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

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Data sourced from:

- Statistical Yearbook of Armenia, 2011 -http://armstat.am/file/doc/99466623.pdf
- Armenian DHS 2010
- LWTD Armenia 2011: Compliance with the International Code of Marketing of Breastmilk Substitutes & Subsequent WHA Resolutions in Republic of Armenia
- National Nutritional Strategy and Action Plan for 2012-2015

Summary of the situation of breastfeeding (BF) in Armenia

The overall situation of breastfeeding in Armenia has improved over the last decades as shown by the increasing breastfeeding rates. However in the last couple of years the situation of breastfeeding has come to a stall and **progress has stopped**.

One of the key challenges that Armenia is currently facing relates to **complementary feeding,** which is often nutritionally inadequate, as a result of lack of knowledge. This has led to increasing rates of stunting, anemia and overweight among children.

During the last decades Armenia has made significant changes in policy with regard to breastfeeding promotion and numerous interventions have been implemented to increase the percentage of optimally breastfed infants. Among them implementation of **baby-friendly hospital initiative (BFHI) and baby friendly polyclinics initiative (BFPI)** have proved to be very effective.

However, **since 2008 implementation of baby friendly initiatives and the reassessment process has been discontinued in Armenia.**

Aggressive marketing practices of infant food companies and distributors is one of the main obstacles for achieving optimal infant and young child feeding. The comparison of results between 2011 monitoring and previous ones shows that company marketing practices in general have become more aggressive. While some minor violations reported previously have been stopped, the promotion to general public has increased dramatically.

The draft law on "Marketing of Infant food and related products" has been weakened and has not been adopted yet. The draft does not ban **health and nutrition claims**[1]**,** and does not contain the requirement for labels to warn users on **potential contamination of infant formula products** as required by WHA Resolution 58.32. The ban on advertisement of complementary foods was removed from the draft after circulation in the Parliament in 2011**.** The new 2012 Parliament has stopped circulating the draft and thus the process for its adoption had been halted.

Even though infant and young child feeding issues are included in the training curricula of medical

BOX 1. The **WHO Global Strategy on Infant and Young Child Feeding** states: Nutrition is a crucial, universally recognized component of the child's right to the enjoyment of the highest attainable standard of health as stated in the Convention on the Rights of the Child. Children have the right to adequate nutrition and access to safe and nutritious food, and both are essential for fulfilling their right to the highest attainable standard of health. Women, in turn, have the right to proper nutrition, to decide how to feed their children, and to full information and appropriate conditions that will enable them to carry out their decisions. These rights are not yet realized in many environments.

[1] Nutrition, health and related claims are voluntary statements made by manufacturers on labels and in advertising about the nutrient content of a food, or a relationship between a food and health. Claims are different from required *nutrition information*. They are used primarily as promotional marketing tools and thus violate the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions. If new ingredients are found to be essential, they should be in all formula and all infant foods and not give the impression that the products with additives are like breastmilk. http://www.ibfan.org/art/333-1.pdf

students, the amount of **training provided during this time is limited and insufficient.** Moreover **on-the-job trainings should be reinforced** because of the significant influence that doctors have on feeding practices. Pediatricians will need similar training and sets of recommendations for complementary feeding as has been done for breastfeeding.

1) General points concerning reporting to the CRC

In 2013, the CRC Committee will review Armenia's combined 3rd and 4th periodic report.

At the last review in 2004 (session 35), IBFAN presented a report on the state of breastfeeding prepared by "Confidence", a health NGO based in Armenia. In its last Concluding Observations, the CRC Committee recommended to Armenia, in para 46, to "(a) increase resources for primary health care; (b) facilitate greater accessibility to health services *"in particular in rural areas, including access to prenatal clinics and maternity hospitals; (c) take measures to reduce child and infant mortality…; (d) take measures to improve children's nutrition,* ***including education to proper breastfeeding practices among mothers****, and to remedy inequalities in access, availability and affordability of nutritious food; (e) take measures to educate the public on health eating habits, providing necessary supplementation to reduce the incidence of iron deficiency among mothers and children; (f) strengthen data collection mechanism…."*

