

A Joint Research on

Breast-milk Substitute Promotion and Labeling Violations

Observations at Points-of-Sale in Six Provinces
across Cambodia



MAY 2015

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Research Disclaimer and Suggested Citation

Findings presented in this report are based on observations of breast-milk substitutes (BMS) availability and promotions at points-of-sale in six provinces between 30 January and 06 March 2015. The number of breast-milk substitute products may increase or decrease after the period of data collection, as new brands may be introduced and others might be withdrawn from the provincial markets. The presented findings are not intended to be generalised but to provide a snapshot of the current promotion and labeling practices at

sampled points-of-sale (POS).

This research report is jointly produced by World Vision International in Cambodia and Helen Keller International, and therefore it should be cited as following:

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Contents

	Acknowledgements	2
	Research Disclaimer and Suggested Citation	2
	Executive Summary	4
1	Introduction	
	1.1 Background	5
	1.2 Research Objectives	5
	1.3 Terminology	5
2	Methodology	
	2.1 Research Method and Study Tools	8
	2.2 Sampling and Sample	8
	2.3 Ethics	9
	2.4 Data Analysis	9
3	Research Findings	
	3.1 Sample Demographics	10
	3.2 Breast-Milk Substitutes Availability at Points-of-Sale	10
	3.3 Breast-Milk Substitutes Promotion at Points-of-Sale	12
	3.4 Breast-Milk Substitutes Labeling Violations	16
4	Discussion and Recommendation	
	4. Discussion and Recommendations	20
	Annex	21
	Reference	24

Executive Summary

Because there is little information about the implementation of Sub-Decree 133 (SDI 33) on Marketing of Products for Infant and Young Child Feeding in Cambodia outside of Phnom Penh, World Vision International in Cambodia and Helen Keller International jointly researched availability, promotion and labeling violations of breast-milk substitutes (BMS) in six provinces. The study employed standardised observations at 66 points-of-sale (POS) in Battambang, Kandal, Kampong Thom, Siem Reap, Preah Vihea and Takeo.

The following findings indicate high availability of breast-milk substitutes and limited enforcement of the SDI 33 concerning promotion and labelling violations of BMS:

- Breast-milk substitutes were widely available: 110 different products were identified across 66 POS, including 47 infant formula, 35 follow-on formula, and 28 growing-up milk.
- Siem Reap sold the greatest number of unique BMS products identified, followed closely by Battambang, with a total of 83 and 79 products, respectively.
- BMS promotion was also widespread, with 38 (58%) POS promoting at least one product from 18 out of 27 manufacturers. Stores in provincial towns promoted BMS more than those in districts. Even at pharmacies, BMS products were being promoted.
- Seven promotion types were practiced across the sampled POS. These included

price-related promotions (such as discount), displays, product information materials, free gifts, cross-product promotions, product samples, and company representatives. The most common promotion type was the use of information materials, accounting for 58% of all promotions. Displays and company representative each accounted for 14% promotions.

- No single BMS product from 27 manufacturers found across the six provinces fully complied with the SDI 33 or WHO's International Code regarding labeling practices. Only 8 out of 27 manufacturers had their BMS products labeled in Khmer. On a scale of 0 to -24, with 0 indicating full compliance and -24 indicating no compliance, the average score of all BMS products identified was -16.2, with better score for labeling on infant formula compared to follow-on formula and growing-up milk.

Effective enforcement and regular monitoring of the SDI 33 is needed to prevent these violations and limit the influence of inappropriate marketing tactics by manufacturers, and to ensure good infant and young child feeding practices. Terms of penalties for violations of the SDI 33 and monitoring guidelines must be established and followed. Education on the SDI 33 has to be instituted widely among manufacturers, government actors, retailers and the public.

Introduction

1.1 Background

Cambodia has made significant progress in reducing child malnutrition since 2000. For the past five years, however, little progress was made, with up to 32% of children in Cambodia still stunted, 24% underweight and 10% wasted (CDHS, 2014), as compared to 40%, 28% and 11% in 2010, respectively (CDHS, 2010). The high rate of stunting is particularly concerning, given that it is primarily caused by a lack of nutrients during the first 1,000 days of life - from conception to 24 months of age.

To ensure good infant and young child nutrition, the World Health Organisation recommends exclusive breastfeeding from birth up to 6 months, and continued breastfeeding along with appropriate complementary feeding until 24 months of age or beyond. This is also a commitment of Royal Government of Cambodia who in 2005 passed the Sub-Decree 133 (SDI33), as a solid legal framework for the implementation of the World Health Organisation's International Code of Marketing of Breast-milk Substitutes in 1981. A joint Prakas 061 by Ministry of Health, Ministry of Commerce, Ministry of Information and the-then Ministry of Industry, Mines and Energy, was passed in 2007 supporting the strong enforcement of the SDI33.

Despite efforts to promote exclusive breastfeeding practice, across Cambodia the practice has declined over the last five years, from 73.5% in 2010 to 65.0% in 2014. In contrast, bottle feeding for babies from birth to 5 months has increased from 13.6% to 19.8% for the same period (CDHS, 2010, 2014). This rise might be attributed to wide availability for sale and consumption of breast-milk substitutes (BMS).

An observational study (HKI, 2013) was carried out in Phnom Penh in 2013 to provide evidence of the nature and scale of SDI33 violations at point-of-sale. Findings indicated widespread violations in the forms of labeling, packaging and promotion of BMS products. This result is consistent with the general consensus among nutrition advocates that these violations are pervasive and need to be better monitored for adherence to SDI33 standards.

In addition to this, there has been little research about point-of-sale promotions and labeling of breast-milk substitutes in more rural provinces of Cambodia, giving limited understanding of the extent to which breast-milk substitute companies are violating the SDI33 in provinces. This study aims to fill this gap by reporting on violations of the SDI33 found in six provinces of Cambodia.

