© UNICEF/2023/Moldova/Ion Savin

INFANT AND YOUNG CHILD FEEDING KNOWLEDGE AND PRACTICES IN MOLDOVA

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

Chișinău, May 2025

Acknowledgements

We extend our heartfelt gratitude to all those who supported this research. The UNICEF Moldova Country Office expresses its sincere appreciation for the support received from the Ministry of Health of the Republic of Moldova and the UNICEF Regional Office for Europe and Central Asia (ECARO), particularly Ms. Karan Courtney Haag. We also thank the members of the UNICEF Country Office team in Moldova, especially our focal point, Ms. Irina Loghin, along with Ms. Angela Capcelea and Ms. Elena Laur, for their invaluable guidance and suggestions throughout this study.

Our sincere thanks go to the CIVIS team, especially Mr. Ruslan Sintov, for his meticulous preparation and coordination of the data collection process in Moldova, and to Ms. Galina Obreja, Associate Professor, Department of Social Medicine and Management, "Nicolae Testemițanu" State University of Medicine and Pharmacy for the data analysis and recommendations.

Finally, we express our profound appreciation to the individuals who dedicated their time to participate in this research – the parents and caregivers of children under 2 years old in Moldova.

Disclaimer: The views expressed in this report are those of the author. This report does not necessarily reflect the views of UNICEF.

MINISTERUL SĂNĂTĂȚII
AL REPUBLICII MOLDOVA

unicef
pentru fiecare copil

Table of Contents

List of Figures **4**

1. Executive Summary **6**

2. Survey Design **13**

3. Socio-Demographic Profile of the Respondents **16**

4. Key Infant and Young Child Feeding Indicators **17**

5. Background Information **26**

6. Feeding Immediately After Birth **28**

7. Current Breast- and Bottle Feeding **30**

8. Consumption of Liquids **32**

9. Consumption of Foods **36**

10. Knowledge, Perceptions and Attitudes **38**

10.1. Knowledge about and perceptions of infant formula and breastfeeding 38

10.2. Knowledge about and perceptions of drinks for toddlers 41

10.3. Knowledge about breastfeeding and supplementary feeding 42

10.4. Support from partner 44

10.5. Sources of information about breastfeeding, child nutrition and feeding 45

11. Advice on Feeding **46**

12. Promotion of Breastmilk Substitutes **50**

13. Social Groups and Events **54**

14. Free Samples **56**

15. Coupons/Vouchers **58**

16. Conclusions and Recommendations **60**

List of Figures

Figure #	Description	Page
Figure 1.	Socio-demographic profile of respondents	14
Figure I1.	EVER BREASTFED (EvBF)	15
Figure I2.	EARLY INITIATION OF BREASTFEEDING (EIBF)	15
Figure I3.	EXCLUSIVELY BREASTFED FOR THE FIRST TWO DAYS AFTER BIRTH (EBF2D)	16
Figure I4.	EXCLUSIVE BREASTFEEDING UNDER SIX MONTHS (EBF)	16
Figure I5.	MIXED MILK FEEDING UNDER SIX MONTHS (MixMF)	17
Figure I6.	CONTINUED BREASTFEEDING 12–23 MONTHS (CBF)	17
Figure I7.	INTRODUCTION OF SOLID, SEMI-SOLID OR SOFT FOODS 6–8 MONTHS (ISSSF)	18
Figure I8.	MINIMUM DIETARY DIVERSITY 6–23 MONTHS (MDD)	18
Figure I9.	MINIMUM MEAL FREQUENCY 6–23 MONTHS (MMF)	19
Figure I10.	MINIMUM MILK FEEDING FREQUENCY FOR NON-BREASTFED CHILDREN 6–23 MONTHS (MMFF)	19
Figure I11.	MINIMUM ACCEPTABLE DIET 6–23 MONTHS (MAD)	20
Figure I12.	EGG AND/OR FLESH FOOD CONSUMPTION 6–23 MONTHS (EFF)	20
Figure I13.	SWEET BEVERAGE CONSUMPTION 6–23 MONTHS (SwB)	21
Figure I14.	UNHEALTHY FOOD CONSUMPTION 6–23 MONTHS (UFC)	22
Figure I15.	ZERO VEGETABLE OR FRUIT CONSUMPTION 6–23 MONTHS (ZVF)	22
Figure I16.	BOTTLE FEEDING 0–23 MONTHS (BoF)	23
Figure 2.	Number of children per household (average)	24
Figure 3.	Distribution by gender of children under 24 months	24
Figure 4.	Distribution by age group of children under 24 months	24
Figure 5.	Where was the youngest child delivered?	25
Figure 6.	Was the youngest child born naturally or by caesarean section?	25
Figure 7.	What was the weight of the youngest child at delivery?	25
Figure 8.	Was the youngest child ever breastfed?	26
Figure 9.	Is the child still being breastfed?	26
Figure 10.	How soon after the birth was the child breastfed for the first time?	26
Figure 11.	In the first two days after delivery, was the child given anything other than breast milk to eat or drink – anything at all like water, infant formula, etc.?	27
Figure 12.	Was the child breastfed yesterday during the day or at night (last 24 hours)?	28
Figure 13.	Did the child drink anything from a bottle with a nipple yesterday during the day or at night (last 24 hours)?	28
Figure 14.	Did the child drink Oral Rehydration Salt solution (solution to prevent dehydration following vomiting or diarrhea) yesterday during the day or at night (last 24 hours)?	29
Figure 15.	Did the child drink or eat any vitamin or mineral supplements or any medicines yesterday during the day or at night (last 24 hours)?	29
Figure 16.	Yesterday during the day or at night (during the last 24 hours), did your child consume any …?	30
Figure 17.	How many times did the child drink the formula?	31
Figure 18.	How many times did the child drink milk?	31
Figure 19.	Was the milk or were any of the milk drinks a sweet or flavored type of milk?	32
Figure 20.	How many times did the child drink yogurt?	32
Figure 21.	Was the yogurt or were any of the yogurt drinks a sweet or flavored type of yogurt drink?	33
Figure 22.	Was the drink a tea or a herbal drink? / Were any of these drinks sweetened?	33
Figure 23.	Yesterday during the day or at night (during the last 24 hours), did the child eat…?	34
Figure 24.	How many times did the child eat yogurt?	35
Figure 25.	Was your child exclusively breastfed until now (for children under 6 months) / until 6 months (for children older than 6 months)?	35
Figure 26.	Please indicate how much you agree with the following statements about infant formulas and breastfeeding (per cent)	36
Figure 26.1	Please indicate how much you agree with the following statements about infant formulas and breastfeeding (average score)	37
Figure 27.	Please indicate how much you agree with the following statements about child feeding	37

Figure 28.	Please indicate how much you agree with the following statements about child feeding	38
Figure 29.	Please indicate how much you agree with the following statements about drinks for toddlers (per cent)	39
Figure 29.1	Please indicate how much you agree with the following statements about drinks for toddlers (average score)	39
Figure 30.	Please tell me if you agree with the following statements concerning children under 24 months.	40
Figure 31.	Please tell me what you know about the following items.	41
Figure 32.	What types of food should you give your child?	41
Figure 33.	Who usually feeds the child?	42
Figure 34.	How often does the father/male partner get involved and provide support in feeding and/or preparing the food for the child?	42
Figure 35.	How often is the husband/male partner involved in discussions about child nutrition and feeding?	42
Figure 36.	Did you receive any information from your family/general doctor on ...?	43
Figure 37.	What are TWO most important sources of information for you personally about breastfeeding, child nutrition and feeding?	43
Figure 38.	In the past six months, has anyone told you that you should give your child any milk products other than breast milk?	44
Figure 39.	What type of milk product was recommended?	44
Figure 40.	Who recommended it?	45
Figure 41.	What particular company/brand was it from?	45
Figure 42.	Has anyone told you to start feeding your child any other food or drink products? / Did anyone tell you to start feeding the child any other food or drink products when they were under 6 months old?	46
Figure 43.	What type of product was recommended?	46
Figure 44.	Who recommended it?	47
Figure 45.	What particular company/brand was it from?	47
Figure 46.	Did you see/hear any PROMOTION MATERIALS at the healthcare facility (maternity and family doctor center) you attend about any baby milk products or feeding bottles and teats for children less than 2 years old?	48
Figure 47.	What type of product was promoted?	48
Figure 48.	What particular company and brand was being promoted?	49
Figure 49.	What particular company and brand was being promoted?	49
Figure 50.	In the past six months, have you heard or seen any promotion or message from companies that sell baby milk products for children under 2 years old or feeding bottles and teats?	50
Figure 51.	What type of product was promoted?	50
Figure 52.	What particular company and brand was being promoted?	51
Figure 53.	What particular company and brand was being promoted?	51
Figure 54.	In the past 6 months, have you …	52
Figure 55.	Was it sponsored or organized by a company that sells food or drinks for children under 2 years old or feeding bottles and teats?	52
Figure 56.	Which company/brand sponsored or organized the event?	53
Figure 57.	In the past six months, have you received any free samples of baby milk products for children under 2 years old?	54
Figure 58.	What was it a sample of?	54
Figure 59.	Who gave you the sample?	55
Figure 60.	Where did you receive the sample?	55
Figure 61.	In the past six months, have you ever received a coupon for any baby milk products or feeding bottles and teats for children less than 2 years old?	56
Figure 62.	What was the coupon for?	56
Figure 63.	Who gave you the coupon?	57
Figure 64.	Where did you receive the coupon?	57

1. Executive Summary

Background

The importance of optimal feeding

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

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

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

Infant and young child feeding: the international situation

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

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

In 1981, the World Health Assembly adopted the International Code of Marketing of Breast-milk Substitutes (the Code) to curb inappropriate marketing of breast-milk substitutes. The Code sets minimum requirements for regulating the marketing of breast-milk substitutes, feeding bottles and teats and aims to put an end to

---

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

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

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

aggressive and inappropriate marketing of breast-milk substitutes. A series of subsequent World Health Assembly Resolutions have updated the Code and filled some of the gaps in the original document. These resolutions have the same status as the Code itself.

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

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

Infant and young child feeding: the situation at national level

The Multiple Indicator Cluster Survey (MICS) conducted in 2012[4] found that almost all infants (96.7%) were ever breastfed. At the same time, the survey identified worrying declining trends in early breastfeeding and exclusive breastfeeding. Early breastfeeding (during the first hour after birth) was 60.9%, down from 65% in 2005. At the same time, exclusive breastfeeding during the first six months of life decreased over the same period from 46% in 2005 to 36% in 2012. Less than a half of infants (48.4%) were breastfed at the age of one year and only 12.2% were breastfed until the age of two years. A higher percentage of children aged 0-5 months (39.7%) were solely breastfed in rural areas, as compared to 30.4% in urban areas.

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

The Legal Act on State Supervision over Public Health stipulates (in Article 38(1)) the promotion of breastfeeding as one of the priorities in ensuring a healthy start in life and reducing the burden of disease.[5] One of the objectives of the National Program on Food and Nutrition for 2014-2020[6] was to increase the percentage of exclusive breastfeeding to 60% by 2020. However, no assessments have been carried out to determine the extent to which the target was achieved by 2020.

The promotion of exclusive breastfeeding is part of the National Program for the Prevention and Control of Priority NCDs in the Republic of Moldova for 2023-2027[7] (Specific Objective 5.2: Promote healthy nutrition at all ages to ensure zero increase in obesity and diabetes rates) currently underway.

In 2018, the Government of the Republic of Moldova transposed the European Union regulations on infant formula and follow-on formulas into the national legal framework,[8] replacing the previous regulations of 2011. The approved Health Regulations ensured partial transposition of the provisions of the International

---

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

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

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

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

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

Code of Marketing of Breast-milk Substitutes and subsequent resolutions of the World Health Assembly into the national legal framework. The Health Regulation sets the requirements on composition and information, in particular for infant formulas and follow-on formulas. In the same year, a new food safety law was adopted, which changed the competences of the involved authorities, but without a respective amendment to Government Decision No. 179/2018. Thus, the Health Regulation was not enforced.