2) General situation concerning breastfeeding in Armenia

The following statistical data are available from the *National Statistical Services of the Republic of Armenia for the beginning of the year 2011*[2]**.**

Table 1. General Statistical data

Total population size	3 262 600 persons
Life expectancy at birth (years)	74.1 (70.6 for males & 77.2 for females)
Birth per 1000 population	13.8
Population under 1 year	44 400
Population 1-4 years 5-19 years	161 100 659 300
Number of annual births (2010)	44 825
Infant mortality rate	11.4 (per 1000 live birth)

Data on breastfeeding and infant health

Proper nutrition is the guarantee for healthy growth and development of each child. Article 24 of the Convention on the Rights of the Child affirms the right of each child to adequate nutrition and to the

[2] Statistical Yearbook of Armenia, 2011, available at http://armstat.am/file/doc/99466623.pdf

highest attainable standard of health.

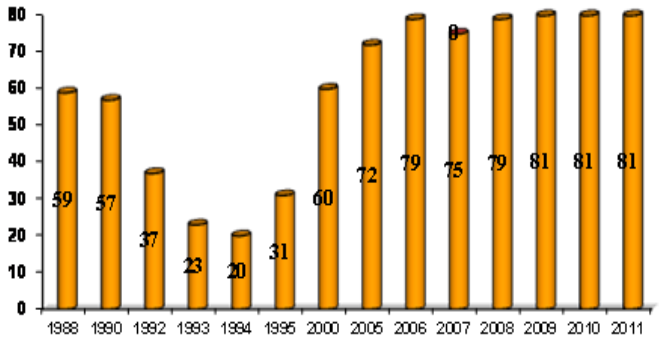
Breastmilk is the optimal source of nutrients for infants, exclusively for the first six months of a child's life, and complemented with timely, adequate and appropriate complementary feeding up to two years of beyond. Based on evidence of the effectiveness of interventions, achievement of universal coverage of optimal breastfeeding could prevent 13% of deaths occurring in children less than 5 years of age globally. Similarly in Armenia breastfeeding can save at least 60 infant lives yearly[3].

The official governmental statistics shows the following figures of breastfeeding rates in Armenia (Table 2 and Graphic 1).

Table 2. *Breastfeeding rates according to the governmental statistics (source: MOH of RA)*

	2001	2003	2004	2005	2006	2007	2008	2009	**2010**	**2011**
Exclusive BF at 6 months	-	69,3%	34,5%	48 %	51%	52,2%	57%	57,8%	**62%**	**61,6%**
Predominant BF[4] at 4 months	69%	74,5%	76,2%	72%	79,1%	75%	79,3%	80,65	**81%**	**81,3%**
Any BF at 3 months	86,8%	84,6%	88,5%	-	80,8%	88,5%	83%	80,8%	**81%**	
Continued BF at 1 year	29,3%	35,7%	36,2%	38%	39,5%	39,1%	43%	44%	**43%**	**43,3%**

Graphic 1*. BF rates in Armenia according to government statistics (Full breastfeeding[4] at 4 months)*



According to the *Armenia Demographic and Health Survey 2010 (ADHS 2010),* most of the children

[3] The Lancet, Vol 362, July 5 2003, pg. 13

[4] **Exclusive BF** means giving a baby no other food or drink, including no water, in addition to breastfeeding; **Predominant BF** means breastfeeding a baby but also giving small amounts of water or water based drinks-such as tea; **Full BF**means breastfeeding either exclusively or predominantly.

under 6 months are breastfed (89 %). However, according to the same survey, the percentage of **exclusively breastfed children** is lower (just 35 %). The difference from MOH data, showed in Table 1, can be explained by the different methodologies used, and the truth probably lies in between these two numbers.

Following the change in WHO recommendations, the MOH changed breastfeeding policy in 2005, recommending that mothers breastfeed exclusively for **six months**, instead of the 4-6 months that had been previously recommended by WHO.

