behavior.

Awareness and perceptions:

- **Infant formula and breastfeeding.** Infant caregivers were confused in their awareness and perceptions of the benefits of breast milk vs. infant formula. Although almost all infant caregivers (91%) are aware of and perceive the benefits and superiority of breast milk, every third caregiver (31%) believes that infant formula is nutritionally superior to breast milk, one-fourth of them (25%) believe that infant formula is better than breast milk for the infant's digestion, and every fifth (21%) thinks that infant formula is better for the infant's brain development, as compared to breast milk.

- **Baby drinks.** There is a discrepancy between the respondents' awareness of sugar-sweetened drinks and the practices of giving them to babies. Six out of ten respondents (61%) are aware that children under two years of age should not consume sugar-sweetened drinks, while 58% of children have consumed such beverages. Approximately seven out of each ten respondents (69%) are aware that children under six months should not be given whole milk
- **Breastfeeding and complementary feeding.** More than 90% of the respondents are aware of the benefits of breastfeeding and the recommendations for complementation. However, significant percentages of the respondents are not aware of the long-term benefits of breastfeeding, such as reducing the risk of noncommunicable diseases (diabetes, obesity) (16%), that sick children need more breastfeeding (13%), that children aged 6-11 months should be breastfed on demand (10%), and that sick children need the same or higher amounts of fluids than usual (10%).
- **Sources of information on breastfeeding, infant feeding and nutrition.** The family doctor is the main source of information on breastfeeding, infant feeding and nutrition - but this is true only for six out of ten respondents (59%). A considerable percentage of the respondents (38%) use the Internet (information outlets other than social media) as a source of information. The percentages of the respondents who have received information on breastfeeding and complementary feeding after childbirth from their family doctor (75% and 71% respectively) are higher, as compared to those who have received such information during pregnancy (64% and 59% respectively).

Advice on baby feeding. More than a quarter of all respondents (28%) were advised to use milk types other than breast milk for infant feeding. A third of these (32%) were advised to use infant formula (for babies under 6 months), 28% - to use cow milk or goat milk, and 17% - to use a follow-on formula (for babies over 6 months). Relatives and friends were those who gave advice on infant feeding most frequently. Most often, they recommended using cow milk or goat milk (68%) or a combination of certain products (42%).

Family doctors, pediatricians and other health workers played a lesser role, compared to other actors, in giving advice on infant feeding: 46% of the respondents said they were advised by them to use infant formula and 34% - to use a follow-on formula.

About a quarter of the respondents (23%) were advised to feed their children under 6 months with other products and drinks. Family doctors, pediatricians and other health workers were the main source of advice (66%) on complementary feeding. A considerable percentage of the respondents (35%) mentioned that relatives and friends had given them advice on complementary foods and drinks, and every second

respondent (47%) mentioned that relatives had recommended a combination of certain product categories.

Infant formulas, follow-on formulas, feeding bottles and teats **are freely promoted**, including in health care facilities. Four out of ten respondents (38%) mentioned that they had heard or seen some promotional material on the products mentioned **in health care facilities** (maternity wards and primary health care institutions) in the form of brochures (24%), posters (21%) or videos (8%). The products most commonly promoted in health care facilities were infant formula (40%), follow-on formula (19%) and feeding bottles and teats (28%).

Baby foods, feeding bottles and teats are promoted without any obstacles and in various media sources. Every third respondent mentioned that they had heard or seen some promotional materials from various companies offering these products. The main sources mentioned were TV (19%), shops/pharmacies (16%), the Internet (information sources other than social media) (12%) and social media (10%). The most promoted products were feeding bottles and teats (38%), infant formula (33%) and follow-on formula (20%).

Every fourth mother was involved in some **groups and social events** for mothers and/or caregivers. Companies offering baby foods, feeding bottles and teats sponsored and organized events and activities of various types. The respondents mentioned most frequently various events and activities (39% of the respondents), classes (33%), online events or activities (33%).

