

UNDER [SOCIAL MEDIA] INFLUENCE

DIGITAL MARKETING OF BREASTMILK SUBSTITUTES IN CAMBODIA

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Acknowledgements and disclaimer

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The opinions expressed in this report are those of the consultants. They do not necessarily reflect the opinions and views of WVI-C.

Table of Contents

ACKNOWLEDGEMENTS AND DISCLAIMER	2
OBJECTIVE AND METHODOLOGY OF THE REPORT	4
ENDURING EFFORTS TO PROTECT BREASTFEEDING FROM MISLEADING MARKETING IN CAMBODIA	6
The Sub-Decree on Marketing of Products for Infants and Young Child Feeding (Sub-Decree No. 133)	6
The Progressive Implementation of Sub-Decree 133	8
The limits of the current efforts to regulate marketing for BMS in Cambodia	9
A NEW BATTLEGROUND: THE EMERGENCE AND RISE OF ONLINE AND SOCIAL MEDIA MARKETING FOR BMS	10
The global threat of digital marketing for BMS products	10
A recent exponential increase in Cambodia	11
The limits of the national legal framework regarding the digital marketing for BMS products	14
THE MULTIPLE FACES OF DIGITAL MARKETING FOR BMS IN CAMBODIA	15
1. Targeting of pregnant women and mothers based on their personal data	15
2. Use of Social Media Influencers	16
3. Emotional and aspirational appeal	18
4. Cross-branding and cross-promotion through social media	19
5. Use of Health Professionals in marketing	19
6. Health and nutrition claims	20
7. Providing Infant and Young Child Feeding Information	22
8. Virtual support groups	23
9. Other industry-sponsored online social groups	24
10. Free samples	24
11. Discount and special sales	25
RECOMMENDATIONS	26
REFERENCES	29

OBJECTIVE AND METHODOLOGY OF THE REPORT

Objective

This study aimed to identify and present some of the most prevalent forms of misleading and inappropriate marketing practices on social media and internet for the promotion of breastmilk substitutes (BMS) in Cambodia.

This information is expected to support:

- The ongoing work to strengthen the legal framework related to the marketing of breastmilk substitutes, especially on the definition of the misleading and unethical practices that need to be restricted or prohibited on social media or internet.
- The future implementation of this new legal framework by providing information on the different forms of digital marketing for BMS and recommendations on how to monitor them.

Design

The design of the report was guided by the steps outlined in the study of Baker et. al. (2021), starting with a description of the scope and setting of the case study. Relevant documents were then reviewed to identify relevant data on infant and young child feeding practices and progress in the implementation of Sub Decree No. 133. The information gathered from the desk review was used to frame the guides for the key informant interviews (KII) . The reading, coding, and comparison of transcripts from the KII were done iteratively.

Collection and Analysis of Data

To have a thorough understanding of the case, evidence was gathered from these sources: documents, archival records, interviews, and online evidence of social media posts (Yin, 2018; Crowe, et.al., 2011). The collection of multiple sources of evidence allowed for triangulation. The literature search was done using PubMed, Google Scholar, BioMedCentral and Google with the following keywords: breastfeeding, infant and young child feeding, marketing, digital, social media, International Code of Marketing of Breastfeeding Substitutes, Sub Decree 133, Cambodia, and Southeast Asia.

A manual search was done using Google to collect publicly available reports and social media posts from the websites of the government, civil society organizations, industry, and influencers. Relevant documents published from 2006 up to the present were included and reviewed.

Guided interviews with six key informants from the government (n=1) and international organizations (n=5) were done online. Key informant interview (KII) participants from the communities were selected based on a set of criteria. A total of 15 lactating mothers from Phnom Penh and the provinces of Banteay Meanchey, Kampong Speu, and Siem Reap participated in the in-person interviews (Table 1). All interviews were in the Khmer language. Informed consent was sought from all participants. Interviews lasted around 30 minutes to 40 minutes. All interviews were audio/video-recorded, transcribed and translated to English.

Table 1. Respondent profile – KIIs with pregnant women and mothers with children under 2 years

Age range	22 to 42 years old
Number of children <ul style="list-style-type: none"> • 1 child • 2 children • 3 children 	<ul style="list-style-type: none"> • 5 respondents • 6 respondents • 4 respondents
Educational attainment <ul style="list-style-type: none"> • Primary education • Secondary education 	<ul style="list-style-type: none"> • 12 respondents • 3 respondents

The data was collected between mid-June and mid-July 2022. The data generated from the KIIs was analyzed by adopting thematic analysis principles. Transcripts were managed using Microsoft Word and Excel. The generated themes were consolidated across all KIIs and reviewed for patterns, trends, and salient points.

ENDURING EFFORTS TO PROTECT BREASTFEEDING FROM MISLEADING MARKETING IN CAMBODIA

Breastfeeding, as documented in many international journal articles and reports, is the most powerful and effective weapon to fight against illness and enhance health in early childhood. Despite impressive achievements in the 90's and early 2000's, the percentage of children in Cambodia exclusively breastfed for the first 6 months of their lives decreased from 74 percent in 2010 to 51 percent in 2021 (CDHS 2010-2021). Relentless campaigning efforts to promote products by BMS companies have affected the way families think about the benefits of breastfeeding. Over the years the BMS companies have succeeded in presenting BMS as a symbol of modernity and economic status (ILO, 2018). Like many other countries, over the past 2 decades, Cambodia progressively developed its response to the threat of marketing for BMS.

The Sub-Decree on Marketing of Products for Infants and Young Child Feeding (Sub-Decree No. 133)

In 1981, the WHO published the International Code of Marketing of Breastmilk Substitutes in response to the marketing initiatives of the infant feeding industry which were promoting formula feeding over breastfeeding. Cambodia is one of the 144 WHO Member States which have adopted legal measures to implement at least some of the provisions of the Code (WHO, 2022) through the adoption in 2005 of the Sub-Decree on Marketing of Products for Infants and Young Child Feeding (Sub-Decree No. 133).

The Sub-Decree regulates the promotion of commercial food products, including breastmilk substitutes and complementary foods marketed for children less than 2 years old. Article 13 of the Sub-Decree 133 restricts the promotion of BMS at point-of-sale (POS) and prohibits advertisements, displays, discounts, prizes or gifts, providing samples, distributing information materials, along with other promotional tactics.

Box 1. The Sub-Decree 133 in brief

The information must be written in Khmer (Article 6).