In 2019, the Ministry of Health, Labor and Social Protection (MHLSP) approved the Standard of Outpatient Child Growth and Development Monitoring and the Child Development Record[9] and put medical facilities in charge of the implementation and monitoring thereof. In 2020, the Ministry of Health, Labor and Social Protection approved the National Clinical Protocol NCP-369/2020: *Natural Breastfeeding*,[10] which sets the policies of perinatal centers, primary health care facilities and hospitals for breastfeeding. PCN-369/2020 sets out the following: exclusive breastfeeding until the age of six months; first breastfeeding - within the first hour of birth; continued breastfeeding until at least one year of age; and introduction of solid foods from the age of six months. Annex 1 to NCP-369 contains a summary of the Code, which refers in particular to the prohibition of advertising/marketing in healthcare facilities. The *Baby-Friendly Hospital* initiative, which contributed to increasing breastfeeding and exclusive breastfeeding rates in the past, has been abandoned.

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

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

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

Introduction to survey

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

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

[9] MHLSP Order No. 964/2019: On the Approval of the Standard for the Supervision of Outpatient Child Growth and Development and the Child Development Notebook. Available at: https://old.msmps.gov.md/sites/default/files/legislatie/ordin_nr._964_din_020919.pdf

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

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

Key findings

Core indicators

Breastfeeding indicators	
1. Percentage of children born in the last 24 months who were ever breastfed	94%
2. Percentage of children born in the last 24 months who were put to the breast within one hour of birth	72%
3. Percentage of children born in the last 24 months who were fed exclusively with breast milk for the first two days after birth	62%
4. Percentage of infants 0–5 months of age who were fed exclusively with breast milk during the previous day	49%
5. Percentage of infants 0–5 months of age who were fed formula and/or animal milk in addition to breast milk during the previous day	16%
6. Percentage of children 12–23 months of age who were fed breast milk during the previous day	30%
Complementary feeding	
7. Percentage of infants 6–8 months of age who consumed solid, semi-solid or soft foods during the previous day	89%
8. Percentage of children 6–23 months of age who consumed foods and beverages from at least five out of eight defined food groups during the previous day	73%
9. Percentage of children 6–23 months of age who consumed solid, semi-solid or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more during the previous day	94%
10. Percentage of non-breastfed children 6–23 months of age who consumed at least two milk feeds during the previous day	65%
11. Percentage of children 6–23 months of age who consumed a minimum acceptable diet during the previous day	59%
12. Percentage of children 6–23 months of age who consumed egg and/or flesh food during the previous day	81%
13. Percentage of children 6–23 months of age who consumed a sweet beverage during the previous day	58%
14. Percentage of children 6–23 months of age who consumed selected sentinel unhealthy foods during the previous day	56%
15. Percentage of children 6–23 months of age who did not consume any vegetables or fruits during the previous day	7%
Other indicators	
16. Percentage of children 0–23 months of age who were fed from a bottle with a nipple during the previous day	53%

Background information

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

Feeding immediately after birth

- 56% of children were breastfed at the time of the interview. The older the child, the less likely they are to be breastfed.
- 76% of children who have ever been breastfed were put to the breast within one hour after the birth.
- 34% of ever breastfed children were also given food other than breast milk in the first two days after delivery.

Current breast- and bottle feeding

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

Consumption of liquids

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

Consumption of foods

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

Awareness, perceptions and attitudes

- Caregivers demonstrate predominant perceptions in favor of breastfeeding as compared to infant formula: 9 out of 10 caregivers agree that breastmilk provides all the nutrition a child aged under six months might need; over 90% of caregivers agree that it is best to breastfeed infants until they are at least 12 months old.
- A relatively high level of uncertainty was registered regarding the importance of specialty formulas (one of every ten respondents).

- Over 80% of caregivers agreed with most of the statements about the main child feeding recommendations.
- At least 2/3 of the respondents agreed with all 6 proposed statements about the importance of breastfeeding for the health of child and mother, their connection, and child brain development.
- 20% of the respondents did not know that toddler formulas or infant formula products often contain added sweeteners.
- 39% did not agree that children aged under two should not consume any drinks with added sugar.
- Over 84% of the respondents agreed with 14 of 16 statements about breastfeeding and complementary feeding proposed to them during the interview.
- 16% of the respondents were not sure if BF can reduce the risk of certain diseases/conditions such as diabetes, obesity, etc.; and 13% were not aware that a sick child needs more breastfeeding.
- In general, the respondents demonstrated good knowledge of certain key child feeding indicators, such as the time to start breastfeeding after birth, the number of months for exclusive breastfeeding, the minimum number of times per day to feed the child, etc.
- Children aged under 24 months are fed by their mothers in almost all cases (99%). The male partner is always or often involved and provides support in feeding or preparing food for the infant only in every second household. The male partner is actively (always or often) involved in discussions about child nutrition and feeding in 70% of households.
- Mothers receive information about breastfeeding and complementary feeding from their family/general doctors more often after delivery (73% on an average) than during pregnancy (62% on an average).
- The three most frequent sources of information about breastfeeding, child nutrition and feeding are the family doctor (57%), online resources (38%) and relatives (30%).

Advice and promotion of breastmilk substitutes

- 28% of the respondents received advice in the past six months that they should feed their child with some milk products other than breast milk.
- Most often these respondents were advised to use infant formula (0+ months) (32%) and animal milk (28%).
- Relatives/friends and pediatricians are the main source of information that has advised some milk products other than breast milk.
- Nestle products were more likely to be recommended as food supplementary to breast milk.
- 23% of caregivers were recommended to start feeding the child some other food or drink products when the child was under 6 months old.
- The main product type recommended was specific supplementary foods or liquids (63%).
- Relatives and friends were the most important source of recommendations for all types of food or drink products.
- Nestle was the most recommended brand.
- 38% of respondents saw some promotion materials (mainly flyers and posters) at the healthcare facility they attended on some baby milk products or feeding bottles and teats for children younger than 2 years old.
- The three products remembered most often as having been promoted were infant formula (40%), feeding bottles and teats (28%) and follow-up/on formula (19%).
- Nestle was the most promoted brand for milk products, while Chico and Philips Avent were most promoted for other type of products.
- 41% of the respondents remembered having seen or heard some promotion materials in the past six months from companies that offer some baby milk products for children under 2 years or feeding bottles and teats.
- The four main sources of promotion were TV (19%), retail outlet/pharmacy (16%), social media (10%) and other online resources (12%).

- The three products most often remembered as having been promoted were feeding bottles and teats (38%), infant formula (33%) and follow-up/on formula (20%).
- Nestle was the most promoted/best remembered brand.

Social groups and events

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

Free samples and coupons

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

2. Survey Design

Objectives and geographic coverage

The specific objectives of the survey were to:

- Collect nationwide representative data (excluding the left bank of the Dniester) on IYCF, the target being parents/mothers/caregivers of children aged under 2 years,
- Obtain an overview of the current state/trends in terms of IYCF knowledge and practices,
- Provide solid evidence and relevant recommendations for decision-making, policy planning, and monitoring in IYCF with the focus on knowledge and policy gaps that exist in this country.

Research methodology

Research method: Nationally representative quantitative survey in the target group.

Research technique: Face-to-face interviews based on a structured questionnaire.

Interview method: CAPI – computer assisted personal interviews. The data was collected through tablets connected online to the database server.

Target group: Parents/mothers/caregivers of children aged under 2 years.

Sample size: 1206 parents/mothers/caregivers of children aged under 2 years, which sample size ensures the margin of error within 2.9 percent.

Research tool: A structured questionnaire with closed and open questions. The working language was Romanian or Russian, depending on the respondent's preferences. 84% of the questionnaires were completed in Romanian and 16% in Russian. The questionnaire was piloted and adjusted based on pilot findings before the main data collection.

The questionnaire consisted of 12 sections:

- Background information
- Feeding immediately after birth (MICS module)
- Current breast- and bottle feeding (MICS module)
- Feeding with liquids (MICS module)
- Feeding with foods (MICS modules)
- Knowledge, perceptions and attitudes
- Advice on feeding
- Promotion of products
- Social groups and events
- Free samples
- Coupons/vouchers
- Demographic data

Average duration of the interview: 26 minutes.

Data collection period, including the pilot stage: October 1 – December 29, 2024.

Geographical area: Urban and rural environment. The survey covered 260 localities**.**

Sample design:

Sample characteristics:

- stratified – the following 2 stratification criteria were used:
  - *by region* – "35" regions as primary administrative territorial units,
  - *by settlement* – villages, towns and municipalities,
- *strata volume*– the volumes of strata formed as a result of classification by region and settlement type include the number of households based on official statistics (current data on population for 2022),
- semi-probabilistic (empirical sample) – the settlements were selected based on a probabilistic scheme, while households were selected randomly,
- multistage – a multistage sample design was applied to minimize the survey costs:
  - *Primary sampling unit (PSU) (settlement/locality)* – the settlements (260 localities) from each stratum included in the sample were randomly selected from each region with probability pro rata to their size (PPS).
  - *Secondary sampling units (SSU)* – SSUs within the localities included in the sample were selected randomly, applying a common selection rule that is based on street names or geographical coordinates.
  - *Tertiary sampling unit (TSU – household)* – the households from each sampling unit included in the sample were selected randomly, applying a statistical step.
  - *Ultimate sampling unit (USU – respondent)* – the respondent from each household included in the sample was selected randomly.

Reference population: The totality of parents/mothers/caregivers of children aged under 2 and households in the surveyed country. The information for sample design is based on the most recent data available from the current evidence of population (2022 and 2014 Census). The sample included all areas of the population, except for the Transnistrian region.

Sampling frame: The list of all localities at the first sampling stage, the list of all SSUs in every locality selected at the first stage for the second stage, the list of all households within each SSU obtained in the listing.

Respondent selection principles:

The main caregiver was asked to participate in the households with children aged under 2. All questions were asked about the youngest child in case there were more children in this age group.

Participation rate: 1868 households with children aged under 2 were visited to complete 1206 interviews. 247 households out of this total number were non-contacts and 415 households refused to participate in the survey. The gross participation rate was 65%. After excluding non-contacts, the actual response rate was 74%. 3.4% of the started interviews were discontinued by the respondent.

Quality control: Following verification of the field work quality, 45 questionnaires were deselected for the following reasons: 18 were fake interviews (the respondent did not confirm their participation); the child was over 2 years old in the case of 24 questionnaires, and 3 interviews were not conducted properly.

Ethical norms:

CIVIS operates in accordance with UNICEF PROCEDURE FOR ETHICAL STANDARDS IN RESEARCH, EVALUATION, DATA COLLECTION AND ANALYSIS.

The CIVIS platform ensures that the data was stored directly on a highly secure server. The server was monitored 24/7. The hosting server is equipped with the latest version of firewall. The software uses SSL to secure all operations.

CIVIS complies with all applicable national laws and regulations regarding privacy and confidentiality. CIVIS also complies with all industry rules as defined by the Esomar and WAPOR Code.

During the assignment, consultations with adolescents and professionals were envisaged to discuss sensitive topics. In this respect, CIVIS ensured that the process was in line with the United Nations Evaluation Group (UNEG) Ethical Guidelines.

The research team was properly instructed to be sensitive to beliefs, manners and customs, and act with integrity and honesty when interacting with stakeholders, beneficiaries and adolescents.

All participants were informed about the context and purpose of the survey as well as about the confidentiality of the information shared.

Considering the involvement of mothers and children in data collection, the survey protocol and data collection tools were submitted to the National Ethics committee for independent ethical review and approved.