1.2 Research Objectives

The research has three main objectives:

1. To determine availability of breast-milk substitutes in six provinces of Cambodia,
2. To calculate prevalence of point-of-sale promotional practices of breast-milk substitutes,
3. To collect evidence of labeling violations of breast-milk substitutes at point-of-sale.

1.3 Terminology

The following key terms are the focus of the study. Their definitions are drawn from Sub- Decree 133, HKI's 2013 study and WHO's International Code with slight modifications to fit the study context.

Breast-milk substitute (BMS) :	<p>Any food which is marketed or presented as a replacement in part or total for breast-milk, whether or not it is suitable for this purpose.</p> <p>In this study, breast-milk substitutes include infant/starter formula (to be used starting from birth up to six or 12 months of age), follow-on formula (to be used starting from 6 months up to 10 or 12 months), infant/follow-on formula for special dietary or medical purposes, and growing-up milk (to be used from 12 months to 24 months or above).</p>
Manufacturer :	A corporation or other entity in the public or private sector engaged in the business or function (whether directly or through an agent or through an entity controlled by or under contract with it) of manufacturing breast-milk substitute. In this study, manufacturer distributes BMS product in Cambodia.
Point-of-sale (POS) :	Store, mart or pharmacy where breast-milk substitute is sold and purchased.
Product :	Any sub-brand of breast-milk substitutes sold at point-of-sale, by three product categories: infant formula, follow-on formula and growing-up milk.
Promotion :	Any method employed, either in direct or indirect way, to encourage consumption of breast-milk substitute products. Promotion is a type of marketing strategy.
In this study, 7 point-of-sale promotion types were recorded (HKI, 2014):	
Price-related promotion :	Any promotion includes the use of coupon/stamps, discounts or special discount sales.
Display :	Any form of displays including brand shelf, special display, placards/posters/banners, shelf tag/talker and new product launch.
Information material :	A printed sheet of paper such as leaflet, pamphlet or flyer, often with illustrations, brief/summarized information or advertising and distributed free of charge to customers.
Free gift :	Infant and young child related item that is given away with the purchase of another product as a way to encourage customers to buy the BMS product.

Product sample :

Single or small quantities of a BMS product provided without cost, intended to allow the consumer to use, test or judge the product.

Company representative :

A representative or sale agent of any breast-milk substitute company standing by at points-of-sale.

Cross-product promotion :

When infant and young child food product bearing the brand of BMS company is given together with the BMS product bought, usually to encourage consumption.

2

Methodology

2.1 Research Method and Study Tools

The research employed a standardised observation and photographic evidence of breast-milk substitute (BMS) availability and Sub-Decree 133 (SD133) violations in provinces of Cambodia between 30 January and 6 March 2015.

An inventory list was created to assess BMS product availability. The list was originally created by HKI in 2013 and through a combination of activities, including: 1) correspondence with manufacturers, distributors, retailers and wholesalers of BMS, 2) sourcing of lists of registered BMS from country authorities, 3) internet and literature searches including market research analyses, and 4) store visits.

Any new products that were not already on the initial inventory list but found available in any of the points-of-sale (POS) in the 6 provinces were purchased and added to the list. Any products that were present on the original 2013 inventory list but not available in any of the POS in the 6 provinces were not counted as available during this study.

The study used two observational checklists which were adopted from ARCH projects of HKI (2013): 1) to assess point-of-sale BMS promotion and 2) BMS labeling. The BMS promotion checklist counted the number of POS promotions at each POS, and the type of promotional technique used (price-related promotions, display, etc.).

The labeling practice checklist covered violations of standards outlined in the International Code of Marketing of Breast-milk Substitutes (WHO, 1981) and the SD133 (see list of observed labeling standards in Annex 2). Violations included labels not fully written in Khmer language, lack of age appropriate product information, absence of information regarding preparation, storage, and the superiority of breastfeeding, presence of promotional tactics such as invitations to interact

with the company, text that idealises breast-milk substitutes, images other than preparation instruction, etc. In total, there were 24 violations outlined in the checklist.

2.2 Sampling and Sample

The study took place in six provinces in Cambodia including Battambang, Kandal, Kampong Thom, Siem Reap, Preah Vihea and Takeo. They were selected based on two criteria: 1) high rate of stunting sourced from CDHS 2010 (as CDHS 2014 was not available at the time of study), and 2) World Vision International in Cambodia and Helen Keller International area programs.

One provincial capital and two districts were selected from each of the six provinces. The two districts per province located a variety of stores and/or pharmacies. A total of six provincial towns and 12 districts were sampled.

In selecting stores and pharmacies, a consultation with a nutrition technical officer at World Vision International in Cambodia indicated that on average there were 10 stores in a district market and 15 stores in a provincial market. In this study, 30 percent of the total stores available at these markets were selected, including 5 stores from each provincial capital and 6 stores from 2 districts in each province. At least one supermarket in each provincial capital and one pharmacy in each district, if it is available, was included to provide variability in store type and ensure representation of influential POS. A total of 66 stores and pharmacies which were encountered by the data collectors were included in the study.

Table 1: Sampled provinces and districts

No	Province	Provincial Town	District	Sampled Sites
1	Battambang	Batambang town	Moung Ratanak Mondul	11
2	Kandal	Kandal town	Ponhea Leu Saang	11
3	Kampong Thom	Kampong Thom town	Stong Santuk	11
4	Siem Reap	Siem Reap town	Sot Nikum Puok	11
5	Preah Vihear	Preah Vihea town	Rovieng Chey Sen	11
6	Takeo	Takeo town	Kirivong Bourei Cholsar	11
Total Sites				66

All breast-milk substitute (BMS) products available and the presence of any BMS promotion at each store or pharmacy were noted. Observation at each store took approximately an hour.