Labels:

- Must include an easily readable statement that exclusive breastfeeding is best for the first 6 months and continued breastfeeding to 2 years or above (Article 9).
- Must include a warning with the words “Important Notice” of the health hazards of inappropriate use (Article 9).
- Must include easily readable instructions for appropriate use and preparation (Article 9).
- Must include a warning message about the risks of introducing formula before an infant reaches the recommended age (Article 9).
- Must not include misleading or attractive pictures, photos, or graphics that idealize formula milk, other than to explain preparation methods (Article 9).
- Must include a statement indicating the total cost of feeding an infant with the formula for the first 6 months (Article 9).
- No promotion or advertisement that promotes consumption of BMS products for children 0-6 months old, such as special stands, coupons, free samples, sale prices, or prizes (Article 13).
- Infants fed with complementary products must include the health hazards of having it before 6 months old, and state the benefits of maintaining breastfeeding until two years of age or above (Article 8).
- Condensed milk or similar products must include a clear warning that these types of products are not used to feed infants and young children (Article 12).

The Progressive Implementation of Sub-Decree 133

Cambodia is one of only 83 countries with clear provisions for monitoring and enforcement of the Code. One of the key tools supporting the enforcement of the Sub-Decree 133 is the Joint Prakas (No. 061) on the Marketing of Product for Infant and Young Child which was issued in 2007 to guide the implementation and monitoring of Sub-Decree 133.

In 2014, the national government established a multisectoral Oversight Board with the Ministry of Health as designated lead and members from the ministries of Commerce, Information, and Industry, Science, Technology and Innovation. The Oversight Board has two functional arms: 1) the Control Committee, and 2) the Executive Working Group (EWG).

The Control Committee is responsible for reviewing and granting approval for labelling and packaging of infant and young child feeding (IYCF) products. The EWG oversees monitoring compliance and enforcement. The Terms of Reference developed in 2015 define the roles and responsibilities of the Oversight Board, Control Committee, and EWG. The Implementation Guidelines which were drafted in the same year detail the roles required both at the national and sub-national levels for the implementation, monitoring, and enforcement of Sub-Decree 133.

A pilot implementation of the monitoring and enforcement system was conducted in four urban areas in Cambodia in 2017 (Hou et. al., 2019). Through this pilot, 85 monitors both at the national and sub-national levels were trained on the scope of Sub-Decree and monitoring procedures. A total of 2,377 checklists were completed with reported violations at point-of-sale, label, and health facility. The EWG issued 11 warnings letters to companies and distributors only on violations for label/packaging and no specific actions for violations on point-of-sale and health facility, since the store owners and managers received verbal guidance to follow Sub-Decree 133.

The Government continued to ensure the implementation of the law. Collaboration with and support from the UN and Civil Society Organizations (CSOs) led to some companies being fined in 2018 for breaking the law.

In 2019, Helen Keller International (HKI), WHO, UNICEF, and Alive and Thrive supported the Ministries of Health and Commerce in the training of Code monitors. The training included sessions on the integrated checklist and a reporting format using Telegram. The Telegram chat group has members from the government, development partners, and NGOs. This platform allowed for real-time reporting and generated the necessary evidence required to impose sanctions. World Vision piloted a web-based reporting tool in 2021 to systematically report and track the Code violations to further strengthen the monitoring of compliance to Sub-Decree 133, by the civil societies and for the citizens to actively report Code violations.

The limits of the current efforts to regulate marketing of BMS in Cambodia

Unfortunately, all these measures seem to have had little impact on the marketing of BMS in Cambodia. Two studies conducted by WVI-C and HKI showed that between 2015 and 2019 marketing of BMS had increased at point-of-sales. Several causes can be found to explain this failure to impact the illegal action of BMS companies.

The first one is related to the gaps in the national legal framework. A bottleneck analysis on the implementation of the BMS Code done by UNICEF identified a series of issues related to this legal framework: 1) shortfall in creating strict prohibition on the marketing of BMS; 2) possibility to provide samples or materials to health facilities, to offer gifts to health workers, sponsorship, and scholarship without the approval of the MoH; 3) labeling provisions that do not ban nutrition and health claims; and 4) no prohibition on the provision of free/low-cost supplies of BMS to health facilities (UNICEF East Asia and Pacific Region, 2021).

Beyond these issues, an analysis of the WHO, UNICEF and others (2021) identified that Sub-Decree 133 should be reviewed as follows: 1) extension to cover products targeting children of 24-36 months and 2) that is provided during the complementary feeding period.

The second reason that may explain the limited impact of the current efforts to restrict marketing of BMS products is related to the weakness of the monitoring system supporting the enforcement of the sub-decree. The bottleneck analysis from UNICEF identified the lack of strong political support and coordination for the enforcement of the law, weak human resource capacity in Code monitoring and enforcement and no specific budget allocation to support Code monitoring activities.

A third reason can be found in the limited amount of penalties that have been enacted so far to the small number of companies found in violation of the legal framework. Most of them received a fine of US\$ 600 or US\$ 1,200 in case of reoffending which, in comparison with the profit these companies are making in the Cambodian market, is not a strong deterrent.

Finally, one of the key reasons explaining the increase of marketing for BMS in Cambodia can be found in the rise of digital marketing and advertisement on social media. The following chapters focus on this specific issue.



Figure 1. Sub-Decree No 133 on Marketing of Products for Infant and Young Child Feeding.

A NEW BATTLEGROUND: THE EMERGENCE AND RISE OF ONLINE AND SOCIAL MEDIA MARKETING FOR BMS

The global threat of digital marketing for BMS products

Four decades after its adoption, the International Code of Marketing of Breastmilk Substitutes has to adapt to new challenges brought by societal and technological changes. Among these critical changes is the increasing use of digital marketing by BMS manufacturers. The Seventy-third World Health Assembly (WHA) expressed strong concerns about the use of new modern communication methods to promote products covered within the scope of the Code (Jones et. al., 2022). These digital marketing practices were not thought of 40 years ago when the Code was drafted. The WHA requested the Director-General to review the current evidence and prepare a comprehensive report to understand the scope and impact of digital marketing strategies for the promotion of breast-milk substitutes to the Seventy-fifth World Health Assembly in 2022, through the Executive Board (World Health Assembly, 2020).

WHO (2022) defines “digital marketing as a promotional activity, delivered through a digital medium, that seeks to maximize impact through creative and/or analytical methods. Digital media may include social media platforms, video sharing applications (apps), search engines, company websites, messaging services, and online retailers.” The review conducted by Jones et. al. (2022) showed that a wide range of online channels and social media platforms are used strategically and in an integrated fashion by companies (see Table 2) to promote BMS to increase the reach and impact of BMS promotion (Jones et. al., 2022; Piwoz and Huffman, 2015).