3. Socio-Demographic Profile of the Respondents

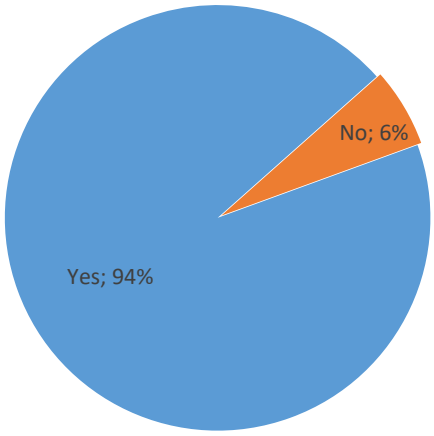
Figure 1. Socio-demographic profile of the respondents

TOTAL	1206	Per cent
PARENT/CAREGIVER GENDER		
Female	1183	98%
Male	23	2%
PARENT/CAREGIVER AGE GROUP		
16-24 years old	227	19%
25-29 years old	313	26%
30-39 years old	585	49%
40+ years old	81	7%
EMPLOYMENT STATUS		
Employed	112	9%
Unemployed/Housewife	299	25%
Caring/On parental leave	789	65%
Refused to respond	6	0%
LEVEL OF EDUCATION*		
Low	360	30%
Middle	367	30%
High	479	40%
LEVEL OF INCOME		
Low (cannot afford decent food & can afford food, but have to save or borrow money to buy clothes and shoes)	322	27%
Medium (can afford food and the necessary clothes, but have to save or borrow to buy better clothes, a cell phone etc. & can afford food, clothes, shoes and other things, but have to save or borrow to buy more expensive items)	453	38%
High (can afford food, clothes, shoes, and expensive things, but have to save or borrow to buy a car or an apartment & can buy whatever they want and whenever they want it)	390	32%
Refused to respond	41	3%
ETHNIC GROUP		
Ethnic majority (Moldovan/Romanian)	1073	89%
Ethnic minority (Other ethnic groups)	133	11%
LOCALITY TYPE		
Urban	531	44%
Rural	675	56%
DEVELOPMENT ZONE		
North	284	24%
Center	367	30%
South	219	18%
Chisinau	336	28%
MARITAL STATUS		
Never married	60	5%
Married/Cohabiting	1091	90%
Divorced/Separated/Widowed	47	4%
Refused to respond	8	1%
CHILD'S DISABILITY STATUS		
Disability	11	1%
No disability	1195	99%

* Low level – up to 9 classes; middle level – high school, vocational school, college; high level – university, master, PhD

4. Key Infant and Young Child Feeding Indicators

I1. EVER BREASTFED (EvBF)

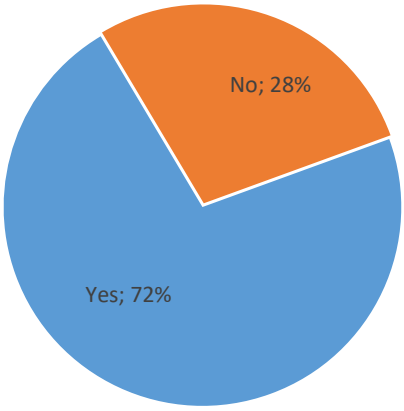


WHO Global Strategy for Infant and Young Child Feeding recommends breastfeeding for all infants except for those with specific medical conditions.

94% of mothers have breastfed their children at this or that time, while 6% never breastfed (Figure I1), in particular residents of the North (11%) and those who have children with disabilities (55%).

WHO Global Strategy for Infant and Young Child Feeding recommends that infants be breastfed within one hour of birth. WHO guidelines on maternity care state that "all mothers should be supported to initiate breastfeeding as soon as possible after birth, within the first hour after delivery". Early initiation of breastfeeding confers a host of benefits. Putting newborns to the breast necessitates skin-to-skin contact, and this closeness between mother and baby in the moments after delivery provides both short- and long-term benefits. Immediate skin-to-skin contact helps regulate the body temperature of newborns and allows their bodies to be populated with beneficial bacteria from their mother's skin. Putting babies to the breast within an hour of birth is strongly predictive of future exclusive breastfeeding. Children who are not put to the breast within the first hour of birth face a higher risk of common infections and death.

I2. EARLY INITIATION OF BREASTFEEDING (EIBF)



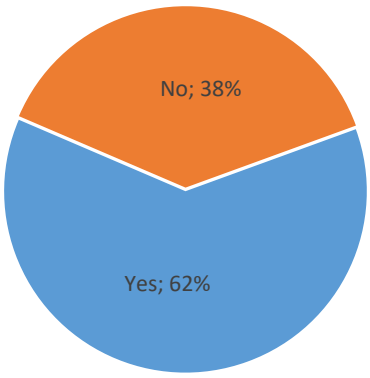
In this respect, 72% of the respondents confirmed they put their child to the breast within one hour of birth (Figure I2).

Every fourth mother did not start feeding the child within one hour of the delivery.

Such cases have higher percentage among mothers with a low level of income (34%), residents of the North (36%) and the South (31%), single or divorced (40%), those who delivered by caesarian section (58%), and those who have children with disabilities (64%).

WHO Global Strategy for Infant and Young Child Feeding recommends that infants be exclusively breastfed from birth until they turn six months of age. WHO Guidelines on maternity care state that "mothers should be discouraged from giving any food or fluids other than breast milk, unless medically indicated". Feeding newborns anything other than breast milk has the potential to delay their first critical contact with their mother and can make it more difficult to establish breastfeeding over the long term. However, it is common in many parts of the world to give newborns food or liquids other than breast milk in the first few days after birth. Outdated practices in some maternity wards involve separating newborns from their mothers and giving them liquids such as sugar water or infant formula while their mothers rest.

I3. EXCLUSIVELY BREASTFED FOR THE FIRST TWO DAYS AFTER BIRTH (EBF2D)

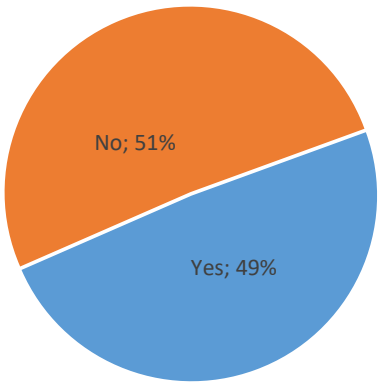


The survey shows that this recommendation was respected by 62% of mothers (Figure I3), while 38% did not exclusively breastfeed for the first two days after birth, specifically respondents 30-39 years old (41%), with a high level of education (42%), ethnic minorities (44%), those who have only one child (45%), and those who delivered by caesarian section (57%).

WHO Global Strategy for Infant and Young Child Feeding recommends that infants be exclusively breastfed until they turn six months of age. Exclusive breastfeeding is the safest and healthiest option for children everywhere, guaranteeing infants a food source that is uniquely adapted to their needs while also being safe, clean, healthy and accessible. Evidence suggests that infants in low- and middle-income countries who received mixed feeding (foods and liquids in addition to breast milk) before six months were nearly three times more likely to die than those who were exclusively breastfed. Exclusive breastfeeding protects against diarrhea, lower respiratory infections, acute otitis media and childhood overweight and obesity.

I4. EXCLUSIVE BREASTFEEDING UNDER SIX MONTHS (EBF)

Sample: 297 respondents with children under 6 months



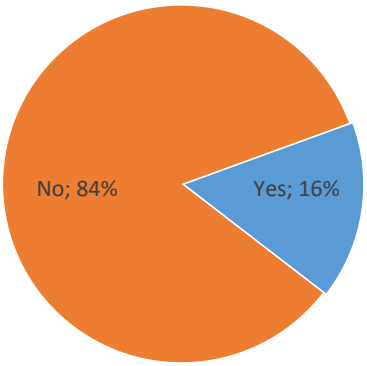
49% of the interviewed mothers (every second one) confirmed they fed infants 0–5 months old exclusively with breast milk during the previous day (Figure I4).

The other 51% did not exclusively breastfeed their children. The prevalence of not exclusively breastfeeding is higher among unemployed mothers (60%), those with basic and medium level of education (54%), a low income (74%), ethnic minorities (70%), rural residents (56%), residents of the North (74%) and the South (60%), single/divorced mothers (62%), families where the male partner is actively involved in child feeding (60%).

WHO Global Strategy for Infant and Young Child Feeding included this indicator to capture the practice of feeding formula and/or animal milk in addition to breast milk among infants less than six months old. Although this is not a recommended practice as non-human milks are likely to displace breast milk, this practice is common across many countries. Mixed milk feeding with breast milk plus a breast milk substitute is associated with increased risks of early cessation of breastfeeding, reduced breast milk production and altered gut microflora. The risk of diarrhea among mixed-fed infants in poor sanitation areas tends to be higher than the risk among infants fed only breast milk. This indicator is useful for advocacy purposes in documenting the extent to which non-human milks are being used to substitute breastfeeding.

I5. MIXED MILK FEEDING UNDER SIX MONTHS (MixMF)

Sample: 297 respondents with children under 6 months



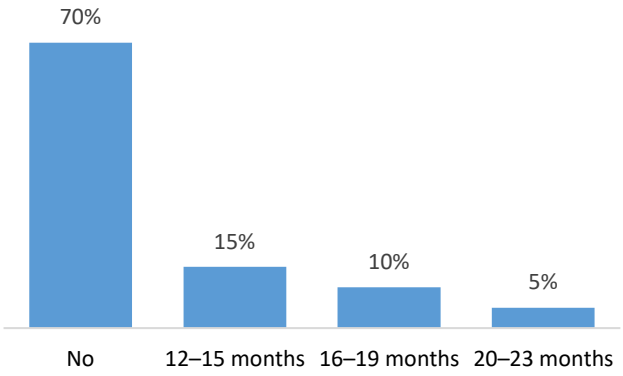
16% of the interviewed mothers confirmed they fed infants 0–5 months old with formula and/or animal milk in addition to breast milk during the previous day (Figure I5).

This practice has higher prevalence in particular among caregivers 40+ years old (25%), residents of the North (23%) and the South (23%), families with 4 and more children (24%).

WHO Global Strategy for Infant and Young Child Feeding recommends that children continue breastfeeding for two years or beyond. Children who are still breastfed after one year of age can cover a substantial portion of their energy needs with breast milk in their diet. Continued breastfeeding is also vital during illness: while sick children often have little appetite for solid food, continued breastfeeding can help prevent dehydration while also providing the nutrients required for recovery. Continued breastfeeding could prevent half of all deaths caused by infectious diseases between six and 23 months of age. Continued breastfeeding is consistently associated with higher performance in intelligence tests among children and adolescents, with children breastfed longer than 12 months benefiting the most. Longer periods of breastfeeding may reduce a child's risk of becoming overweight or obese. Continued breastfeeding is also important for mothers, reducing the risk of breast cancer and potentially reducing their risk of ovarian cancer and type 2 diabetes.

I6. CONTINUED BREASTFEEDING 12–23 MONTHS (CBF)

Sample: 570 respondents with children 12–23 months old

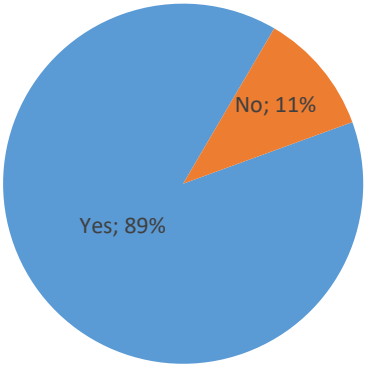


Only 30% of the respondents with children aged 12-23 months continued breastfeeding, half of them until 15 months (Figure I6).

WHO Global Strategy for Infant and Young Child Feeding recommends that solid, semi-solid and soft foods be introduced at six months of age. Guiding principles for supplementary feeding of the breastfed child similarly state, "Introduce supplementing foods at six months of age (180 days) while continuing to breastfeed". After the first six months of life, infants' nutrient demands start to exceed what breast milk alone can provide, and this leaves them vulnerable to malnutrition unless solids are introduced. An analysis of 14 countries found that children aged 6–8 months who ate solid or semi-solid foods had a lower risk of being stunted or underweight.

I7. INTRODUCTION OF SOLID, SEMI-SOLID OR SOFT FOODS 6–8 MONTHS (ISSSF)

Sample: 164 respondents with children 6–8 months of age



89% of the respondents confirmed their infants 6–8 months old had consumed solid, semisolid or soft foods during the previous day (Figure I7).

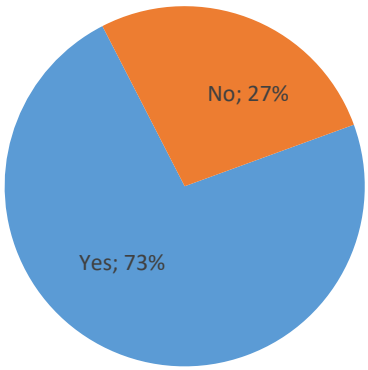
11% did not introduce solid, semi-solid or soft foods in daily feeding, specifically residents of rural areas (15%).

WHO guiding principles for feeding the breastfed child and non-breastfed child recommend that children aged 6–23 months be fed a variety of foods to ensure that nutrient needs are met. Food group diversity is associated with improved linear growth in young children. A diet lacking in diversity can increase the risk of micronutrient deficiencies, which may have a damaging effect on children's physical and cognitive development. A certain study found that little or no consumption of nutrient-dense foods such as eggs, dairy products, fruits and vegetables between the age of six months and 23 months was associated with stunting.