Despite the promotion of BF and several years of economic growth in Armenia, the comparison of Armenian Demographic and Health Surveys (ADHS) carried out in 2000, 2005 and 2010 showed that, **the percentage of undernourished children has not declined**. The prevalence of *stunting* (low height for age) in Armenian children under age five remained steady at 13% between 2000 and 2005, while in 2010 increased to 19%. The percentage of *underweight* (low weight for age) and *wasting* (low weight for height) also increased during that time (3 to 4% and 2 to 5% respectively). Meanwhile the number of *overweight* children has increased from 11% in 2005 to 15% in 2010. (Table 3).

Table 3. Malnutrition Data

% of Children suffering from: (Source: ADHS)

Stunting	13% (2000-2005) 19% (2010)
Wasting	2% (2000-2005) 5% (2010)
Underweight	3% (2000-2005) 4% (2010)
Overweight	11 % (2005) 15% (2010)

These figures can be explained **by poor complementary feeding practices.** There is an urgent need for assessing the situation of infant and young child feeding during the complementary feeding period (6 months - 2 years of age) to identify current complementary feeding practices, asses their adequacy, and identify the reasons behind them such as the knowledge and capacity of communities and families, which may be contributing to the stagnant rates of malnutrition in the country, in order to suggest feasible practices and methods for raising awareness of mothers and communities.

3) Governmental policies and programs in support to breastfeeding

Since the declaration of its independence, the Republic of Armenia, as a United Nations member state, joined the international conventions and declarations regarding women and children, assuming the obligations arising from them. Within the framework of the implementation of those responsibilities national importance was given to the mother and child issues, fixing them in the Constitution and laws.

Child nutrition, health and welfare issues are reflected in a number of documents adopted at the national level, including:

- National Strategy of Maternal and Child Health Protection 2003-2015 (2003);

- National Child Protection Program and Action Plan for 2004-2015 (2003);
- The UN Development Assistance Framework 2010-2015 program (UNDAF), which focuses on the Millennium Goals in the context of a comprehensive child protection, health and nutrition problems;
- The Sustainable Development Program and Plan of Action, which emphasizes the importance of Maternal and Child Health and nutrition issues as priority programs (2009);
- The national concept and implementation plan of the flour fortification (2011);
- The national strategy of food security (2011);
- National Strategy on Child Nutrition and 2012-2015 Action Plan (2011). The strategy is in line with the Global Strategy on IYCN. However **it is still awaiting approval by the government,** and thus its implementation has not yet started.

Programs aimed at improving early child health and nutrition include:

- The national program to eliminate iodine deficiency;
- The breast-feeding promotion and support program;
- Implementation of "baby friendly" initiatives in maternity hospitals and children's polyclinics;
- The national flour enrichment program;
- "Infant and young child growth and development" monitoring program.

4) The state of implementation of the International Code of Marketing of Breastmilk Substitutes in Armenia

In May 1999, some provisions of the International Code of Marketing of Breastmilk Substitutes were introduced into the national legislation of Armenia - through the *National Law of the Republic of Armenia on Advertisements*, and the *Law on Food Safety*, which establish some requirements for labeling and advertisement of breastmilk substitutes and special foods, including infant formula, as well as regulate other issues.

However, currently the Armenian legal framework on infant food marketing is imperfect with **inadequate enforcement and monitoring** of the International Code and the mentioned national laws. There are **no sanctions for violations** of these laws, and health care providers are not familiar with many of the fundamental provisions of the Code and their responsibilities in this area. Public awareness in this area is even more limited.

In 2005, as a result of the initiative by Ministry of Health and UNICEF, with the direct participation of Confidence Health NGO, **a new draft law** on *"Marketing of Infant food and related products"* was developed. Unlike the *Law on Advertisements*, the new draft law defines the instructions for monitoring company marketing practices and the sanctions in case of violations of the law.

In 2011, the draft was amended and with the new name ***"Breastfeeding promotion and regulation of infant food marketing"*** was considered by the Parliament in 2011. However after the May 2012 elections, **the draft is out of circulation** from the Parliament.

Breastfeeding advocates are concerned that during the first circulation in Parliament **the draft law has been weakened**. The ban on advertisement of complementary foods has been removed and there is a concern that the draft can be further weakened during the adoption. Also, the requirements of 2005 WHA Resolution 58.32 to **ban health and nutrition claims** and to demand for **warnings on the labels about possible contamination of powdered infant milks** are not included in the draft.