Table 2. BMS marketing technique using social media platforms

Social media platform	Marketing technique
 Facebook	<ul style="list-style-type: none">• Promotion of products on manufacturer-owned pages• Third-party advertising• Peer-to-peer engagement
 Twitter	<ul style="list-style-type: none">• Disseminate marketing messages• Notifications about promotions
 YouTube	<ul style="list-style-type: none">• Disseminate video content and advertisements
 Instagram	<ul style="list-style-type: none">• Disseminate image-based promotions





One of the key concerns expressed is related to the fact that, for several reasons, the use of digital marketing has allowed BMS companies to evade the monitoring by the relevant government departments implementing the national legislation.

A recent exponential increase in Cambodia

While the digital marketing for BMS started more recently in Cambodia than in most of the countries of the region, BMS companies have since then invested heavily in the promotion of breastmilk substitutes (BMS) on the internet and social media.

This very recent and rapid increase has been driven by the exponential increase in access to the internet in the country. According to the World Bank, 78.8 percent of the population of Cambodia used the internet in 2020 against 6 percent of the population in 2013. With the increase in access to the internet, reports on active social media users among the Cambodian population significantly increased from 27 percent in 2016 to 73.9 percent in 2022 (Statista Research Department, 2022). The increased social media presence of the Cambodian population translates to an increase in audience reach. Of the social media platforms, Facebook has the greatest number of users (11.6 million) and a 68 percent advertisement reach or the number of people who saw the ads at least once (Table 3) (DataReportal, 2022). While there are more users of Facebook Messenger (7.85 million) than TikTok (6.68 million), ad reach for TikTok is higher (49.7 percent).

Table 3. Social media audience and advertisement reach in Cambodia
(DataReportal, 2022)

Social Media	Users (in million)	Advertisement reach (%)	Audience (%)	
			Female	Male
 Facebook	11.60	68.0	44.4	55.6
 Facebook Messenger	7.85	46.0	43.9	56.1
 TikTok	6.68	49.7	54.1	45.9
 Instagram	2.05	15.3	54.6	45.4

Besides Facebook Messenger, Telegram is also a popular messaging app in Cambodia. It is also a top choice among many officials in Cambodia because of the privacy features that are provided to users. Data is encrypted and there is an option for messages to self-destruct after a specific period.

Participants in KIs from the communities (15) are all Facebook users and a majority have TikTok accounts. They claimed that BMS promotional posts appear on their newsfeeds. However, most of them admitted to not reading the details of the advertisement because they had no plan to purchase the product anyway or they were focused on browsing their newsfeed.

"Yes, I am receiving many advertisements through Facebook and YouTube, but I am not interested in those advertisements because I don't use formula milk for my children... Regarding the messages used, I can't remember much but I can remember some of them such as "formula milk contains micronutrients which can make children strong and healthy..." - Mother, 22 y/o, with 2 children

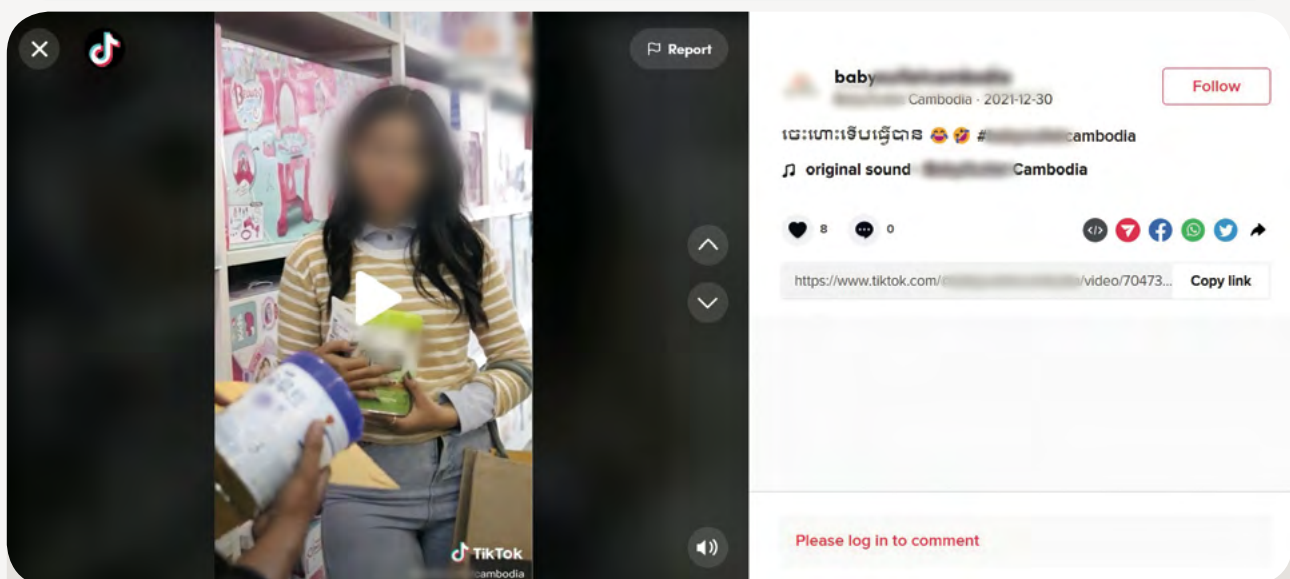


Figure 2. Advertisement for a BMS product on the TikTok channel of a BMS retailer.