Offering free samples is another product promotion practice covered under the scope of the Code; 7% of the respondents mentioned having been offered free samples of food for children under 2 years of age. Half of them (51%) mentioned that they had received infant formula and 31% - follow-on formula. Free samples of infant formula were most frequently offered in hospital health care facilities (51%), primary health care facilities (34%) and pharmacies (13%). Family doctors and pediatricians most frequently offered free samples of children's foods (respectively 37% and 16% of them offered infant formula, and respectively 48% and 19% of them – follow-up formula). Other medical (nurses, midwives) and pharmaceutical staff were also mentioned by respondents as having offered free samples. 3% of the respondents mentioned having been offered coupons for baby food, feeding bottles and teats (mainly by their family doctors).

Recommendations

1. At health system level

- 1.1. To strengthen the capacity of health care institutions to promote and support exclusive breastfeeding. To ensure effective and efficient implementation of the Perinatal Center Assessment and Accreditation Standard.
- 1.2. To modify and supplement the curricula and the continuous medical education and training syllabi for doctors, midwives, nurses and other health care workers in order to improve their level of awareness regarding breastfeeding and optimal infant and young child feeding and to train appropriate practical skills to support breastfeeding and exclusive breastfeeding up to 6 months of age.
- 1.3. To improve the awareness of health workers through training and the continuous medical education on optimal infant and young child feeding practices, including protection, promotion and support of exclusive breastfeeding.
- 1.4. To develop and implement an appropriate monitoring and assessment system for optimal infant and young child feeding and breastfeeding that will encompass all levels of management within the health system and will be evidence of improvement.
- 1.5. To develop and post online (on the website of the National Agency for Public Health and other health care institutions) relevant information for pregnant mothers and potential caregivers of young children on exclusive breastfeeding, adequate complementation and optimal infant and young child feeding.
- 1.6. To motivate and empower health workers to provide timely and appropriate advice and practical support to pregnant women, mothers and other caregivers of children under 3 years of age on exclusive breastfeeding and optimal infant and young child feeding.
- 1.7. To consider the possibility of introducing exclusive breastfeeding and optimal infant and young child feeding as performance indicators for health care facilities (maternity hospitals and primary health care institutions, whether public or private).

2. At policy level

2.1. To review, amend and supplement the national legal framework in order to fully comply with the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions, in particular with reference to:

- Legally banning all forms of marketing of breast milk substitutes, feeding bottles and teats, including in health care settings and online,
- Introducing sanctions for non-compliance and establishing competent authorities for monitoring and enforcement of the adopted laws and regulations,
- Clearly delineating the competences among the concerned authorities (the Ministry of Health, the National Agency for Public Health and the National Agency for Food Safety) in order to implement the national legal framework transposing the International Code of Marketing of Breast-milk Substitutes and the subsequent resolutions of the World Health Assembly,
- Ensuring effective and efficient implementation of the adopted legal framework.

3. At community level

3.1. To implement communication and awareness-raising campaigns on the importance of exclusive breastfeeding and optimal feeding for the survival and health of infants and young children, including the following:

- The hazards of not exclusively breastfeeding infants up to the age of 6 months for children's health in the future,
- The risks of long-term unhealthy eating for eating behaviors and one's state of health,
- Promoting knowledge and best practices on exclusive breastfeeding and optimal infant and young child feeding,
- Socio-demographic characteristics of different caregiver groups,
- The importance of father, family and community support to support exclusive breastfeeding and optimal infant and young child feeding.

4. For the research

4.1. The discrepancies between caregivers' awareness and perceptions of breastfeeding and infant formula, unhealthy feeding on the one hand, and their infant and young child feeding behaviors on the other hand, as well as the high prevalence of bottle-feeding, require further in-depth research, including qualitative research to better understand the causes and possible drivers that could be addressed to reduce these causes. It is recommended to conduct a profiling of caregivers (e.g. not exclusively breastfeeding, not breastfeeding until the age of 1 year, bottle feeding, etc.) with the involvement of family doctors (in villages and towns), pediatricians, and maternity staff of both, public and private health care settings.

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