2.3 Ethics

Prior to the data collection, a letter of endorsement to conduct the observation on breast-milk substitutes at the points-of-sale in the six provinces was issued by Dr. Prak Sophoaneary, Deputy Director of National Maternal Child Health Center, Ministry of Health. The letter was obtained on 26 January 2015 (See Annex 1).

Informed consent was obtained from the vendors of stores and pharmacies which were sampled. They were informed about the study objectives, researchers’ roles and responsibilities and the use of the data that was collected. All efforts were made to ensure that the observation process did not disrupt the business of vendors.

2.4 Data Analysis

Data analysis in this study involved coding BMS promotion instances and types in SPSS software and scoring product labels in Microsoft Excel application. In the label scoring process, two researchers, one from HKI and one from WVI, were trained to implement the checklist, and applied the tool to every BMS product individually.

After, the researchers compared their checklists to identify any differences in scoring of products and discrepancies were rectified. Where consensus could not be reached, a third researcher made the final decision. Each product began with a score of 0, and had a point removed from its score for each violation found on the label; therefore, scores could range from 0 (denoting no violations) to -24 (denoting that the label presented all violations).

3

Research Findings

3.1 Sample Demographics

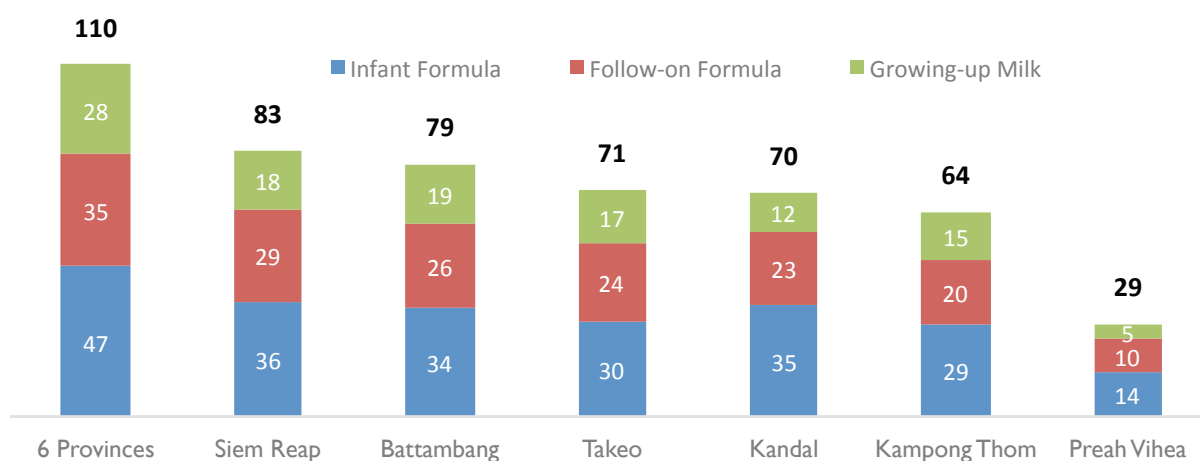
A total of 66 points-of-sale (POS) across the six provinces were observed for availability, promotion types and labeling violations of breast-milk substitutes (BMS). 54% of the POS were based in districts and 46% were in provincial towns. 74% POS were stores, including stalls in local markets, and 26% were pharmacies.

3.2 Breast-Milk Substitutes Availability at Points-of-Sale

Breast-milk substitutes (BMS) were found to be widely available at all the sampled points-of-sale (POS). There was also wide variety of products and certain products were common across the majority of POS sites. 110 different BMS products were being sold across the 66 POS, including 47 infant formula products, 35 follow-on formula

products, and 28 growing-up milk products. By province, POS in Siem Reap sold the largest range of BMS products identified, followed closely by Battambang, with a total of 83 and 79 products, respectively. Preah Vihea sold the least number of BMS products found, with only 29 identified (Figure 1).

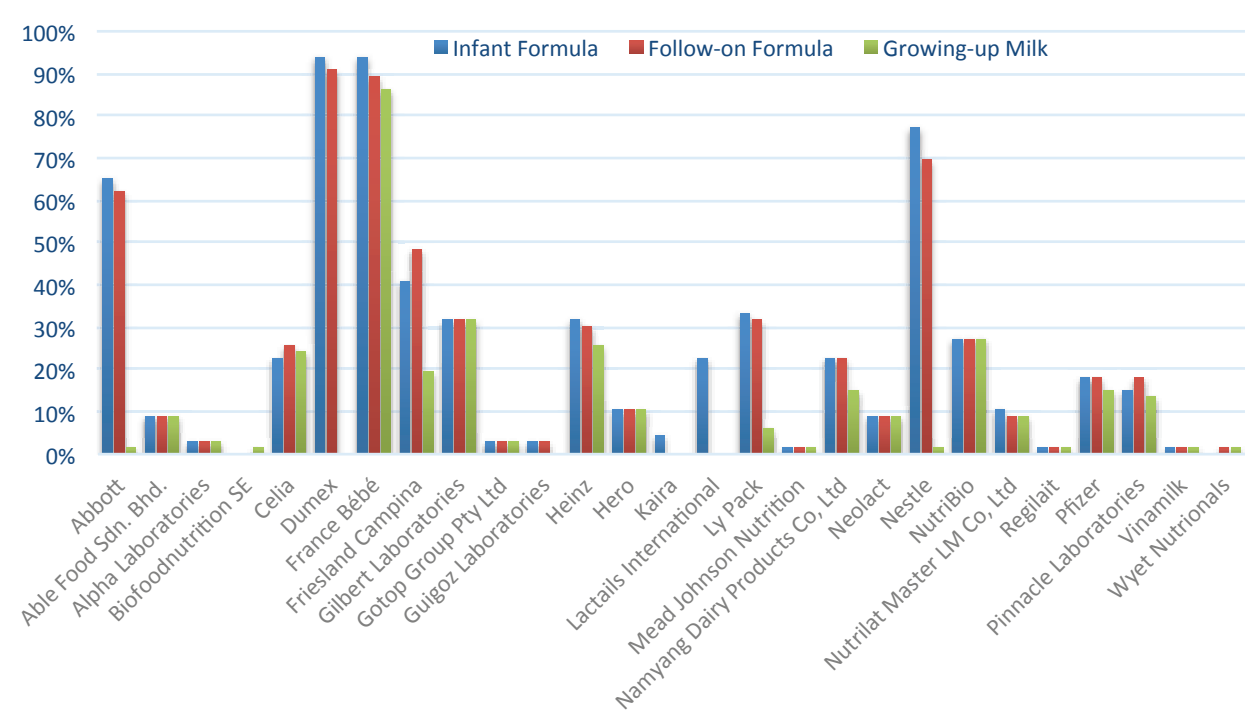
Figure 1 : Number of BMS products sold at sampled POS by province