Minimum dietary diversity is defined as consumption of foods and beverages from at least five out of eight defined food groups during the previous day. The eight food groups used for tabulation of this indicator are: 1) breast milk; 2) grains, roots, tubers and plantains; 3) pulses (beans, peas, lentils), nuts and seeds; 4) dairy products (milk, infant formula, yogurt, cheese); 5) flesh foods (meat, fish, poultry, organ meats); 6) eggs; 7) vitamin-A rich fruits and vegetables; and 8) other fruits and vegetables.

I8. MINIMUM DIETARY DIVERSITY 6–23 MONTHS (MDD)

Sample: 909 respondents with children 6–23 months of age



Minimum dietary diversity among children aged 6–23 months was confirmed by 73% of mothers who have children of this age (Figure I8).

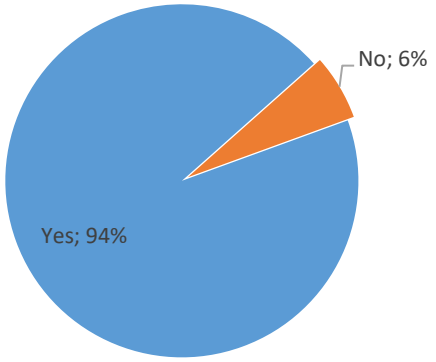
Every fourth mother out of the respondents with children aged 6-23 months did not introduce minimum dietary diversity.

The prevalence is higher among mothers aged 16-24 (40%), with a basic or medium level of education (30%), a low level of income (33%), rural residents (31%), living in the North (34%).

WHO guiding principles for feeding the breastfed child recommend that breastfed infants aged 6–8 months be provided complementary foods 2–3 times per day and breastfed children aged 9–23 months be provided supplementing foods 3–4 times per day with additional nutritious snacks offered 1–2 times per day. Guiding principles on feeding the non-breastfed child increase that recommendation to 4–5 meals per day for non-breastfed children. Feeding meals/snacks less frequently than recommended can compromise total energy and micronutrient intake, which in turn may cause growth faltering, stunting and micronutrient deficiencies.

I9. MINIMUM MEAL FREQUENCY 6–23 MONTHS (MMF)

Sample: 909 respondents with children aged 6–23 months

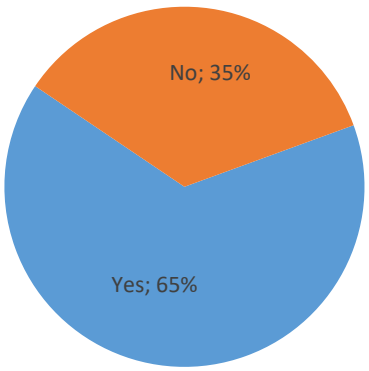


94% of caregivers out of the respondents with children aged 6-23 months respected the minimum meal frequency in child's feeding (Figure I9).

WHO guiding principles for feeding non-breastfed children aged 6–23 months state that "the amount of milk needed to meet nutrient requirements depends on the other foods consumed by the child". Where the child's diet does not include fortified foods or supplements, the daily requirement of milk is about 200–400 ml if other animal-source foods are included in the diet and about 300–500 ml if other animal-source foods are not included. Serving sizes for milk vary but should generally be over 100 ml and range up to 240 ml. Based on these figures, a minimum of two milk feeds would generally be necessary to provide 200–500 ml per day.

I10. MINIMUM MILK FEEDING FREQUENCY FOR NON-BREASTFED CHILDREN 6–23 MONTHS (MMFF)

Sample: 522 respondents with children aged 6–23 months and who have not breastfed in the last 24 hours

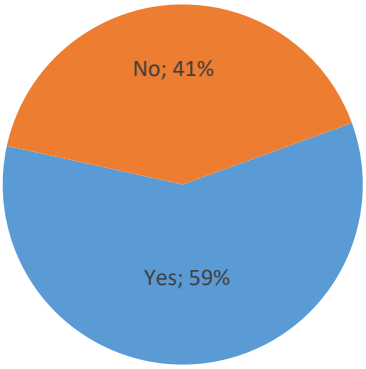


65% of caregivers out of the respondents with children aged 6-23 months and who have not breastfed in the last 24 hours respected minimum milk feeding frequency –at least two milk feeds were consumed during the previous day (Figure I10).

WHO guiding principles on feeding the breastfed child and the non-breastfed child recommend that children aged 6–23 months be fed meals at an appropriate frequency and in a sufficient variety to ensure, respectively, that energy and nutrient needs are met. This indicator combines information on minimum dietary diversity and minimum meal frequency, with the extra requirement that non-breastfed children should have received milk at least twice on the previous day.

I11. MINIMUM ACCEPTABLE DIET 6–23 MONTHS (MAD)

Sample: 909 respondents with children aged 6–23 months



59% of caregivers out of the respondents with children aged 6-23 months respected the minimum acceptable diet in child's feeding (Figure I11), while 41% didn't.

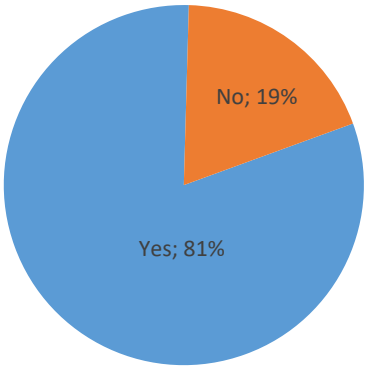
The prevalence of caregivers not meeting the requirement for the minimum acceptable diet is higher among mothers aged under 30 (every second one), with a basic or medium level of education (45%). No statistically significant difference was observed between working and non-working mothers.

WHO guiding principles for feeding breastfed and non-breastfed children state that "meat, poultry, fish or eggs should be eaten daily or as often as possible". There is evidence that children who consume eggs and flesh foods have higher intakes of various nutrients important for optimal linear growth. Consuming eggs is associated with increased intakes of energy, protein, essential fatty acids, vitamin B12, vitamin D, phosphorus and selenium, and with higher recumbent length. The introduction of meat as an early supplementary food for breastfed infants was associated with improved protein and zinc intake. There is also evidence of the low prevalence of egg and flesh food intake across many countries.

I12. EGG AND/OR FLESH FOOD CONSUMPTION 6–23 MONTHS (EFF)

Sample: 909 respondents with children aged 6–23 months

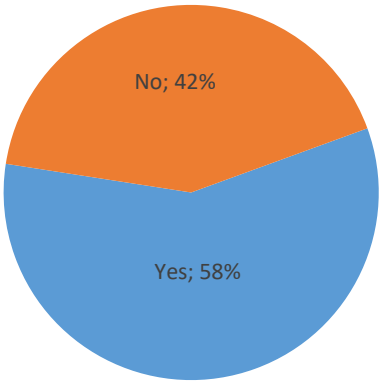
81% of the respondents with children aged 6-23 months fed eggs or flesh food to their children during the previous day (Figure I12).



WHO guiding principles for supplementary feeding advise against giving sweet drinks, such as soft drinks, as they contribute no nutrients other than energy and may displace more nutritious foods. Higher intakes of sugar-sweetened beverages (SSBs) have been associated with an increased obesity risk among children of all ages. Early introduction of SSBs (before 12 months of age) is associated with obesity at six years of age. Consumption of SSBs is common in many countries irrespective of their income level: studies in the US and Australia report that IYC are fed with SSBs including soft drinks. Consumption of commercially produced SSBs is also common in many low- and middle-income countries. SSB consumption during the supplementary feeding period is associated with an increased risk of obesity in childhood. There is also a positive association between 100% fruit juice intake and infant weight-for-length and child BMI z-scores. Consumption of free sugars, including those originating from 100% juice and SSBs, is associated with increased risk of dental caries.

I13. SWEET BEVERAGE CONSUMPTION 6–23 MONTHS (SwB)

Sample: 909 respondents with children aged 6–23 months



58% of the respondents with children aged 6-23 months gave their children a sweet beverage during the previous day (Figure I13).

This behavior was found to have a higher prevalence among mothers under 25 (67%), with a basic (70%) or medium level of education (62%), with a low income (67%), rural residents (65%), families with 4 and more children (71%).

A variety of guidance documents indicate the need to avoid or limit these types of foods when feeding IYC. Guidance from the European Society for Pediatric Gastroenterology, Hepatology and Nutrition suggests limiting free sugar intake to <5% of the total caloric intake for children under two years of age. Consumption of one cream-filled cookie exceeds this limit. Recent national guidance for feeding IYC advises avoidance of foods such as candies, chocolate, chips, French fries, cakes and cookies: see, for example, guidance from Ireland and Panama. Consumption of such foods may displace more nutritious foods and limit the intake of essential vitamins and minerals. For instance, one serving of potato chips (10–15 potato chips) provides nearly one third of the daily food energy requirement for breastfed one-year-olds and an even higher portion for infants under 12 months of age. Recently, unhealthy snack food and beverage consumption has been associated with a higher risk of nutrient inadequacy, and lower length-for-age among one-year-olds.

The indicator definition below refers to “sentinel unhealthy foods”. In this context, “sentinel unhealthy foods” are foods or food categories (e.g. “sweets” or “candies”) that are likely to be consumed by IYC and are high in sugar, salt and/or unhealthy fats.

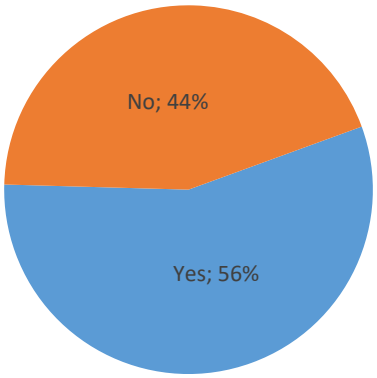
Selected sentinel unhealthy foods are:

- Candies, chocolate and other sugar confections, including those made with real fruit or vegetables like candied fruit or fruit roll-ups.
- Frozen treats like ice cream, gelato, sherbet, sorbet, popsicles or similar confections.
- Cakes, pastries, sweet biscuits and other baked or fried confections which have at least a partial base of a refined grain, including those made with real fruit or vegetables or nuts, like apple cake or cherry pie.

- Chips, crisps, cheese puffs, French fries, fried dough, instant noodles and similar items which contain mainly fat and carbohydrates and have at least a partial base of a refined grain or tuber. These foods are also often high in sodium.

I14. UNHEALTHY FOOD CONSUMPTION 6–23 MONTHS (UFC)

Sample: 909 respondents with children aged 6–23 months



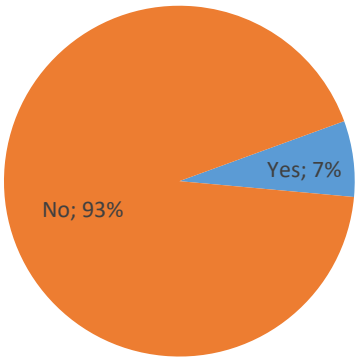
56% of the respondents with children aged 6-23 months gave their children unhealthy food during the previous day (Figure I14).

A profile similar to that of respondents who are more likely to give their children sweet beverages is valid for those giving their children unhealthy food.

WHO indicates that low vegetable and fruit consumption is associated with increased risk of non-communicable diseases (NCDs). Low consumption of fruits and vegetables was linked to 3.9 million deaths in 2017, placing this among the top 10 risk factors for global mortality. While these statistics are primarily based on data from adults, there is evidence that low fruit and vegetable intake in young children is linked to low intake later in life. The American Academy of Pediatrics recommends one vegetable serving with every meal in the target age group. While there is no universal recommendation for the optimal number of servings of vegetables and fruits per day for IYC over six months of age, consumption of zero vegetables or fruits on the previous day represents an unhealthy practice.