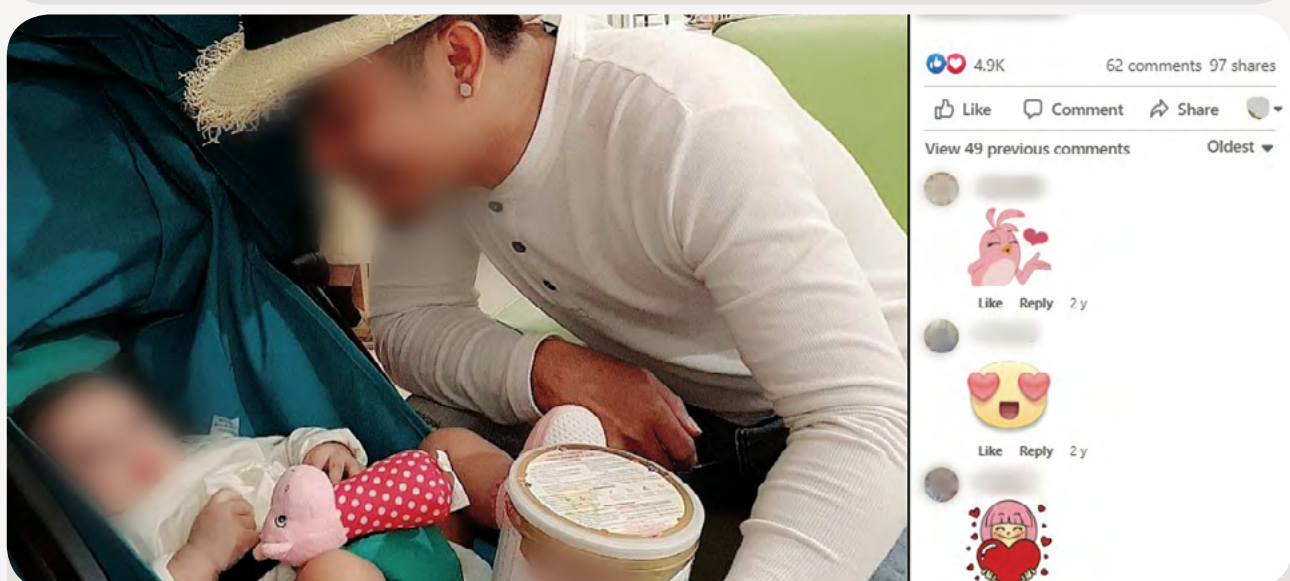


Figure 3. A screenshot from Facebook of a pop singer and his child promoting a BMS brand that targets 0-12 months old infants (same as a description in figure 5).



Figure 4. A post of a celebrity (same as description in Figure 11) on Instagram with 103K followers showing her with several products of the same BMS brand she is promoting.



Figure 6. A celebrity with 1.8M Facebook followers posted photos of her child with a BMS product that targets 0-6 months old infants.



Figure 5. A screenshot of a singer with his wife and their new born baby along with a BMS product targeting 0-12 months old infants. This celebrity has more than 1 million followers on his Facebook page.

The limits of the national legal framework regarding the digital marketing for BMS products

Article 13 of the Sub-Decree 133 prohibits the marketing of BMS products “at the points of sale, in hospitals or health centers or any other places”. However, as analyzed by the WHO, UNICEF and others, “Sub-Decree 133 does not state any restrictions on social media advertising. As a result, there is no system in place for monitoring advertisements on social media” (WHO, UNICEF et. al., 2021). Similarly, a recent review of Cambodia’s Sub-Decree 133 by the WHO Code Monitoring Assessment found several loopholes related to the online violation and use of social media for marketing.

As a result, the adoption of a new legal instrument (Joint Prakas) to strengthen Sub-Decree 133 is currently being discussed and an extension of the scope of article 13 of the Sub-Decree 133 to online marketing is one of the key proposed amendments. This extension would focus on the following digital marketing strategies: industry-sponsored online social groups, individually-targeted Facebook advertisements, paid blogs and vlogs, online magazines, and discounted internet sales. The adoption of a new instrument broadening the scope of the prohibition of marketing for BMS would be a welcome response to the increasing use of digital marketing for BMS and its key strategies presented in the rest of this report.



Figure 7. A group of Cambodia officials are inspecting BMS products in a mall in Phnom Penh.

THE MULTIPLE FACES OF DIGITAL MARKETING FOR BMS IN CAMBODIA

As digital marketing is progressing in Cambodia, it is taking multiple forms to better influence its targets. The following case studies describe some of the approaches most used by BMS companies in the country.

1. Targeting of pregnant women and mothers based on their personal data

The use of social media provides a rich stream of personal data for the BMS companies to refine and optimize marketing strategies. Pregnant women and mothers are identified and targeted, with other information related to their age and gender, based on their search history and the websites they have visited. They are then reached by boosted posts that have been created by algorithms that automatically select images and text elements to increase engagement among the selected audience (WHO, 2022). Since they are only targeting specific groups of people, these posts or ads will not be visible to all social media users, making them difficult to monitor and complicating the task of the departments or ministries in charge of the implementation of laws related to BMS marketing online.



Figure 8. Screenshot of the newsfeed (Facebook) of one of the author of the report. After approximatively one hour scrolling through the social media account of the BMS companies and searching Facebook using search terms like “baby formula Cambodia” or “feeding baby Cambodia”, ads for BMS products started to appear on the newsfeed of the author.

2. Use of Social Media Influencers

Influencers are persons with the ability to influence potential buyers of a product or service by promoting or recommending the items on social media. They usually have a significant number of followers that they reach regularly with informative or entertaining content they publish either on their “official” social media accounts or through partner pages. Due to the high number of followers and their capacity to influence people’s behaviors, BMS manufacturers are enlisting them to promote their brand and products and the use of social media influencers has become one of the most used techniques to promote BMS. In the 2022 report of the WHO, Cambodia was cited as one of the countries most active in using social media influencers to promote BMS.

Video posts of life stories of influencers/celebrities are shared through social media. This gives a human face to the brand while effectively promoting brand products. Consumers are also more likely to adopt their beliefs, attitudes, and behaviors when they are made to believe that they share certain interests, values, or characteristics of the influencer.



Figure 9. Khmer celebrity and his wife along with the retailers endorsing a BMS product targeting children 2-year-old and above on the Facebook page of a BMS company. The same celebrity who has 227K followers also posted several photos of his child with BMS products targeting 6–12-month children on his own Facebook profile.



Figure 10. Facebook post from a Khmer celebrity with 1.4M Facebook followers presenting her child with a BMS product for 6–12 months.

A common practice is to have a celebrity sign up to endorse multiple related products across a single brand line over several months or years. These influencers then build a narrative for their marketing that follows the life stages of their child or children. They start endorsing or promoting the brand when expecting a child to promote specialized milk for pregnant women. The influencer's child will then automatically carry the brand and product promotion for age-specific BMS over the following years and the influencers will encourage their followers to purchase these products.