These 110 BMS products were produced by 27 manufacturers, all of which are internationally owned companies – no domestically produced products were found. For most manufacturers, infant and follow-on formulas were more commonly available for sale compared to growing-up milk. Dumex and France Bébé sold infant and

follow-on formula at almost all POS observed. Infant and follow-on formula from Nestle and Abbott were next most available while their growing-up milk was least sold at the sampled POS. Other manufacturers had their products concentrated in particular provinces (Figure 2).

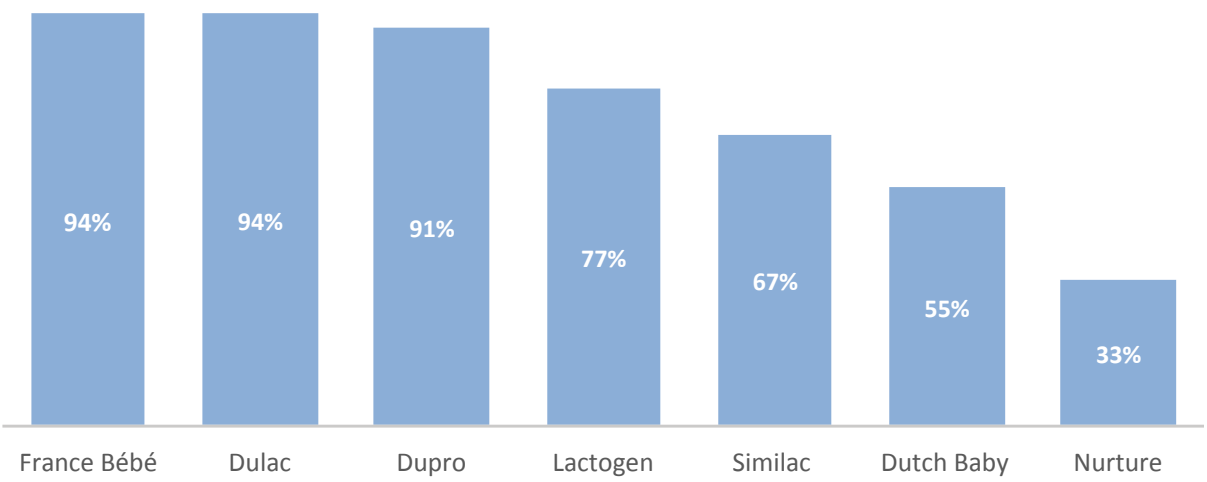
Figure 2 : Proportion of sampled POS selling BMS by manufacture



The majority of manufacturers produced more than one product of BMS, which could be sold either under the same or different brand name for varying age categories of children (i.e. as an infant formula, follow-up formula and growing-up milk). Even from the same manufacturers, certain product lines (brand) were more available than others;

for example, France Bébé and Dupro were more available than Nébilá and Mamex, respectively. For some manufacturers, their products were only found in few POS and a few manufacturers' products were only found in POS in certain province and location, at time of the study.

Figure 3 : Proportion of sampled POS where brands were found, showing the top seven brands

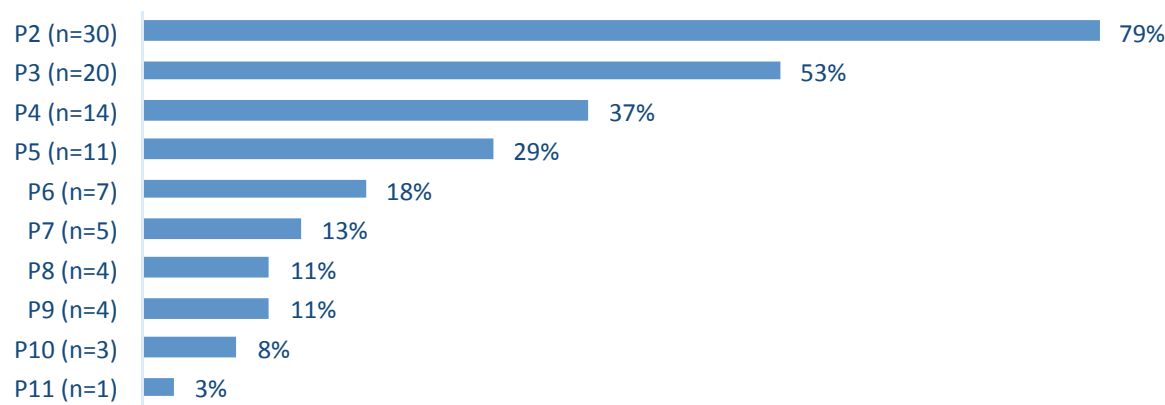


3.3 Breast-Milk Substitutes Promotion at Points-of-Sale

During the study observation, of all 66 POS, more than half (58%, n=38) had promotions while the rest (42%, n=28) did not. 137 promotions were found across the 38 POS, promoting product lines (brands) of 20 different manufactures. Where a POS promoted at least one BMS brand, it usually included promotions for all three

product categories. Many of the 38 POS that were promoting BMS had between two and three promotions (P2 to P3 in Figure 4) while a few had between six and nine in one instance. Surprisingly, there was one store in the capital town of a province that had a total of 11 promotions at the time of data collection.

