HEALTH PROFESSIONALS’ KNOWLEDGE AND ATTITUDES TO THE WHO INTERNATIONAL CODE OF MARKETING OF BREAST MILK SUBSTITUTES

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Abstract
Breastfeeding promotion can improve health status of infants, young children and breastfeeding mothers. The WHO International Code of Marketing of Breast-Milk Substitutes (WHO Code) aims to protect and promote breastfeeding, and ensure the proper use of breast milk substitutes.

The aim of this paper was to explore the knowledge and attitudes of health professionals in Bulgaria to the WHO Code. The study reveals low levels of knowledge on WHO Code. To increase the rates of breastfeeding in Bulgaria, health professionals need increased knowledge about recommended infant feeding practices and increased awareness of international policies to promote breastfeeding.

Key words: breastfeeding promotion, breast milk substitutes, health professionals

INTRODUCTION
One of the leading documents of the World Health Organization (WHO) and UNICEF dedicated to breastfeeding promotion and support is the International Code of Marketing of Breast-milk Substitutes (the Code). It is adopted on 21 May 1981 by the World Health Assembly (WHA). The Code was made in response to the aggressive advertising campaigns of infant formula companies. The code does not prohibit the sale of infant formula but aims to ensure the proper use of breast milk substitutes and assure an environment that supports proper infant and young child feeding. The International Code took into account a WHO/UNICEF report on infant and young child feeding which emphasized the “importance of an adequate basis on which women can have a true and objective choice” (International Code of Marketing of Breast-milk Substitutes, 1981). It also emphasized “the need for education and information about infant and young child feeding and for the establishment of measures at government level to protect women against misinformation”. The scope of the Code is presented on table 1.

Numerous evidences emphasize the nutritional, psychological and immunological value of breastfeeding. Latest studies show that breastfeeding lowers the risk of some chronic non-infectious diseases in adulthood. Taking into account the economic benefit of breastfeeding it is recognized as “gold standard” in infant feeding and all alternatives should be compared to it.

Health benefits of breastfeeding for the infant are: reduced risk of atopic dermatitis, asthma, otitis media, gastroenteritis, diarrhea, severe lower respiratory tract infections, obesity, type 1 diabetes (if never breastfed), type 2 diabetes, childhood leukemia (6,7), sudden infant death syndrome (SIDS), necrotizing enterocolitis (NEC) (6,7). Benefits of breastfeeding for the mother include delayed return of fertility, more rapid return to prepregnancy weight, lower risk of postpartum depression (8), lower risk of pre-menopausal breast cancer (8, 11, 12) and ovarian cancer (9), reduced risk of hip fracture(10).

Benefits of breastfeeding for the family and community include decreased absence from the workplace due to decreased family illness, lower expenditures for food and health care, reduced use of fuels, pharmaceuticals, plastic and waste from the dairy industry(7).

Breastfeeding promotion is an important public health issue and is known as one of the most cost-effective health interventions for preventing morbidity and death from different illnesses, and gaining disability-adjusted life years (DALYs). Fairbank at al. (2000) define breastfeeding as a “key public health measure, alongside immunisation and other initiatives, to protect and promote the health of one of the most vulnerable groups of the population – infants and children” (4). Therefore WHO and
UNICEF set three major breastfeeding recommendations. As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.

Breastfeeding rates in Bulgaria (as in many European countries) remain low. A national research on the actual breastfeeding practices of children in Bulgaria from 2010 shows the following data: Breastfeeding prevalence in the neonatal period is 92.6%. In only 4.6% of the cases breastfeeding was initiated in the first hour after birth. Exclusively breastfed are only 4.2% of the infants under 2 months of age. In conclusion, the practice of breastfeeding is determined by national traditions and do not meet international recommendations (2). Hofvander (2005) links the increase in breastfeeding rates in Sweden with the Baby Friendly Hospital Initiative, which presupposes compliance with the WHO Code (5).

Reestablishing of breastfeeding culture is the subject of increasing media interest, but emphasis and support of health professionals is also needed.

The Code is not officially ratified in our country, despite the initiatives taken by the Bulgarian group of the International Baby Food Action network (IBFAN) (1). IBFAN Bulgaria has found many violations of the Code in our country over the past 10 years. The recommendations set out in the WHO / UNICEF Global strategy for infant and young child, do not apply. Hospitals as a part of the health care system should provide opportunities for mothers to choose optimal feeding for their children. Unfortunately the close relationship between manufacturers of infant formula and hospitals ensures that new mothers have ready access to infant formula leading to unnecessary supplementation with formula. Irresponsible marketing of infant formula in hospitals is threat to exclusive breastfeeding (13). Healthcare workers therefore require knowledge of the Code to protect, promote and support breastfeeding at hospitals and in the community.