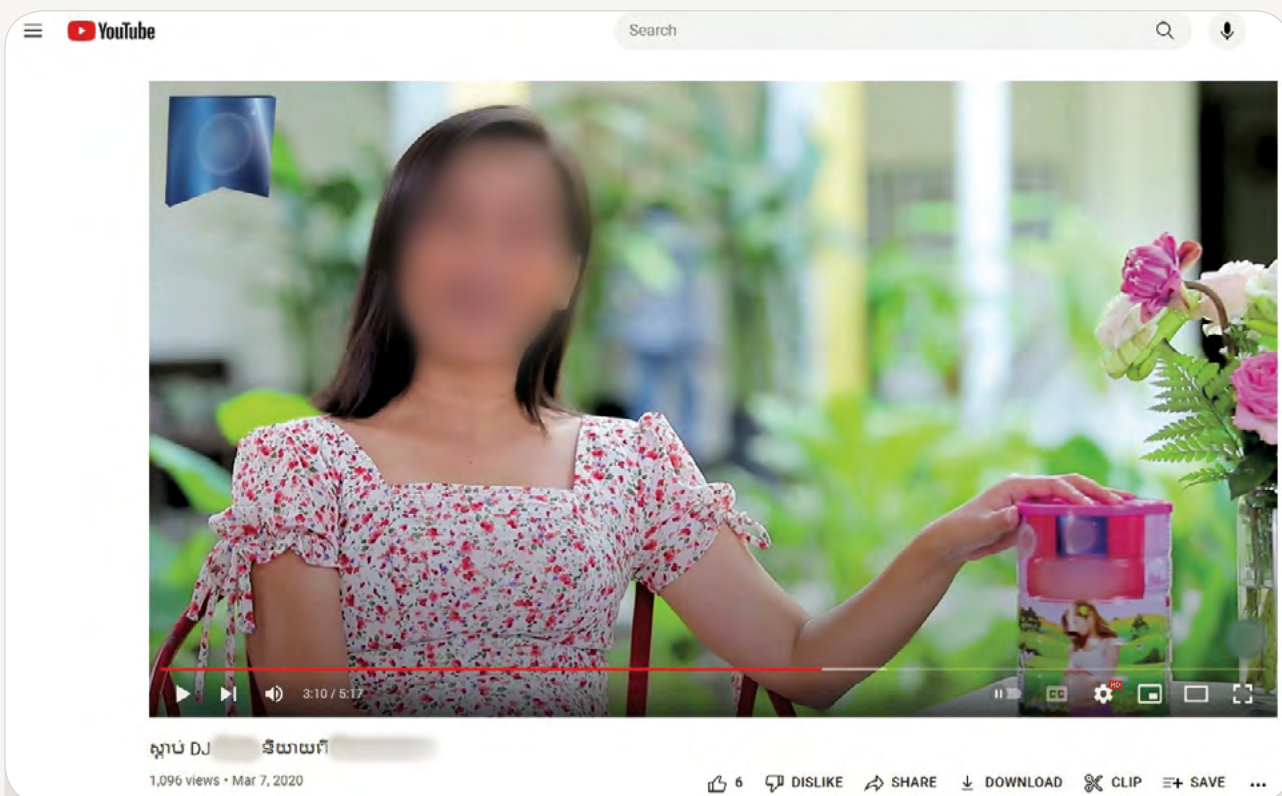


Figure 11. Khmer celebrity with 1.5M followers on Facebook explains why she uses a specific brand of BMS for herself during pregnancy.



Figure 12. A post from the same celebrity with her son to promote a BMS product from the same brand targeting children 1-3 years.

3. Emotional and aspirational appeal

The BMS industry is worth US\$ 55 billion (WHO, 2022) and with this profit, they have the resources to get the best global marketing expertise. Over the years, they have spent time and resources to understand how consumers feel, think about, interact with, and form relationships with their brand. As a result, they have developed complex and elaborate strategies that revolve around the use of emotional appeal to reach out and build relationships with mothers or parents (Hastings et. al., 2020).

The WHO defines emotional marketing as marketing capitalizing “on basic emotions, such as the happiness of a baby or nostalgia, to evoke a connection with the company, brand, and product, while aspirational marketing inspires an image of what consumers want their children to be. These are powerful tools that can establish strong brand associations in consumers’ minds lasting for years.” This approach takes many forms (Figure 5) and is very common in Cambodia. One of the most prevalent forms of this approach is to attach the image of modern/perfect/loving families to their brand and BMS products. Sub-Decree 133 prohibits “all methods to be used either directly or indirectly to encourage people to use products mentioned in this Sub Decree”.



Figure 13. Examples of emotional marketing on Facebook using representation of idealized families.

4. Cross-branding and cross-promotion through social media

Milk formulas for pregnant women have become an entry point for BMS manufacturers for cross-branding and cross-promotion across BMS categories – infant formula (for ages 0-6 months), follow-up infant formula (for 7-12 months), growing-up milks (for 13-36 months), and specialized formula (Becker et. al., 2021). The efforts to undermine breastfeeding start even before the mother starts to practice breastfeeding with the exposure to BMS categories. While milk formula for pregnant women is not covered by the scope of Sub-Decree 133, there is evidence of cross-branding strategies to indirectly promote BMS which is clarified as a violation in WHA Resolution 69.9.

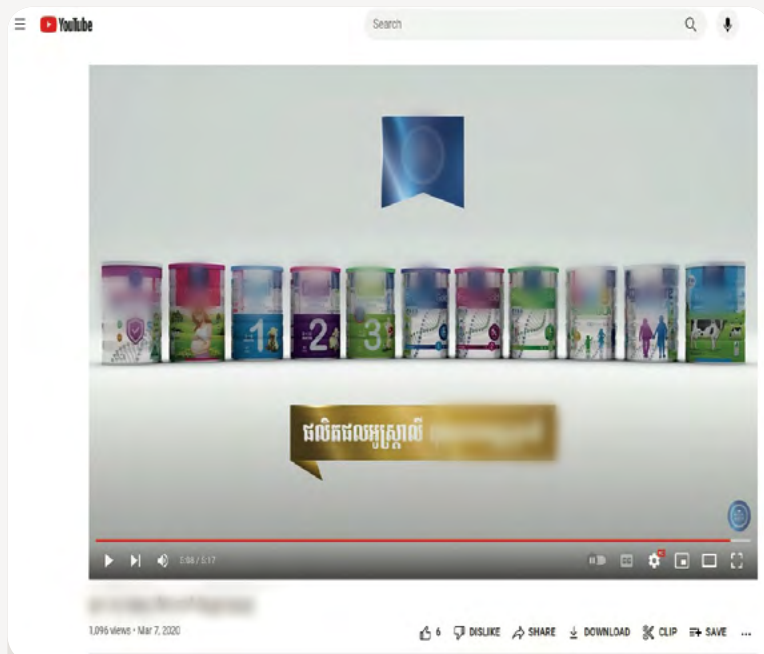


Figure 14. Cross promotion of BMS products on YouTube.

5. Use of Health Professionals in marketing

Health professionals increase the credibility of a brand, suggesting that the company has invested in scientific research to develop healthy BMS products. Companies also use health professionals to attract parents seeking information from “experts” regarding concerns they may have about the nutrition of their children.

It is common to see health professionals jointly promoting BMS with celebrity influencers. The intention is to transfer the positive image and characteristics of the influencer and health professional to the brand that will trigger the consumers to purchase and use the product (Schouten et. al., 2020). The influencers ensure that the advertisements reach a significant audience while the health professional ensure the credibility of the claims made about the product.