I15. ZERO VEGETABLE OR FRUIT CONSUMPTION 6–23 MONTHS (ZVF)

Sample: 909 respondents with children aged 6–23 months

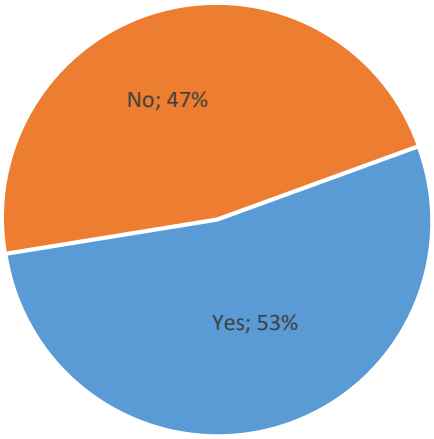


7% of the respondents with children aged 6-23 months did not give their children any vegetables or fruits during the previous 24 hours before the survey (Figure I15).

This percentage is higher among respondents with a low level of income (11%).

WHO guiding principles recommend avoiding the use of feeding bottles because they are difficult to keep clean and represent a particularly important route for the transmission of pathogens. Bottle feeding may interfere with optimal suckling behavior. WHO recommends the use of cup feeding and avoidance of feeding bottles.

I16. BOTTLE FEEDING 0–23 MONTHS (BoF)



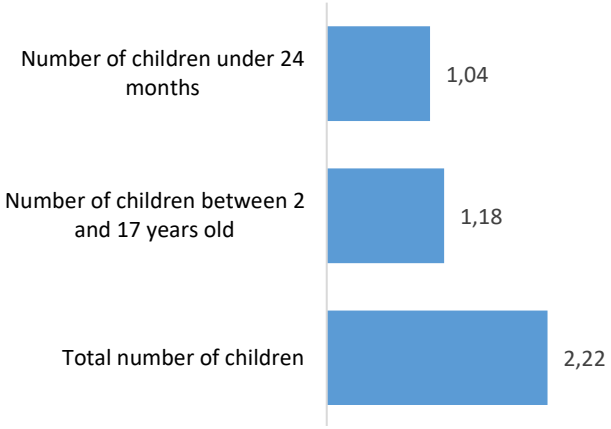
Every second caregiver (53%) applied bottle feeding practice for their children (Figure I16).

This practice is more likely to be found among unemployed and those on maternity leave (55%), with a low level of income (61%), living in the North (60%), those who delivered by caesarian section (58%).

5. Background Information

Family composition by the number of children

Figure 2. Number of children per household (average)

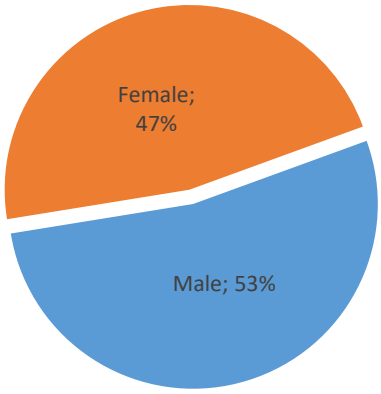


The surveyed target households were found to have 2.22 children on an average (Figure 2).

The number of children under 24 months is almost equal to that of children older than 24 months.

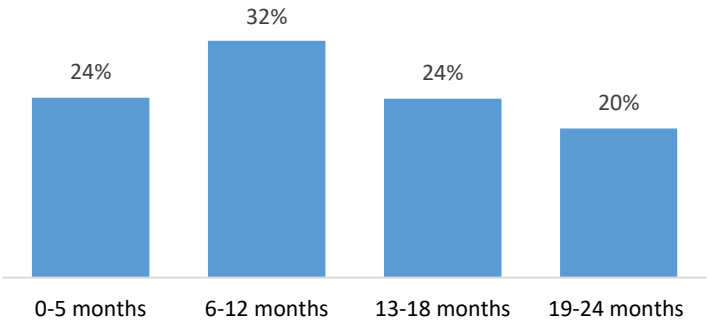
4.2% of families had two children aged under 24 months.

Figure 3. Distribution by gender of children aged under 24 months



53% of children aged under 24 months are males.

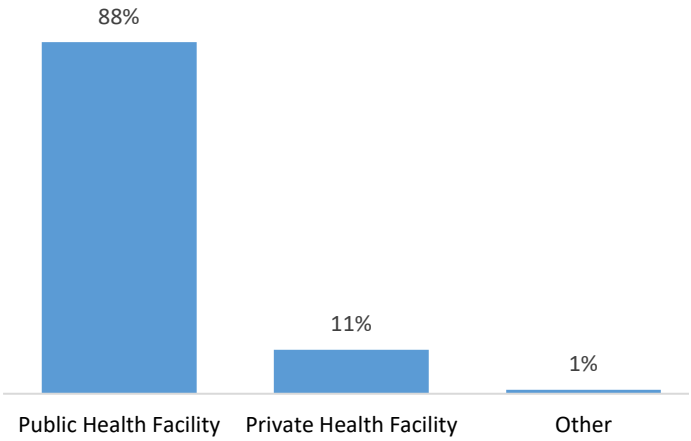
Figure 4. Distribution by age groups of children under 24 months



The highest percentage of children by age group is accounted for by children aged 6-12 months (32%), while the other three age groups account for almost equal percentages (Figure 4).

Delivery information

Figure 5. Where was the youngest child delivered?

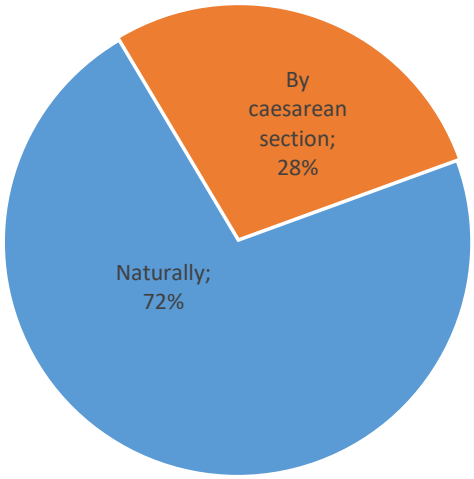


88% of the surveyed children were delivered in a public health facility and 11% in a private health facility (Figure 5).

The prevalence of children delivered in a private health facility is significantly higher among employed parents (25%), those with a higher level of education (23%), with a high level of income (19%), urban residents (19%), residents of Chisinau (24%), and among women who delivered by caesarean section (26%).

0.3% of women delivered the surveyed child in the ambulance or in the car.

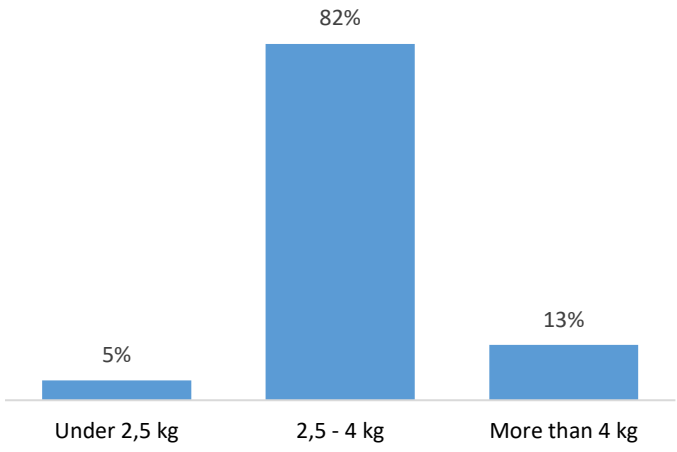
Figure 6. Was the youngest child born naturally or by caesarean section?



Every fourth surveyed child was born by the caesarean section (Figure 6).

Women who delivered by caesarean section are more likely to be 40+ years old (41%), with a high level of education (36%), urban residents (32%), having one child (33%), delivered in a private maternity facility (64% delivered by caesarean section), never breastfed (38%).

Figure 7. What was the weight of the youngest child at delivery?



Eight out of every ten children had a weight range of 2.5-4 kg at delivery. 5% of the children weighed under 2.5 kg and 13% over 4 kg.

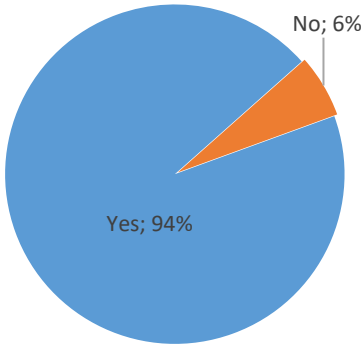
The average weight at delivery of the surveyed children was 3.37 kg. The minimum weight reported was 1 kg and the maximum weight was 5.57 kg.

An analysis of cross-tabulation data has led to an interesting finding: the child's weight at delivery is directly in sync with the child delivery order – it increases from 3.31 kg for the first delivery to 3.38 kg for the second delivery, 3.40 kg for the third delivery and 3.42 kg for the fourth delivery.

6. Feeding Immediately After Birth

6% of the children were never breastfed (Figure 8).

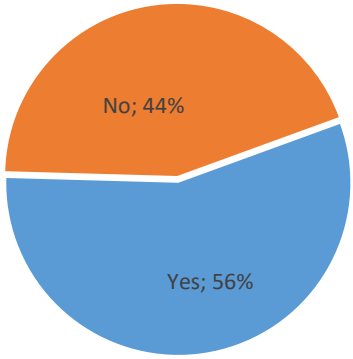
Figure 8. Was the youngest child ever breastfed?



The prevalence of children who were never breastfed is significantly higher in the North (11%, or two-fold of that in other development zones of Moldova) and among children with disabilities (55% vs. 6% in the case of children without disabilities).

Figure 9. Is child still being breastfed?

Sample: 1129 respondents who said they have ever breastfed the child



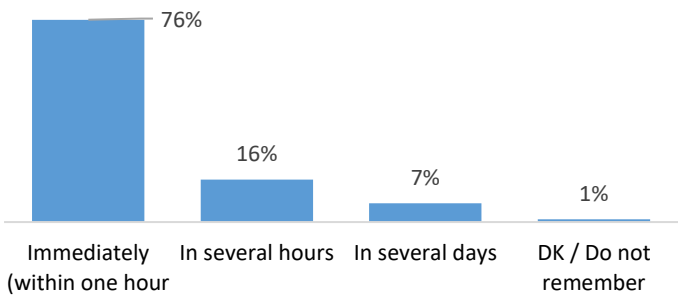
56% of the children were breastfed at the time of interview (Figure 9).

The prevalence of children not breastfed is higher among women aged 16-24 (50%), those employed (62%) and unemployed (51%), with a low level of income (49%), ethnic minorities (52%).

In terms of child age, the older the child is, the less likely they are to be breastfed: 20% of the children aged up to 6 months were not breastfed on the day of the interview, as compared to 32% of the children aged 6-12 months and 66% of the children aged 12-24 months.

Figure 10. How soon after the birth was the child first put to the breast?

Sample: 1129 respondents who said they were breastfeeding their child

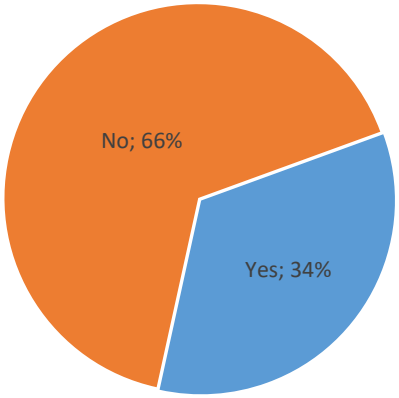


76% of the children who have ever been breastfed were put to the breast within one hour of the birth at the latest, while every fourth child later (Figure 10).

16% of the children were put to the breast on an average within 6.5 hours and the other 7% withing 6 days of the delivery on an average. This is specifically the case of children born by caesarean section (54%).

Figure 11. Was the child given anything other than breast milk to eat or drink – anything at all like water, infant formula etc. - in the first two days after the delivery?

Sample: 1129 respondents who said they were breastfeeding their child



Every third child out of the children who have ever been breastfed was also given food other than breast milk during the first two days after the delivery (Figure 11).

This behavior was observed with a higher prevalence among caregivers with a high level of education (39%), those who have one child (41%), who delivered by caesarean section (53%), and those who didn't exclusively breastfeed their child up to 6 months (45%).

7. Current Breast- and Bottle Feeding

99% out of the children who were breastfed on the day of the interview (or 51% of the total sample) were breastfed during the previous 24 hours before the interview (Figure 12).

Figure 12. Was the child breastfed yesterday during the day or at night (during the last 24 hours)?