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<th>Summary of the Code:</th>
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<td>1. There should be no advertising of breast milk substitutes or other form of promotion to the general public.</td>
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<td>2. Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mother or members of their families, samples of their products, including discount coupons.</td>
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<td>3. No promotion of products in health care facilities.</td>
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<td>4. No sales representatives to advice mothers.</td>
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<td>5. No gifts or personal samples to health workers.</td>
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<td>6. No words or pictures idealizing artificial feeding, including pictures of infants on the labels of the products.</td>
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<td>7. Information to health workers should be scientific and factual.</td>
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<td>8. All information on artificial infant feeding, including the labels, should explain the benefits of breastfeeding, and the costs and hazards associated with artificial feeding.</td>
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<td>9. Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.</td>
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All products should be of a high quality and take account of the climatic and storage conditions of the country where they are used.

Table 1. International Code of Marketing of Breast Milk Substitutes
AIM OF THE STUDY
The aim of this study was to explore the knowledge and attitudes of health professionals to the WHO Code.

MATERIAL AND METHODS
A sociological study was carried among 87 health professionals (bachelor students from the Medical University- Sofia and practicing health professionals) using a self-administered questionnaire. Data was analyzed using SPSS 13.

RESULTS AND DISCUSSION
93.1% of the respondents are women, and 6.9% are man. Most of the participants in the survey are in the age group 18-30 years (42.5%), followed by the respondents in the age group 31-40 years (Figure 1).

![Fig.1. Age of the respondents](image)

39.1% are public health professionals, 37.9% are in the group “other health professionals” which consists of health inspectors, health administrators, dental technicians and others, 18.4 % are practicing nurses, and only 2.3% are midwives (Figure 2). Only two midwives took part in the survey, but it is considered that their knowledge on breastfeeding promotion polices is higher than of the other respondents and we don’t reckon this as a weakness of our study.
Fig. 2. Specialty of the respondents

The major part of the participants in the survey has no experience in the field of health service, because they are graduating students. 22.8% have work experience over 5 years (Figure 3).

The question: "WHO and UNICEF recommend initiating breastfeeding at least 6 hours after birth" received the following answers: - True – 65.5%, False -18.4%, I don’t know – 16.1%. It is obvious that the majority of the respondents, more than 50%, are not aware of the first WHO/UNICEF recommendation in reference to breastfeeding i.e. early initiation of breastfeeding in the first hour after birth (Figure 4).

Fig. 3. Work experience of the respondents
WHO and UNICEF recommend initiating breastfeeding at least 6 hours after birth

![WHO and UNICEF recommend initiating breastfeeding at least 6 hours after birth](image)

**Fig.4.** WHO and UNICEF recommend initiating breastfeeding at least 6 hours after birth

The next question was: “WHO and UNICEF recommend exclusive breastfeeding for the first 6 months of life”. The received answers are: True – 89.7 %, False – 4.6 %, I don’t know – 5.7 % (Figure 5).

![WHO and UNICEF recommend exclusive breastfeeding for the first 6 months of life](image)

**Fig.5.** WHO and UNICEF recommend exclusive breastfeeding for the first 6 months of life

Exclusive breastfeeding means that the infant receives only breast milk. No other liquids or solids are given, not even water – with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines. The next question was formulated like that: “WHO and UNICEF recommend continued breastfeeding for two years or more, together with safe, nutritionally appropriate complementary feeding”. The received answers are: True – 56.3 %, False – 18.4 %, and significant part of the respondents choose the answer “I don’t know” – 25.3 %. These responses confirm again that the respondents are not familiar with the global breastfeeding recommendations (Figure 6).
WHO and UNICEF recommend continued breastfeeding for two years or more, together with safe, nutritionally appropriate complementary feeding

![Diagram showing percentages]

Fig.6. WHO and UNICEF recommend continued breastfeeding for two years or more, together with safe, nutritionally appropriate complementary feeding

The question: "Infant formula is just as beneficial for the health of the baby as breast milk" received the following answers: True – 11.5%, False – 79.3%, I don’t know – 9.2% (Figure 7).

To the questions in relation to The Code, the answers are as follows: 93.1% are not familiar with the WHO International Code of Marketing of Breast-Milk Substitutes (Figure 8), but more than the half of the respondents (58.6%) don’t agree that they consider ethical the distribution of free samples of infant formula in health facilities (Figure 9).

![Diagram showing percentages]

Fig.7. Infant formula is just as beneficial for the health of the baby as breast milk
Significant part of the health professionals that participated in the survey have accepted formula feeding as a cultural norm and the answers to the next question confirm that. The answers given to the question “I consider ethical representatives of infant formula companies to distribute advertising materials and gifts to medical professionals” are: Yes- 46% and No- 54% (Figure 10).
In the opinion of the respondents it is more appropriate to distribute gifts and free samples of formula to future mothers (58.6% answer Yes) (Figure 11). This way, promoting formula, future mothers meet difficulties to make an informed choice.

Other studies of Bulgarian authors examine what are the current trends in the application of socio-ethical marketing concept of health. They concluded that there are many violations that facilitate organizations, marketing executives and society to establish responsible attitude to personal and public health (3).
CONCLUSIONS

In Bulgaria health professionals, in general, have low levels of support for breastfeeding and low levels of familiarity with the WHO Code. To increase the breastfeeding rates in Bulgaria, health professionals need increased knowledge about recommended infant feeding practices and increased awareness of international policies to promote breastfeeding.

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