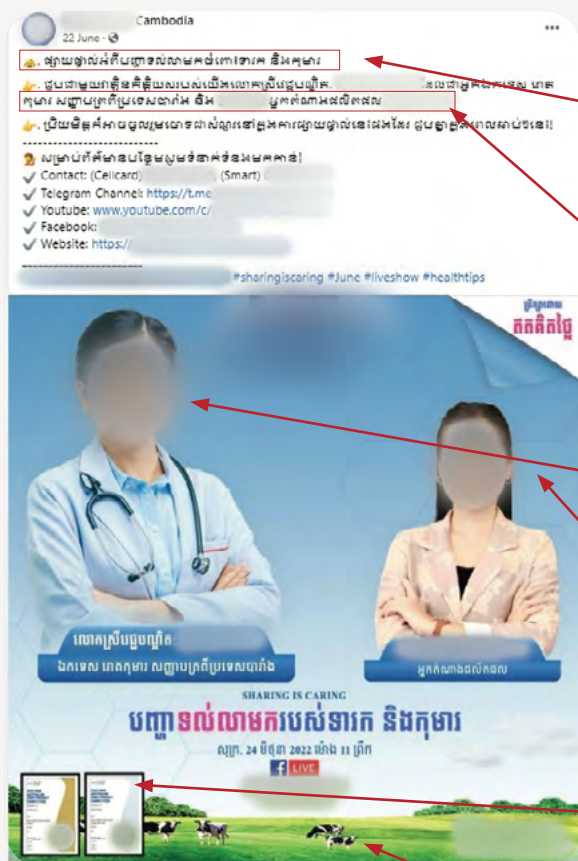


Figure 15. Famous Khmer social media influencer promoting BMS with a health professional on Facebook.

The message is focused on a problem or pain point and the BMS product is presented as a solution to the problem.

Mentioned to inspire trust and increase influence of the health professional

The pediatrician is pictured in lab coat with a stethoscope to inspire trust

Celebrity endorsing the product to increase the reach of the ads

Cross promotion of products for different ages

Cows are represented to suggest the product is natural and healthy

6. Health and nutrition claims

BMS companies often base their marketing on health or nutrition claims, suggesting that the regular consumption of their products will have a positive impact on growth, cognitive development, protection against diseases, etc. Academics and regulators have raised concerns, however, that these claims are often unfounded and may undermine efforts to support breastfeeding. BMS companies also claim that their products reduce crying, colic, or other signs of infant distress, often without citing specific scientific evidence. Unfortunately, in Cambodia, as analyzed by WHO and others (2021), *“there is no clear restriction on health and nutrition claims in Sub-Decree 133. As a result, there is a growing number of advertisements making such claims”*.



Figure 16. Advertisement on Facebook for a BMS product targeting children 1-3 year old with multiple health claims.

During the COVID-19 pandemic, manufacturers of breastmilk substitutes exploited public fears to promote their brands and products (WHO, 2022). Through different strategies, they tried to associate their brands or products with the idea that the regular consumption of their products could provide some sort of protection against the disease, contributing to misinformation and confusion. In addition, few brands sold at a lower price encouraging the parent and caregivers to buy those products during COVID 19 pandemic.



Figure 17. Advertisement on Facebook for a BMS product targeting 2 years onward using COVID-19 references. While the advertisement does not include a written health claim linking the consumption of the BMS product with protection against COVID-19, the visual, showing the product punching the virus, will likely suggest to the targeted consumers that the regular consumption of this product will provide some sort of protection to the children.

Box 2. COVID-19 and Breastfeeding

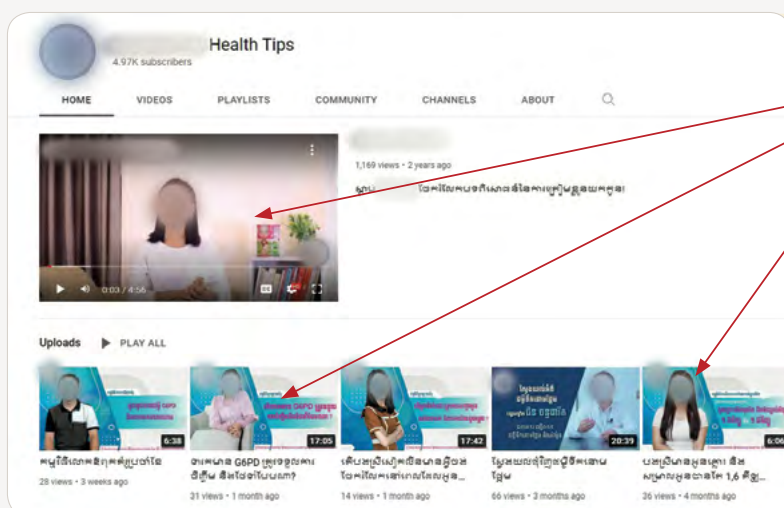
Amidst the COVID-19 pandemic, concerns, and confusion on whether mothers with COVID-19 should continue to breastfeed their infant or young child were raised. The fear of mothers transmitting SARS-CoV-2 and the question of continuing breastfeeding were discussed widely. On 23 June 2020, WHO recommended that mothers with suspected or confirmed COVID-19 should be encouraged to initiate or continue to breastfeed and should be counseled that the benefits of breastfeeding substantially outweigh the potential risks for transmission.

Even though this assignment could not identify any posts promoting BMS products ideal for COVID 19 prevention, however there has been claims made by the BMS companies with a tag line “Hey Mama, Now’s the Right Time to Start Giving Them Immunity Boosting Nutrition,” (Brauner, 2021).

7. Providing Infant and Young Child Feeding Information

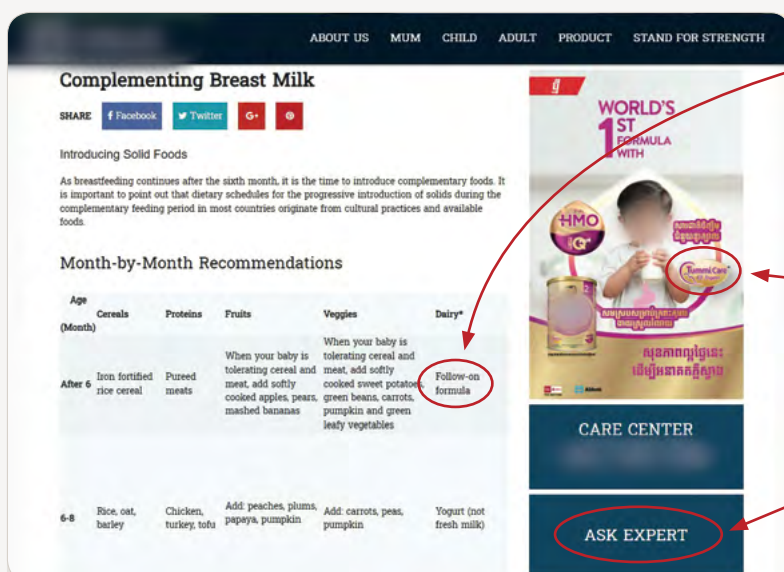
All parents have had doubts or questions related to the best care for their children and many are now turning to the internet to find answers. Aware of this possibility to reach potential customers, BMS manufacturers are providing information on feeding infants through their websites and social media channels. Parents are then enticed to ask an expert or to subscribe to the YouTube channel of the BMS manufacturer where advice and tips are mixed with marketing and promotion for BMS products.