Figure 4 : Proportion of sampled POS with promotions, where more than one instance of promotion was found



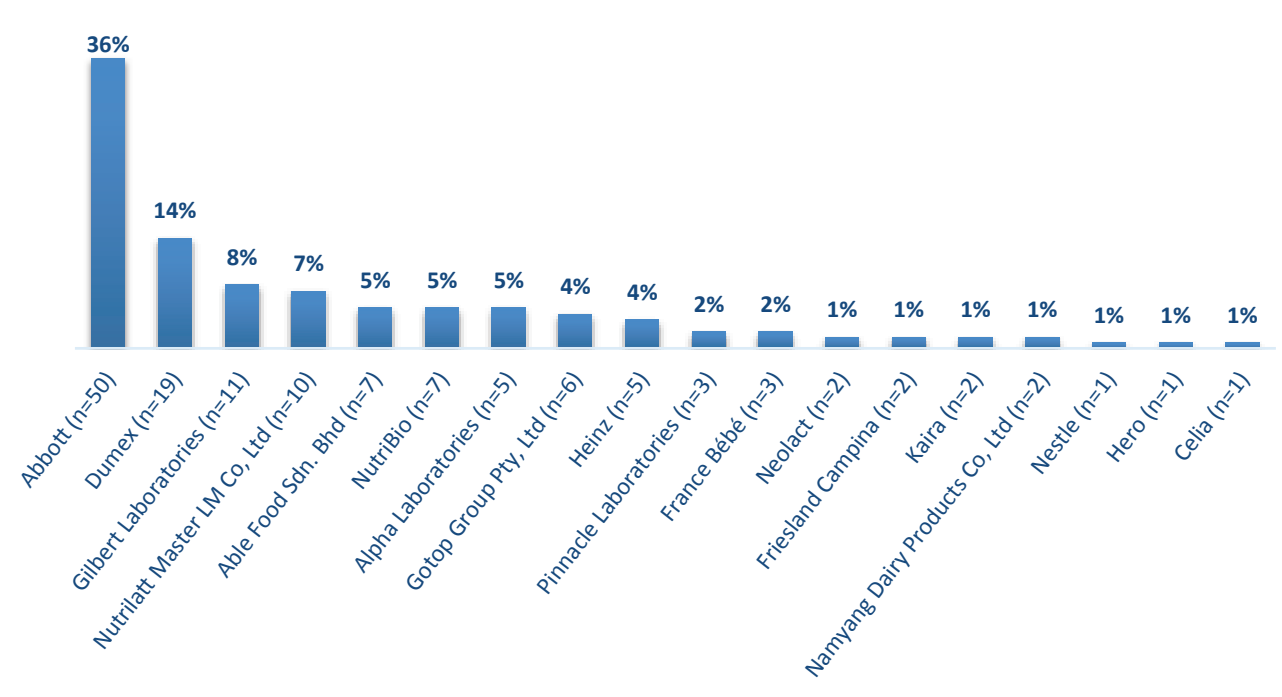
The prevalence of stores promoting BMS product was higher, with 79%, than promotions in pharmacies, with only 21%. However, it does not rule out the fact that even at pharmacies BMS products were being promoted. Furthermore, the prevalence of POS promotions in provincial towns was higher than that of POS in districts; 63% of POS in all capital towns had promotions compared to 37% of POS in all district towns.

A total of 18 manufacturers (out of 27) had promotions. However, their product promotions did not necessarily correlate with product

availability. As illustrated in Figure 2 above, products of France Béb  Company were available at almost all POS but were promoted at 2% of all promotions found. Being sold at around 90% POS, Dumex’s products had 14% of all POS promotions.

In contrast, Gotop Group Pty Ltd products were available at two POS but had 4% (n=6) of all promotions. For other manufacturers, the proportion of product availability and promotion was comparable. For example, Abbott Company had both significant POS product availability and product promotions (see Figure 5 for detail).