If the draft will be adopted without improvements, many of the violations of the International Code and Subsequent Resolutions recorded in the 2011 Armenia monitoring report will be allowed under the new legislation.

Breastfeeding advocates are strongly suggesting to add the requirements of 2005 WHA Resolution 58.32, including ban on nutrition and health claims, ban on advertisement of complementary foods and the requirement for warnings on the labels about possible contamination of powdered infant milks.

The following amendments to the draft law are proposed:

> *- A manufacturer or distributor shall not offer for sale or sell a designated product if the container or label affixed thereto contains any representation that states or suggests that a relationship exists between the product or constituent thereof and health, including the physiological role of a nutrient in growth, development or normal functions of the body.*
>
> *- states in preparation instructions for infant or follow-up formula in powdered form that powdered formula may be contaminated with micro-organisms during the manufacturing process or may become contaminated during preparation and that it is therefore necessary to discard any unused formula immediately after every feed.*

Violations of the International Code

Food manufacturers and distributors violate the provisions of the Code and the two national laws, which implement it locally (the Law on Advertisement and the Law on Food Safety) by using a number of product promoting methods. Such violations influence mothers' choice on how to feed their infants, reduce breastfeeding rates in the Republic and seriously harm the health and social well being of infants and their mothers.

Monitoring reports carried out by 'Confidence' Health NGO since 2003 show that marketing practices by infant food manufacturers and distributors have become increasingly aggressive. While some minor violations reported previously have been stopped, the promotion to general public has increased dramatically.

Since 2003, this NGO has carried out 5 national surveys, which looked countrywide at the marketing practices of the baby food industry and found serious violations of the Code and national laws. Violations found as a result of monitoring in 2009 are presented in the report of the International Code

Documentation Center (ICDC) "Breaking the Rules 2010"[5] and those found in 2011 monitoring are reported in "Look what they are doing: Armenia, Code violations 2011" (attached to this report and available online at IBFAN web site - http://www.ibfan.org/art/LWTD-Armenia-2011.pdf).

One of the most dangerous marketing strategies by companies, which has been observed during the last monitoring campaign, is the *use of health and nutrition claims*. By displaying the same claims on products labels in advertisements to general public, in company web sites, company materials intended for health workers and general public, companies create the belief that company made artificial food is healthy and solves a lot of "problems". Under the International Code, product labels should not discourage breastfeeding but the idealizing claims and logos made for breastmilk substitutes have the effect of undermining breastfeeding because they will inevitably imply a benefit and distort public perceptions of the risks of artificial feeding.

Involving doctors in promotion of infant feeding products is another dangerous trend that undoubtedly causes harm and leads women to stop or not choose breastfeeding even without medical indications or when they face no breastfeeding problems.

5) The state of implementation of the Baby Friendly Hospital Initiative (BFHI)

Health care practices in maternity facilities have a major effect on infant feeding.

In 1999, MOH of Armenia together with UNICEF Armenian country office launched the implementation BFHI. Further, in 2003, a new initiative was launched in Armenia, the *Baby Friendly Polyclinic Initiative (BFPI)*, which is the adapted version of BFHI designed for implementation in polyclinics. As a result of these initiatives that aim to promote and protect breastfeeding, positive changes have been registered in breastfeeding trends.

Currently 19 hospitals countrywide (7 in Yerevan & 12 in the regions) and 9 polyclinics are nominated as baby-friendly.

Similar to the 10 steps of Successful Breastfeeding, BFPI aims to implement 10 steps that promote optimal infant and young child feeding (See BOX 2). These include steps related to timely introduction of adequate complementary feeding and safe and adequate replacement feeding when needed. One of the steps is related to complying with all provisions of the International Code of Marketing of Breastmilk

BOX 2: The ten steps of BFPI

Pediatric polyclinics intending to become baby-friendly should:

1. Have a written policy on infant and young child feeding that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of BF.
4. Regularly perform BF screening at estimated dates and support mothers in initiation and maintenance of BF.
5. Promote exclusive BF for 6 months and continued BF for 2 years or more.
6. Encourage BF on demand.
7. Provide mothers with necessary information on timely, adequate and appropriate complementary feeding.
8. Inform mothers of infants who are not breastfed about safe and appropriate alternative feeding options.
9. Comply with all provisions of the International Code on Marketing of Breastmilk Substitutes.