On the surface these websites appear to comply with certain provisions of the Sub-Decree 133, no infant and follow-up formula are promoted. No photos of the product are posted, however, messages on infant and young child feeding include the promotion of follow-up formula. The products are made ideal across different age groups with specific health and nutrition claims made for each BMS category.



These tips are provided by celebrities, parents or health professionals to influence the viewers.

Figure 18. YouTube channel of a BMS company providing health and nutrition tips



Recommendation to use formula milk presented as expert advice (next to an ad for this formula).

Suggestion that the BMS product is a solution to a problem (health claim)

Suggestion to contact an "expert" for more information.

Figure 19. Recommendations on infant nutrition from a BMS manufacturer.

8. Virtual support groups

The WHO in the 2022 study defines a virtual support group or community as a “virtual social space where people come together to get and give information or support, to learn, or to find a company. When these are established or used for marketing, this is known as community marketing. These communities are established to encourage customers to engage with the brand and not just interact with each other. These interactions provide a rich stream of data that can be used to refine messages, develop marketing insights, and more precisely target potential customers. BMS companies routinely establish virtual support groups — known colloquially as baby-clubs or mom-clubs — for community marketing.”

This approach is commonly used in Cambodia. Several BMS companies have created Telegram groups counting hundreds or sometimes thousands of members. The official objective of these groups is to allow members to share information and tips on how to take care of their babies. However, the companies use them to share promotion and marketing related to BMS.

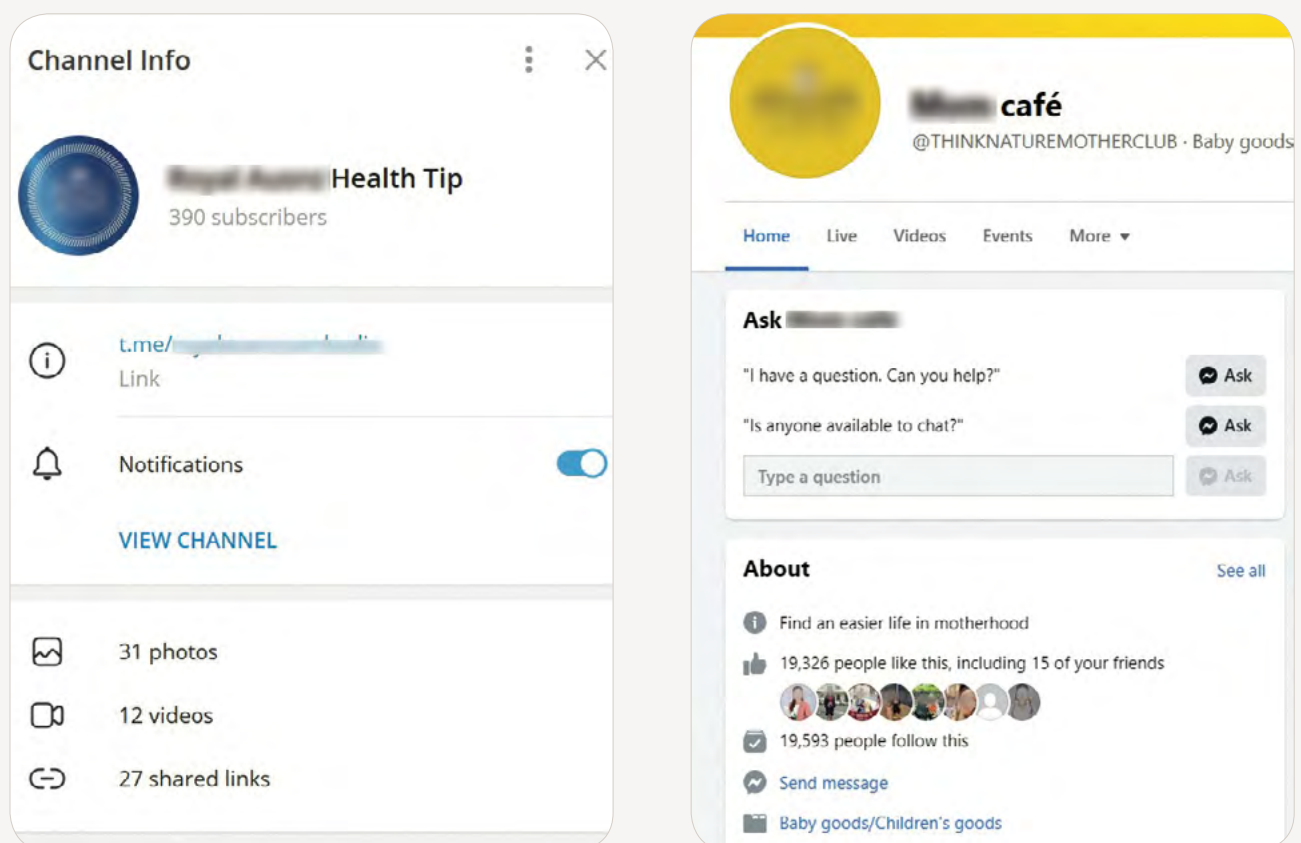
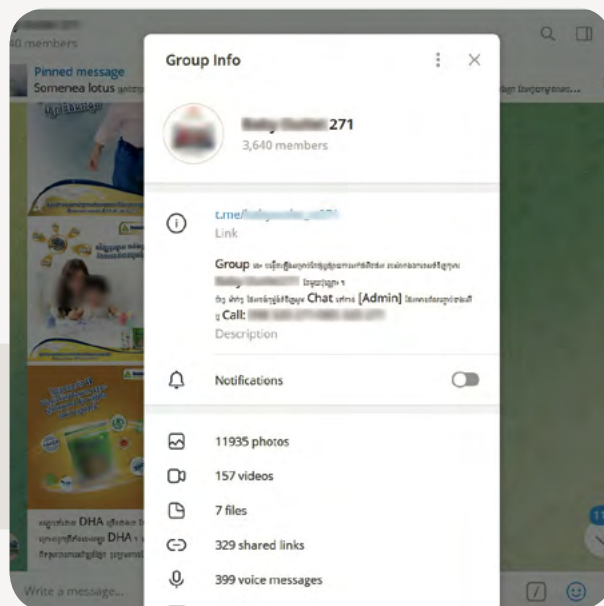


Figure 20. Examples of two virtual support groups created and managed by BMS companies on Telegram and Facebook.