Sample: 628 respondents who said they have been and are still breastfeeding their child

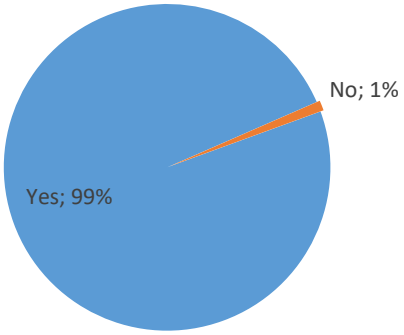
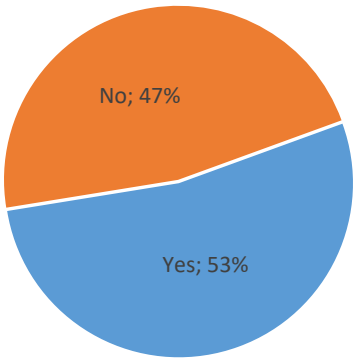


Figure 13. Did the child drink anything from a bottle with a nipple yesterday during the day or at night (during the last 24 hours)?

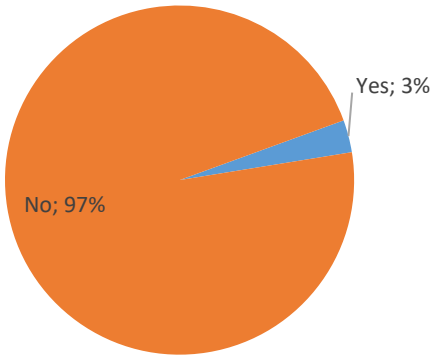


Every second child drank something from a bottle with a nipple during the last 24 hours (before the interview) during the day or at night (Figure 13).

Usage of a bottle with a nipple was reported specifically by:

- unemployed caregivers (57%) and those on maternity leave (53%),
- people with a low level of income (61%),
- residents of the North (60%),
- single or divorced caregivers (62%),
- children aged 7-11 months (71%).

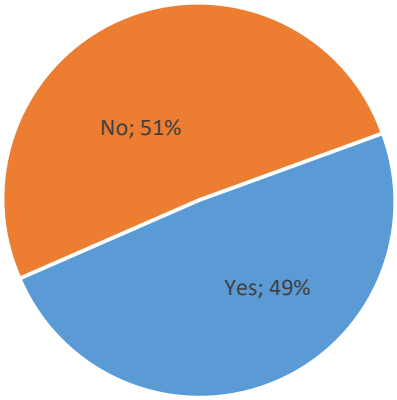
Figure 14. Did the child drink Oral Rehydration Salt solution (solution to prevent dehydration following vomiting or diarrhea) yesterday during the day or at night (during the last 24 hours)?



Only 3% of the children were given to drink Oral Rehydration Salt solution during the previous 24 hours before the interview (Figure 14).

A higher prevalence of such cases was reported in the case of ethnic minorities (7%), those who never breastfed (8%).

Figure 15. Did the child drink or eat any vitamin or mineral supplements or any medicines yesterday during the day or at night (during the last 24 hours)?



Every second child consumed some vitamins or mineral supplements or some medicines during the previous 24 hours before the interview (Figure 15).

The consumption of some vitamins/mineral supplements/medicines was reported specifically by:

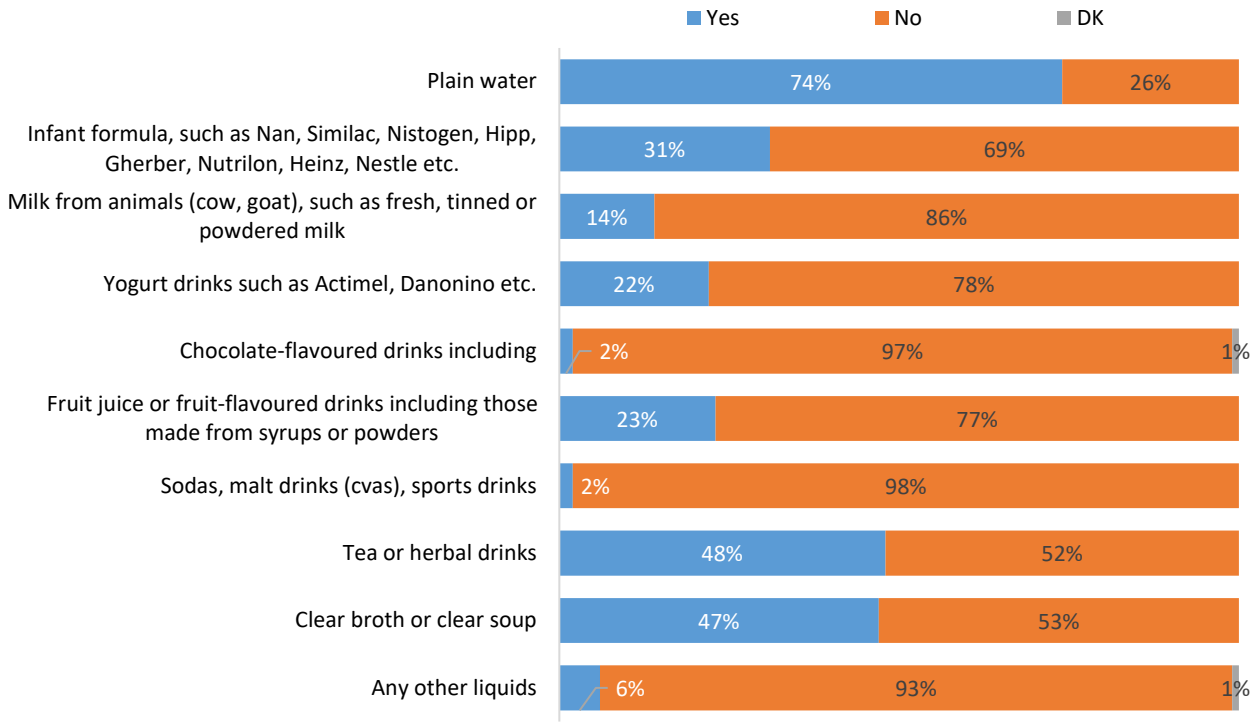
- those on maternity leave (53%),
- people with a high level of education (56%),
- residents of Chisinau (64%),
- those who delivered in a private maternity facility (64%),
- children aged 0-6 months (55%).

8. Consumption of Liquids

The liquid most frequently used to feed children is plain water: 74% of the children consumed water during the previous 24 hours before the interview (Figure 16). It is followed by tea or herbal drinks and clear broth or clear soup (every second child).

Consumption of tea or herbal drinks was reported with a higher prevalence amongst employed caregivers (61%), those with a basic (54%) or medium (52%) level of education and income, rural residents (54%), people living outside Chisinau and especially in the North (60%), those who never breastfed (61%). A similar profile is valid also for those giving their children clear broth or clear soup.

Figure 16. Yesterday during the day or at night (during the last 24 hours), did your child consume any …?



Every third child consumed infant formula, and every fourth one consumed some yogurt drinks or fruit juice.

Infant formula was mentioned with higher prevalence amongst people with a low level of income (36%), ethnic minorities (38%), those with either one child or 4 and more children (37%), those who delivered by caesarian section (37%), those who never breastfed (77%) or not exclusively breastfed up to 6 months (60%), as well as families where the male partner gets frequently involved in feeding (37%).

Caregivers who feed children with yogurts are more likely to be 16-24 years old (28%), with a basic (23%) or medium (27%) level of education, ethnic minorities (29%), residents of the South (30%) and those breastfeeding more than 12 months (31%).

About 2% of the respondents reported giving their children chocolate-flavored drinks and sodas or sport drinks; they were mainly residents of the South (4%), those who never breastfed (6%).

In terms of child age, the following consumption of liquids was observed:

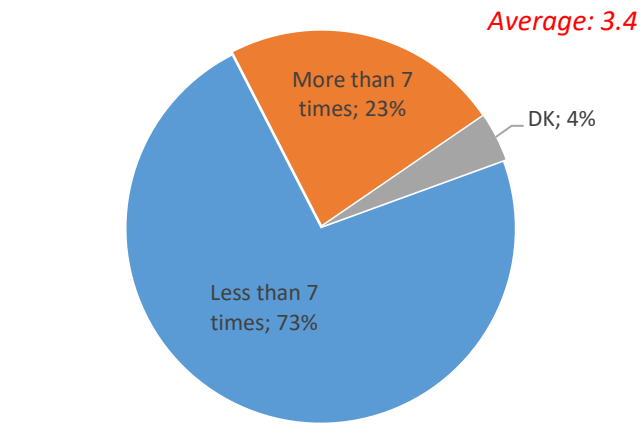
- Plain water: 28% of children aged under 6 months, 87% of children aged 7-11 months, and 97% of children aged over 12 months,
- Infant formula: 37% of children aged under 6 months, 38% of children aged 7-11 months, and 24% of children aged over 12 months,

- Milk from animals: 1% of children aged under 6 months, 10% of children aged 7-11 months, and 24% of children aged over 12 months,
- Yogurt drinks: 2% of children aged under 6 months, 22% of children aged 7-11 months, and 34% of children aged over 12 months,
- Chocolate-flavored drinks: 0% of children aged under 6 months, 1% of children aged 7-11 months, and 4% of children aged over 12 months,
- Fruit juice or fruit-flavored drinks: 1% of children aged under 6 months, 16% of children aged 7-11 months, and 41% of children aged over 12 months,
- Sodas, malt drinks (kvas), sports drinks: 0% of children aged under 6 months, 1% of children aged 7-11 months, and 3% of children aged over 12 months,
- Tea or herbal drinks: 14% of children aged under 6 months, 47% of children aged 7-11 months, and 69% of children aged over 12 months,
- Clear broth or clear soup: 6% of children aged under 6 months, 52% of children aged 7-11 months, and 69% of children aged over 12 months.

The children who consumed formula consumed it 3.4 times during 24 hours on an average (Figure 17).

Figure 17. How many times did the child drink formula?

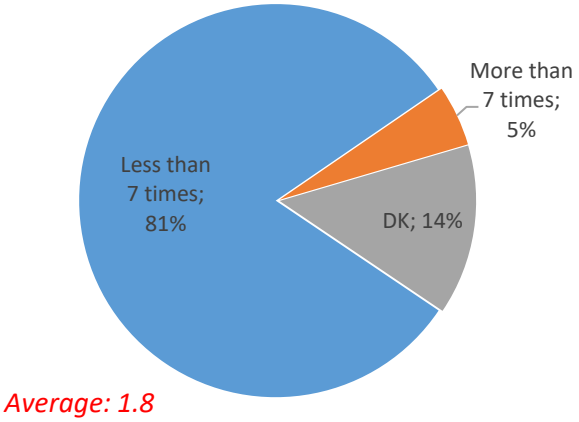
Sample: 377 respondents who fed the child formula during the last 24 hours



Every fourth child in this group consumed formula more than 7 times during the last 24 hours. This is in particular the case of caregivers up to 29 years old or 40+ years old (about two-fold of those 30-39 years old), unemployed (28%) and those on maternity leave (23%), people with a low level of education (33%) and income (35%), those who have children aged 0-6 months (39%).

Figure 18. How many times did the child drink milk?

Sample: 166 respondents who fed their child milk during the last 24 hours

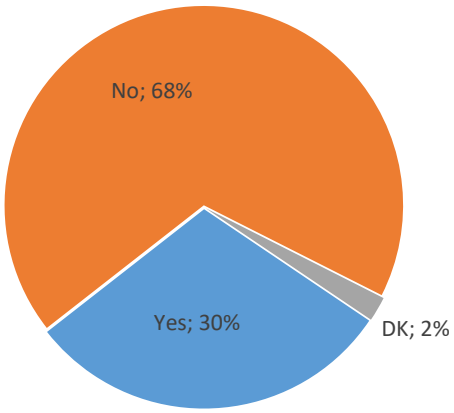


The children who consumed milk drank it 1.8 times within 24 hours on an average (Figure 18).

5% of children in this group consumed milk more than 7 times during the last 24 hours. This is in particular the case of employed caregivers (15%), those who have children aged 7-11 months (11%).

Figure 19. Was the milk or were any of the milk drinks a sweet or flavoured type of milk?