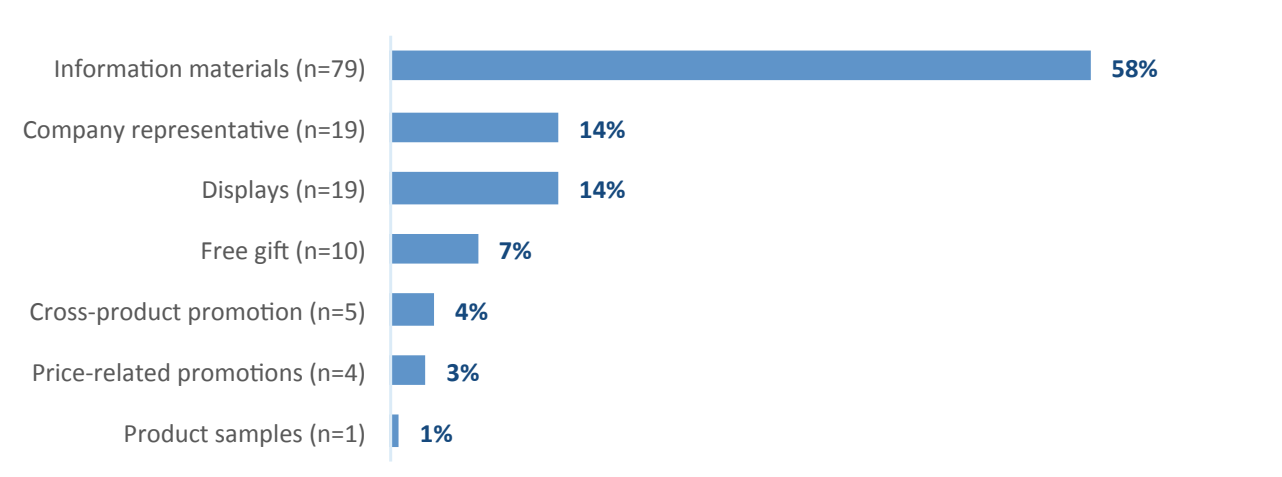
Figure 5 : Proportion of POS promotions by all products from each manufacturer



Seven types of promotions were identified in the study. Product information material, including leaflets, pamphlets or flyers, was the most commonly used technique, accounting for 58%

of total promotions. Company representative and displays each represented 14% while offering product samples was the least used, accounting for only 1% of all promotions.

Figure 6 : Proportion of POS promotions by type



Some photographic examples of these promotion types are displayed below.

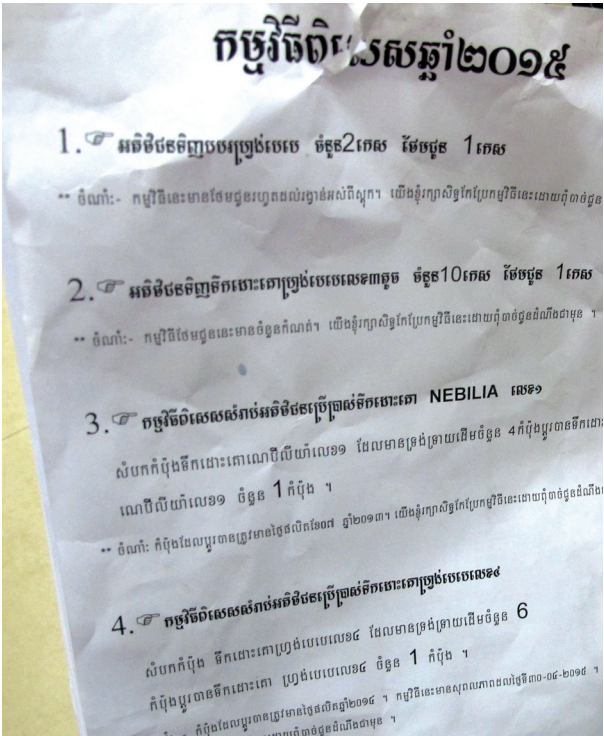
Photos 1 & 2 : Information materials



Photos 3 & 4 : Displays



Photos 5 & 6 : Price-related promotion



Photos 7 : Free Gift



Photos 8 : Product Sample



Photos 9 : Cross product promotion (gift attached to side of a can)

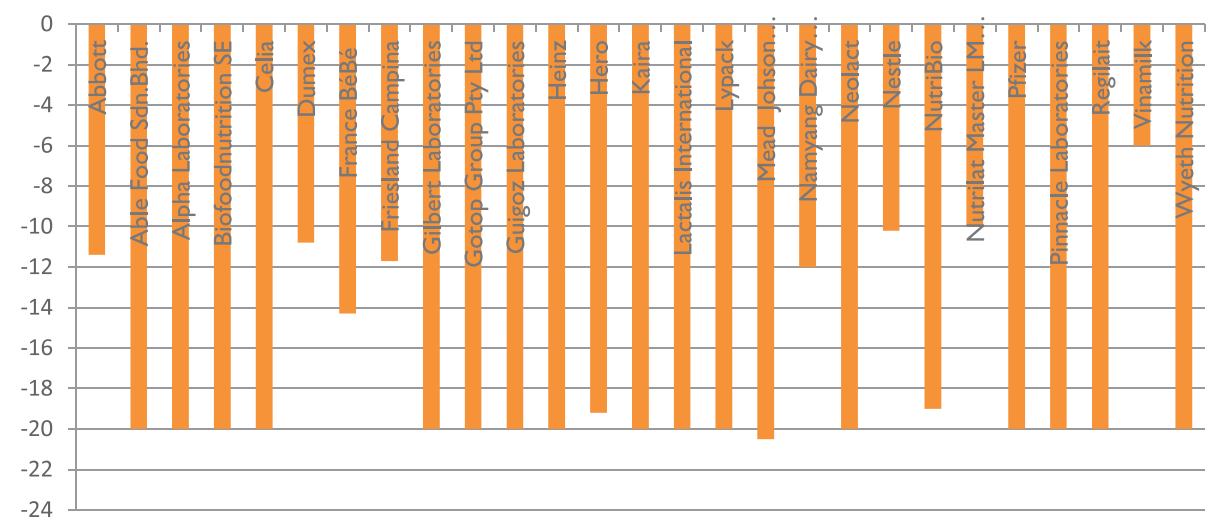


3.4 Breast-Milk Substitutes Labeling Violations

Each of the 27 manufacturers identified had more than one BMS product available for sale. In this study, if any of the products was found to violate any standard according to the Sub-Decree 133 or the International Code, the concerned manufacturer would be listed as not fully compliant. However, this does not disregard the finding that many products passed many labeling standards even though other formulas produced by the same manufacturer had not.