9. Other industry-sponsored online social groups

Some BMS companies and retailers have created and are managing social media groups counting thousands of members. These groups are used to share promotions and ads related to BMS products in clear violation of Sub-Decree 133.

Figure 21. A private Telegram group chat created and managed by a BMS retailer.



10. Free samples

BMS company websites are often offering free samples delivered directly to consumers without any regard to provisions of Sub-Decree 133 which forbids the provision of such free samples.

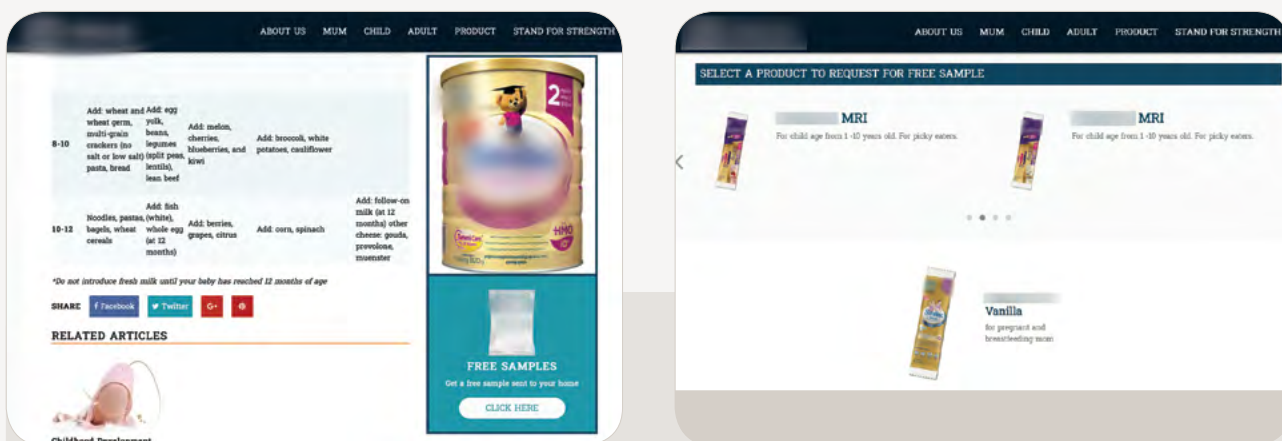


Figure 22. Website of a BMS company offering free samples.

11. Discount and special sales

BMS retailers also use social media channels to offer discount against the text of Sub-Decree 133 which forbids any kind of sales including discount and special sales.

Figure 23. A post on Instagram from a BMS retailer announcing sales on a product targeting children 9 months 18 months of age.



Figure 24. Special discount promotion on Facebook and Telegram by retailers for BMS products including those that target below 2-years-old infants.

RECOMMENDATIONS

1. Update the legal framework

The ongoing work to develop a new Joint Prakas that will strengthen the national legal framework is a very positive development and its finalization is critical and urgent. To be adapted to some of the new challenges described in this report, the new legal instrument will need:

- To regulate marketing of BMS on social media. This will involve clearly extending the prohibition of advertising to internet and social media.
- To include explicit language restricting health and nutrition claims for breast-milk substitutes

This work should be guarded against influences from BMS companies and retailers. Learning from the experience of the Philippines where the industry forged partnerships with the government and recruited prominent government officials (Baker et. al., 2021), constant vigilance to protect the policy will be needed and will require the participation of CSOs, advocacy groups and mothers.

Beyond this, full protection of pregnant and lactating women and other groups targeted by BMS companies will require the adoption of a data protection law that restricts the collection and use of data by social media companies and their use for targeted advertisement by BMS companies.

A review of the legal framework and guidance on its interpretation will be needed regularly. Technologies are continuously changing and the BMS manufacturers are several steps ahead in terms of understanding how to use innovation for marketing.

2. Strengthen the monitoring of violations

Once the new legal framework is adopted, it will be critical to ensure proper implementation starting with the monitoring of digital marketing. In Cambodia, the online media is regulated by the Ministry of Telecommunication and the Ministry of Interior. Both these ministries need to be engaged by the Executive Working Group to support the monitoring of the implementation of Sub-Decree 133 and the new Joint Prakas in close co-ordination with the Ministry of Health.

This monitoring will be difficult to conduct. As mentioned in this report, some advertisements are targeted and received through the newsfeeds of the users, which is invisible to authorities. In other cases, the advertising takes place in private group chats or support groups that monitors will have to join.

The Royal Government of Cambodia and development partners will need to:

- Develop monitoring tools adapted to the practices presented in this report. This will likely include artificial intelligence and data-driven systems. It is likely that other countries in the region or beyond have already developed such tools or are in the process. Their adaptation to the Khmer language should be a priority.
- Build the capacity of the monitors at the national and subnational levels in the relevant ministries and departments to use these tools.
- Allocate adequate resources to develop these tools and train the monitors.

3. Enact significant penalties to deter violations

As mentioned by the WHO and others (2021), “Sub-Decree 133 addresses penalties in Article 18, but not in detail. Specific actions which have been developed for enforcement (including verbal warnings, written warnings, and financial penalties) need to be specified and significant penalties imposed. Listings of violations and entities in violation of Sub-Decree 133 need to be publicly available and procedures put in place to withdraw licenses from manufacturers and distributors with recurrent violations.”

Beyond this strengthening of the legal framework, deterring violations through the imposition of penalties will require significant political will and support from the relevant ministries and departments. Increasing this support will require awareness-raising activities, training, and the provision of adequate resources. It will need to come from the highest level of the Royal Government of Cambodia to ensure maximum mobilization.

4. Raise awareness about the prohibition of online advertising for BMS among brand holders and their ambassadors

As the prohibition of marketing for BMS products is extended to cover online and social media advertising, the key stakeholders involved in this form of advertising (brand holders and their ambassadors such as health professionals and influencers) need to be made aware of the changes in the national legal framework and the new restrictions applying to the online marketing of this kind of products. These stakeholders also need to be warned about the penalties that will be enacted and the actions that may be taken if they continue to promote BMS online or on social media.

This engagement of the BMS brands or their ambassadors should be conducted by the relevant ministries in a formal manner in line with the upcoming joint prakas, so that they have a full clarity about the content of the new law and the risks for them of not respecting it.

5. Continue to inform the public about the benefits of breastfeeding

There is a need to inform the public more and better about the benefits of breastfeeding to ensure that internet users and social media users can recognize the false claims made by the BMS companies. This information campaign would require a significant investment to match the amount of BMS marketing currently reaching social media users.



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World Vision is an international partnership of Christians whose mission is to follow our Lord and Saviour Jesus Christ in working with the poor and oppressed to promote human transformation, seek justice and bear witness to the good news of the Kingdom of God.

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