Sample: 166 respondents who fed the child milk during the last 24 hours

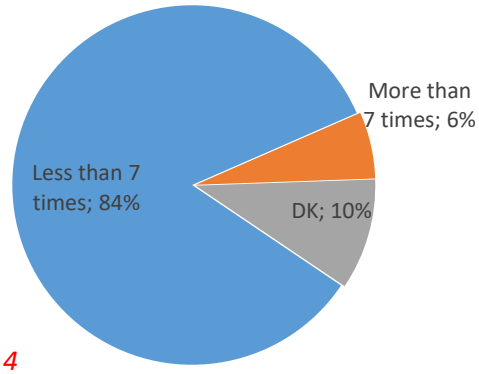


Almost every third child who consumed milk was given a sweet or flavored type of milk (Figure 19).

This is particularly frequent in the case of young mothers aged 16-24 (54%), with a basic (33%) or medium (43%) level of education, ethnic minorities (41%), rural residents (38%), residents of the South (40%), those who never breastfed (50%).

Figure 20. How many times did the child drink yogurt?

Sample: 261 respondents who fed the child yogurt during the last 24 hours



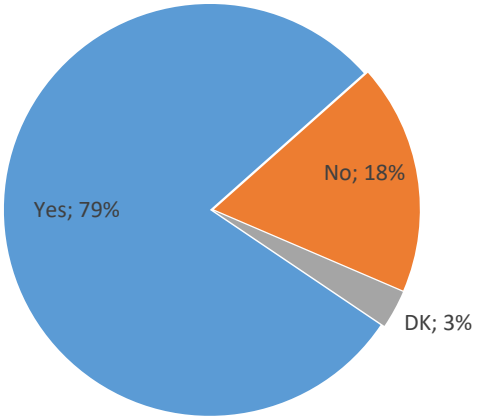
Average: 1.4

The children who consumed yogurt were given it 1.4 times during 24 hours on an average (Figure 20).

6% of children in this group consumed yogurt more than 7 times during the last 24 hours. This is particularly frequent in the case of caregivers with a basic level of education (10%). 13% of children aged under 6 months who consumed yogurt were given it more than 7 times during the last 24 hours.

Figure 21. Was the yogurt or were any of the yogurt drinks a sweet or flavored type of yogurt drink?

Sample: 261 respondents who fed the child yogurt during the last 24 hours

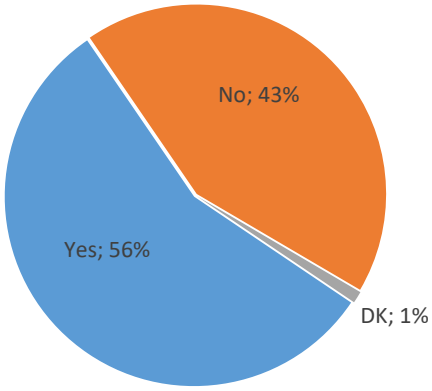


Four out of every five children who consumed yogurt were given a sweet or flavored type of yogurt drink (Figure 21).

This is in particular the case of young mothers aged 16-24 (89%) and 40+ (88%), rural residents (84%), residents of the South (88%).

Figure 22. Was the drink a tea or a herbal drink? / Were any of these drinks sweetened?

Sample: 574 respondents who gave the child tea during the last 24 hours



Every second child who consumed tea or a herbal drink was given a sweetened drink (Figure 22).

Consumption of sweetened drink was reported with a higher prevalence amongst unemployed caregivers (65%), those with a basic level of education (68%), the ethnic majority (58%), rural residents (61%), residents of the South (65%), people with 4 and more children (69%).

Moreover, every third child aged under 6 months who drank tea was given a sweetened one.

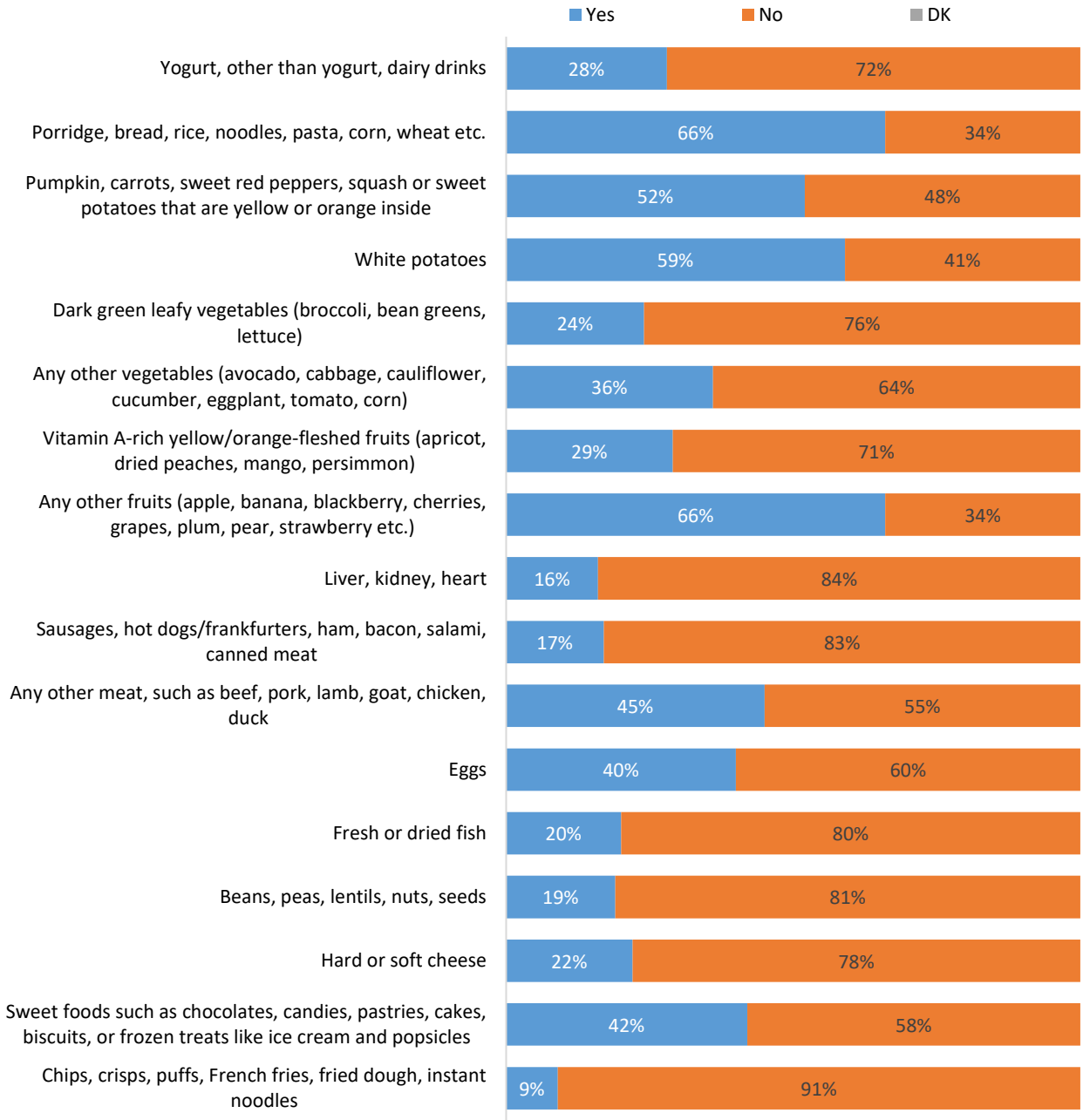
9. Consumption of Foods

Then the survey assessed dietary diversity in the case of solid or semi-solid foods based on 17 categories of foods, as illustrated in Figure 23.

The three most popular types of foods consumed by children aged under 24 months with the highest prevalence are:

- porridge, bread, rice, noodles, pasta, corn, wheat, etc. (66%),
- fruits (apples, bananas, blackberries, cherries, grapes, plums, pears, strawberries, etc.) (66%), and
- white potatoes (59%).

Figure 23. Yesterday during the day or at night (during the last 24 hours), did your child eat any …?



Other groups of foods consumed by almost every second child are vegetables such as pumpkin, carrots, sweet red peppers, squash or sweet potatoes that are yellow or orange inside (52%), meat (beef, pork, lamb, goat, chicken, duck) (45%), sweet foods such as chocolates, candies, pastries, cakes, biscuits, or frozen treats like ice cream and popsicles (42%), and eggs (40%).

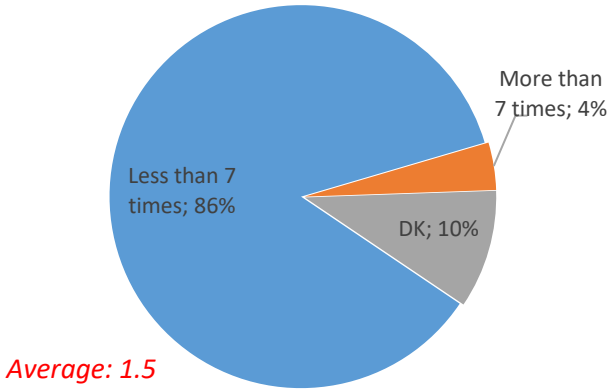
Less frequently children are given liver, kidney, heart (16%), beans, peas, lentils, nuts, seeds (19%), fish (20%).

Additionally, the survey identified a high prevalence of children consuming unhealthy food, such as sweet foods (42%), sausages, bacon, etc. (17%), and chips (9%).

Sausages are more likely to be fed to children by unemployed caregivers (27%), people with a basic or medium level of education (22%), residents of the North (24%), single/divorced parents (24%), parents with 4 and more children (24%), those who never breastfed (23%).

Figure 24. How many times did the child eat yogurt?

Sample: 334 respondents who fed the child yogurt during the last 24 hours



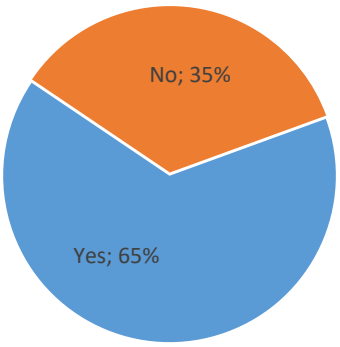
Average: 1.5

The children who consumed solid yogurt were given it 1.5 times on an average during the last 24 hours (Figure 24).

4% of children in this group consumed yogurt more than 7 times during the last 24 hours. This is in particular the case of caregivers with a basic level of education (8%) and low income (10%), residents of the South (8%).

Figure 25. Was your child exclusively breastfed until now (for children aged under 6 months) / until 6 months (for children aged over 6 months)?

Sample: 1074 respondents who said they breastfed their child more than 6 months



2/3 of the children who were breastfed longer than 6 months (or 58% of the total sample) have been or still are exclusively breastfed (Figure 25).

The core profile of the respondents who did not exclusively breastfeed their children is as follows:

- people with a low level of income (41%),
- ethnic minorities (43%),
- residents of the North (41%) and the South (38%),
- those who delivered by caesarean section (40%),
- those who have children aged under 6 months (49%).

10. Knowledge, Perceptions and Attitudes

This section explores knowledge, perceptions and attitudes of caregivers regarding various aspects of breastfeeding, drinks for toddlers, supplementary feeding, sources of information.