According to the researchers' analysis, none of the 27 manufacturers with products available for sale in the six provinces fully complied with the 24 labeling standards included in the study (find Annex 2 for list of observed labeling standards). Figure 7 details the product label score by manufacturer on a range of -24 (the worst score) and 0 (the best score). All 110 BMS products had an average label-compliance score of -16.2. The mean score of infant formula was -15.3, -16.4 for follow-on formula, and -17.4 for growing-up milk.

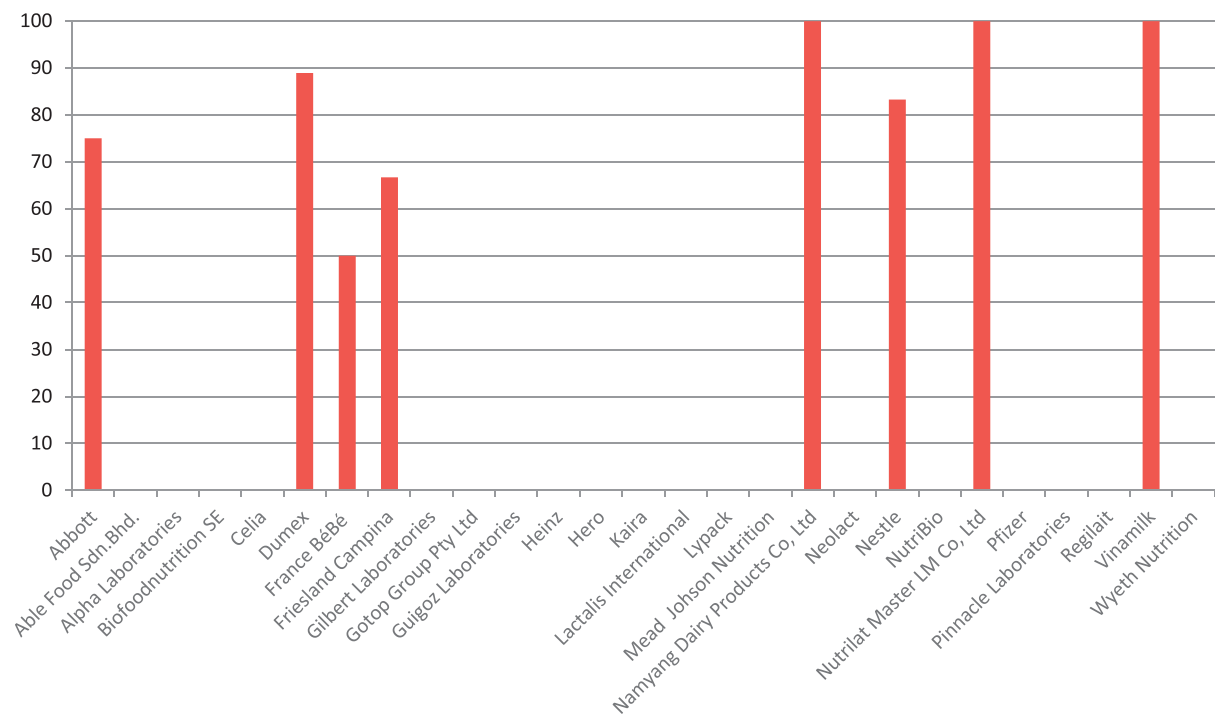
Figure 7 : Product label scores by manufacturers



One of the key standards was having labels written in Khmer language. It was found that 65% (n=72) of all BMS products from 19 manufacturers selling BMS in the Cambodian market had no or only

partial Khmer language included. They were labeled in foreign language, either English, French or Vietnamese, etc.

Figure 8 : Proportion of BMS products with Khmer labels by manufacturers



Evident of some labeling violations is shown below

Photos 1 & 2: Wrong recommended age



Photos 3 & 4: Informaiton not or partially written in Khmer language



Photos 5 & 6: Image other than preparation method



Photos 7 & 8: Image of Infant



Discussion and Recommendations

Findings from the study indicate very limited enforcement of the Sub-Decree 133 and Joint Prakas 061 on Marketing of Products for Infant and Young Child Feeding. Violations of SDI33 are severe and require immediate actions.

Breast-milk substitutes (BMS) are widely available at points-of-sale (POS) across the six provinces. 110 different BMS products were being sold at both stores and pharmacies, some of which may not have had legitimate authority to sell in the country. Anecdotal evidence from the data collectors reveals that at least one BMS product was brought by the store owner from a neighbouring country and sold after testing it with one's own child.

Although promotions aimed at encouraging consumption of BMS product are prohibited in Cambodia, these promotions are highly prevalent at points-of-sale (POS). More than half (58%, n=38) of all sampled POS promoted BMS products. 18 out of 27 manufacturers selling identified BMS had at least one promotion, using one or more of the seven promotion types, ranging from distributing product information material to having an in-store company representative present. This finding together with what has been found in HKI's Phnom Penh study in 2013 has confirmed that violation of the SDI33 in terms of promotion is critical.

With the national legislation regulating the BMS product industry having been in effect for almost a decade, labeling violations are still widespread among manufacturers distributing BMS products. No single BMS product of any manufacturer found had full compliance of labeling standards according to the SDI33 or the International Code. The average score of all 110 products correctly labeled was -16.2 (-24 representing no compliance and 0 representing full compliance). One of the key violations identified was products not having label fully written in the national language. It was found that 72 products from 19 manufacturers did not include Khmer on their label.

To address these problems, it is urgent that the SDI33 must be effectively enforced and regularly monitored in order to ensure appropriate and good feeding practices of infant and young child across Cambodia. To do this effectively, roles and responsibilities of the Oversight Board must be clarified and functioning. Ministry of Health and Ministry of Commerce must divide tasks and decision making and work collaboratively to 1) review imported BMS products for legal compliance, 2) define and enforce terms of penalties specifically for promotion and labeling violations, 3) establish more specific monitoring guidelines of BMS products and monitor compliance at both stores and pharmacies across the country, and 4) strengthen dissemination and education of the SDI33 among manufacturers, government actors, retailers and the public.