Substitutes.

In 2008 UNICEF Armenian country office and the MOH of Armenia carried out an assessment of the effectiveness of implementation of baby-friendly practices in primary health care facilities. The results of the study proved the effectiveness of baby-friendly initiatives in general and especially of the Baby-friendly Polyclinics Initiative. As shown in Table 2, among infants cared for in *baby-friendly polyclinics* (BFP) exclusive, predominant and full breastfeeding rates are significantly higher than those cared in *polyclinics without nomination* (PWN). Rates are compared also in infants born in *baby-friendly hospitals* (BFH) and *hospitals without nomination* (HWN).

Since 2008, the implementation of the baby friendly initiative has been discontinued in Armenia together with the reassessment of baby friendly facilities. Even maternities and policlinics that received relevant training before 2008 have not been assessed or nominated as baby-friendly yet.

Lack of continuous and systematic reassessment of baby-friendly facilities contributes to worsening of practices in those facilities. For instance, monitoring of the implementation of the International Code on Marketing of Breastmilk Substitutes carried out in 2011 revealed serious violations of the Code in some baby-friendly hospitals.

Table 2. *BF rates in Baby-friendly Polyclinics (BFP) and Polyclinics Without Nomination (PWN)*

BF rates	BFP	PWN	BFH	HWN
Exclusive BF	73,5 %	53,5 %	60,4 %	68,1 %
Predominant BF	19 %	22,5 %	24,2%	15,6%
Full BF	92,5 %	76 %	84,6%	83,7 %
Partial BF	7 %	15,5 %	11,2%	11,2%
Artificial feeding	0,5 %	8,5 %	4,2%	5%

6) Maternity protection for working women

Currently in Armenia the duration of maternity leave is 70 days before and 70 days after giving birth, with benefits amounting to 100% of salary, paid by the government. In case of complicated delivery the postpartum leave is increased to 85 days and in case of twins, triplets or more – 110 days. There is also a system of state allowances for families with children, but the benefits are very small.

7) HIV and infant feeding

According to the HIV/AIDS situation assessment in Armenia, the estimated number of people living with HIV is 2500. In 2010, in total 536 patients were diagnosed with AIDS, among them 124 were women, 5 children.

The infant feeding recommendations for HIV infected mothers is specified in the national strategy/program on prevention of HIV mother to child transmission, which establishes that the state is obliged to provide infants born to HIV positive mothers with artificial food. Taking into account the low prevalence and small number of infants born to HIV positive mothers MOH considers such a solution to the problem completely realistic for Armenia.

8) Recommendations

- Given the very positive impact of **baby-friendly hospitals initiative**, continue with and *re*-launch the implementation of the Baby-Friendly Hospitals and Polyclinics Initiative (BFHI and BFPI) and reassess already certified health facilities, in order to ensure high quality baby-friendly practices.

- The parliament should re-open discussions on the **draft law on "Marketing of Infant food and related products"** and accelerate its adoption.
  The draft should be strengthened in order to ban nutrition and health claims and require label warnings on possible contamination of powdered infant milks, as required by WHA Resolution 58.32. It should also be strengthened to include a ban of advertisement of complementary foods.
  Further, the law should incorporate a transparent and systematic monitoring mechanism and sanctions against violators of the Code.

- As a means of combating malnutrition, conduct research on current **complementary feeding practices,** to identify inadequate infant and young child feeding practices and their causes and assess the knowledge on nutritional adequacy of local complementary feeding diets. Suggest feasible solutions to restore or strengthen the population's capacity to provide adequate complementary feeding by using local foods.

- Speed up the approval and implementation of the **National Strategy on Child Nutrition and 2012-2015 Action Plan**.

- Improve the **training curricula** of medical students of breastfeeding and complementary feeding, and establish **on-the-job continued training** for health professionals**.**