Annex I : Endorsement Letter from Maternal and Child Health Center, Ministry of Health

ព្រះរាជាណាចក្រកម្ពុជា
ជាតិ សាសនា ព្រះមហាក្សត្រ
២០១៥

មជ្ឈមណ្ឌលជាតិគាំពារមាតា និងទារក
កម្មវិធីជាតិអាហារូបត្ថម្ភ

ប្រធានកម្មវិធីជាតិអាហារូបត្ថម្ភ
ជម្រាបជូន

លោកប្រធាននាយកដ្ឋានកសិកម្ម រុក្ខាប្រមាញ់ និងនេសាទ អង្គការទស្សនៈពិភពលោកអន្តរជាតិ

កម្មវត្ថុ៖ លិខិតគាំទ្រលើការអង្កេតស្តីពី ការផ្សព្វផ្សាយនៅទីតាំងលក់ និងការរំលោភបំពានលើច្បាប់ស្លាកសញ្ញា ផលិតផលជំនួសទឹកដោះម្តាយនៅតាមបណ្តាខេត្តចំនួនប្រាំមួយនៃប្រទេសកម្ពុជា។

យោង៖ លិខិតលេខ CHN-MOH CHN-MOH 01/26/15 ចុះថ្ងៃទី ២៦ ខែមករា ឆ្នាំ២០១៥ របស់អង្គការទស្សនៈពិភពលោកអន្តរជាតិ។

សេចក្តីដូចមានចែងក្នុងកម្មវត្ថុ និងយោងខាងលើ នាងខ្ញុំសូមជម្រាបជូនលោកប្រធានថា ការអង្កេតស្តីពី “ការផ្សព្វផ្សាយនៅទីតាំងលក់ និងការរំលោភបំពានលើច្បាប់ស្លាកសញ្ញាផលិតផលជំនួសទឹកដោះម្តាយនៅតាមបណ្តាខេត្តចំនួនប្រាំមួយនៃប្រទេសកម្ពុជា” ពិតជាមានសារៈសំខាន់ ដើម្បីឲ្យកម្មវិធីជាតិអាហារូបត្ថម្ភអាចធ្វើការវាយតម្លៃអំពីចំណេះដឹងនិងស្ថានភាពការផ្សព្វផ្សាយនៅទីតាំងលក់ និងការរំលោភបំពានលើច្បាប់ស្លាកសញ្ញាផលិតផលជំនួសទឹកដោះម្តាយនៅក្នុងខេត្តកណ្តាល ខេត្តតាកែវ ខេត្តកំពង់ធំ ខេត្តបាត់ដំបង ខេត្តសៀមរាប និងខេត្តព្រះវិហារ នៃប្រទេសកម្ពុជា។

កម្មវិធីជាតិអាហារូបត្ថម្ភ នៃមជ្ឈមណ្ឌលជាតិគាំពារមាតានិងទារក សូមធ្វើការគាំទ្រចំពោះការអង្កេតនេះឲ្យមានដំណើរការរលូន ដើម្បីជាប្រយោជន៍ដល់ការរៀបចំនូវយុទ្ធសាស្ត្រថ្មីៗបន្ថែមទៀត។

សូមលោកប្រធានទទួលនូវការរាប់អានអំពីនាងខ្ញុំ។

រាជធានីភ្នំពេញ ថ្ងៃទី ២៦ ខែមករា ឆ្នាំ២០១៥

ប្រធានកម្មវិធីជាតិអាហារូបត្ថម្ភ



ចេជ្ច. ប្រាក់ សោភ័ណនារី

Annex 2 : Labeling standards under study

No	Labeling Standards	Source
TO INCLUDE ON LABEL IN KHMER		
1	A statement of the superiority of exclusive breastfeeding for the first 6 months and continued breastfeeding until 2 years of age or above	Sub-decree 133
2	A message indicating the total cost of feeding an infant with formula for the first 6 months	Sub-decree 133
3	Label written in Khmer language	Sub-decree 133
4	Specification of recommended age/age range for use	Sub-decree 133
5	A statement explaining that cup feeding is more hygienic than bottle-feeding	Sub-decree 133
6	Printed and well-attached label	Sub-decree 133 and International Code
7	Words such as “important notice” or its equivalent	Sub-decree 133 and International Code
8	Instructions for appropriate methods, preparation and use	Sub-decree 133 and International Code
9	A warning against the health hazards of inappropriate preparation	Sub-decree 133 and International Code
10	A statement that the product should be used only on the advice of a health worker	Sub-decree 133 and International Code
11	A statement of the superiority of breastfeeding	International Code
12	A statement on the need for health worker advice on the proper method of use	International Code
13	Nutrition composition/analysis of the product	International Code
14	Ingredients used	International Code
15	A warning that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately	International Code

16	Storage instructions	International Code
17	Batch number	International Code
18	Date before which the product is to be consumed	International Code
NOT TO INCLUDE ON LABEL		
19	The term “humanised”, “materialised” or similar terms/words	Sub-decree 133 and International Code
20	An image of an infant	Sub-decree 133 and International Code
21	Any image that does not illustrate the method of preparation nor serve to identify the product as a breast-milk substitute	Sub-decree 133 and International Code
22	Any text that may idealise the use of breast-milk substitutes, discourage or undermine breastfeeding	Sub-decree 133 and International Code
23	An invitation to make contact (direct or indirect) with the company on the label	International Code
24	Label including any promotional device to induce sale	International Code

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