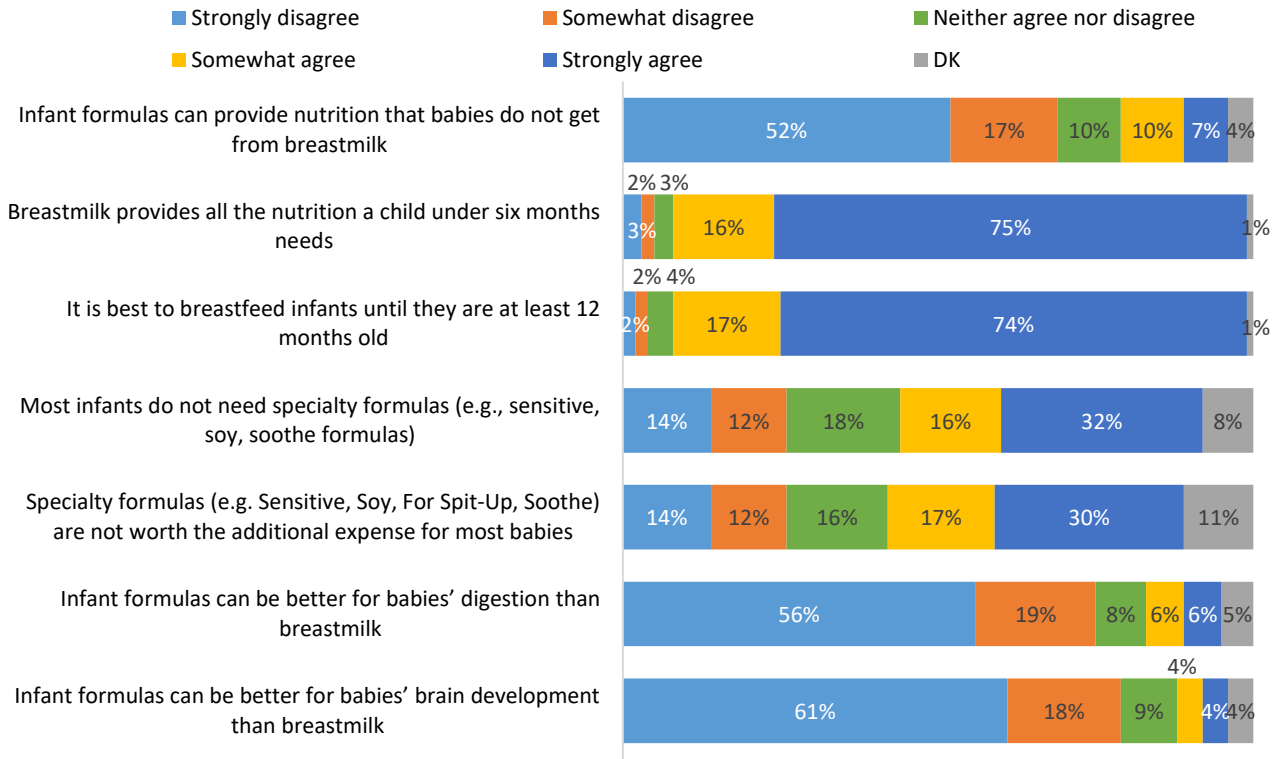
10.1. Knowledge about and perceptions of infant formula and breastfeeding

The respondents were requested to indicate their level of agreement with 7 statements about infant formula and breastfeeding, as illustrated in Figure 26.

The main finding that can be stated in this respect is the dominant positive perception in favor of breastfeeding as compared to the infant formula:

- On the one hand, 9 out of every 10 caregivers agree that breastmilk provides all the nutrition a child under six months' needs, and
- On the other hand, approx. 8 out of every 10 respondents do not agree that infant formulas can be better than breastmilk for the baby's brain development 79%), that infant formulas can be better than breastmilk for the baby's digestion (75%), and that infant formulas can provide nutrition that babies do not get from breastmilk (69%).

Figure 26. Please indicate how much you agree with the following statements about infant formula and breastfeeding.



Over 90% of caregivers also agree that it is best to breastfeed infants until they are at least 12 months old.

However, the opinions were divided evenly when the caregivers were asked if most infants do not need specialty formulas (e.g., sensitive, soy, soothe formulas) and if specialty formulas are not worth the additional expense for most babies.

Figure 26.1. Please indicate how much you agree with the following statements about infant formula and breastfeeding (average score)

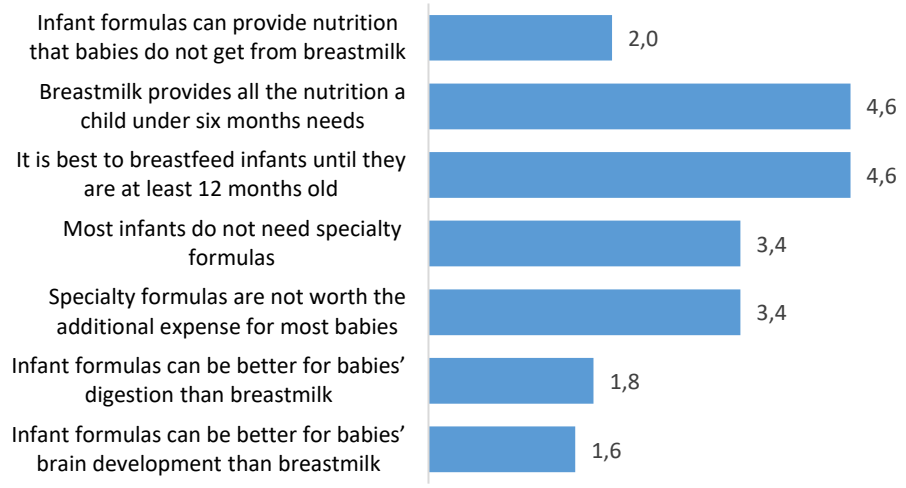


Figure 26.1 shows the average score of agreement or disagreement with the statements about infant formula on a five-point scale where 1 = *Strongly disagree* and 5 = *Fully agree*. The higher the average score, the higher the level of agreement with the statement.

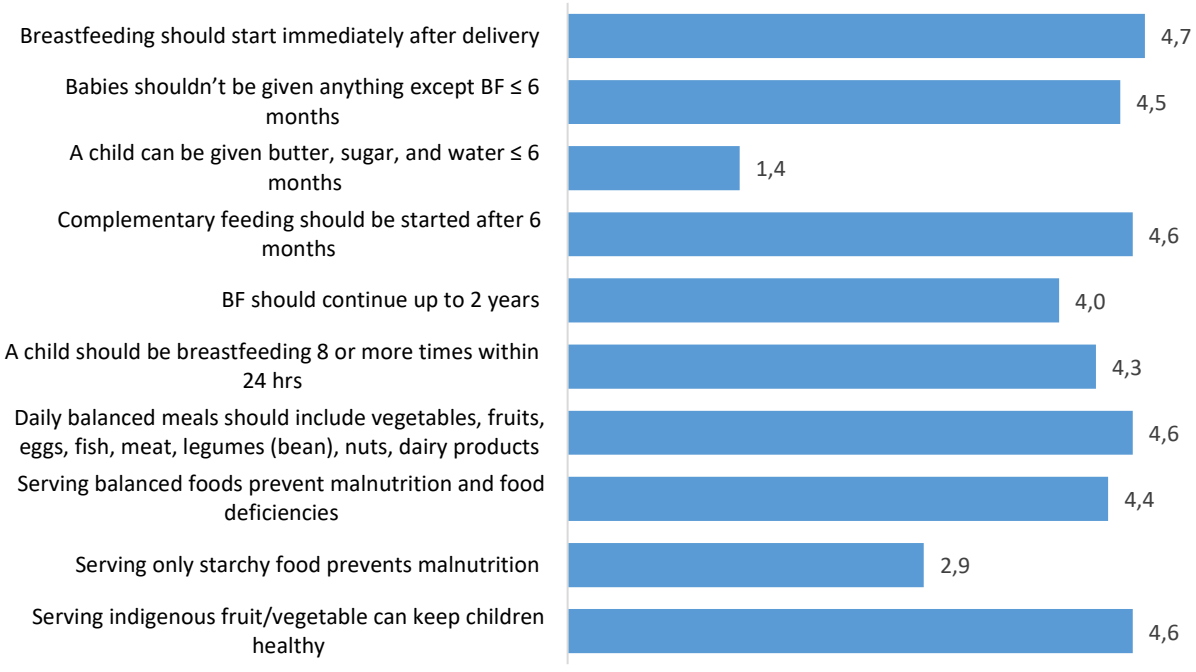
The further analysis of the perceptions by socio-demographic profile found that those more likely to appreciate infant formula were men (39%), residents of the North (21%), single/divorced respondents (25%), those who never breastfed (37%).

Those who do not agree that specialty formulas are not worth the additional expense for most babies are more likely to be persons with a low level of income (35%), ethnic minorities (35%), residents of the South (33%), families where the male partner is not present (42%).

Figure 27 presents the respondents' perceptions of the main child-feeding rules. Thus, an overwhelming majority of the respondents (over 80%) agreed with most of the offered statements except two of them: a child aged ≤ 6 months can be given butter, sugar and water (92% did not agree), and serving only starchy food prevents malnutrition (37% did not agree and 22% were not sure how to assess this statement).

Figure 27. Please indicate how much you agree with the following statements about child feeding (average score)

On a scale of 1 to 5 where 1=Strongly disagree, 2 = Somewhat disagree, 3 = Neither agree nor disagree, 4 = Somewhat agree and 5 = Fully agree

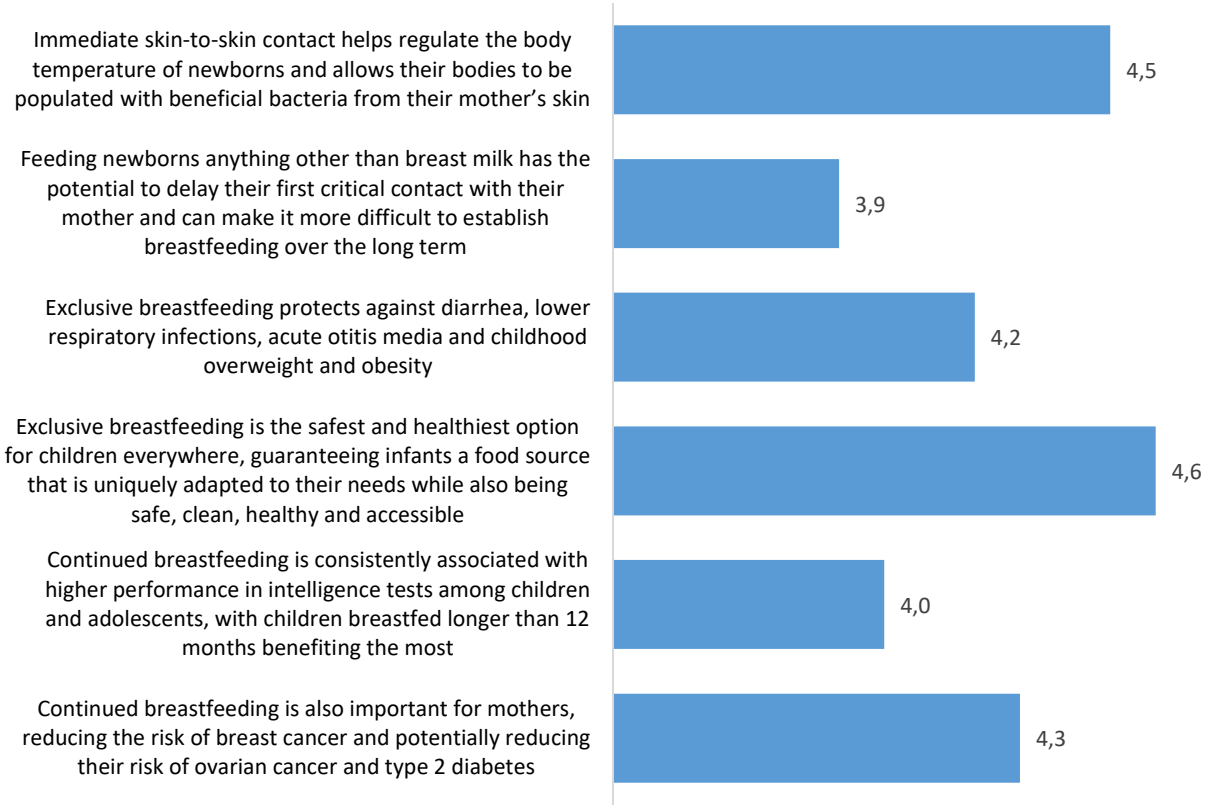


Then the respondents were asked about the extent of their agreement or disagreement with 6 statements about the importance of breastfeeding for the health of child and mother, their connection, brain development (Figure 28).

The level of agreement is illustrated by average scores on a five-point scale: the higher the score, the higher the level of agreement. Thus, most respondents (at least 2/3) agreed with all 6 proposed statements. However, the highest level of agreement was registered in respect to the statement that exclusive breastfeeding is the safest and healthiest option for children everywhere (over 90%) and that immediate skin-to-skin contact helps regulate the body temperature of newborns and allows their bodies to be populated with beneficial bacteria from their mother's skin (84%).

Figure 28. Please indicate how much you agree with the following statements about child feeding (average score)

A scale of 1 to 5 where 1 = Strongly disagree, 2 = Somewhat disagree, 3 = Neither agree nor disagree, 4 = Somewhat agree, and 5 = Fully agree



On the other hand, every third respondent did not agree that:

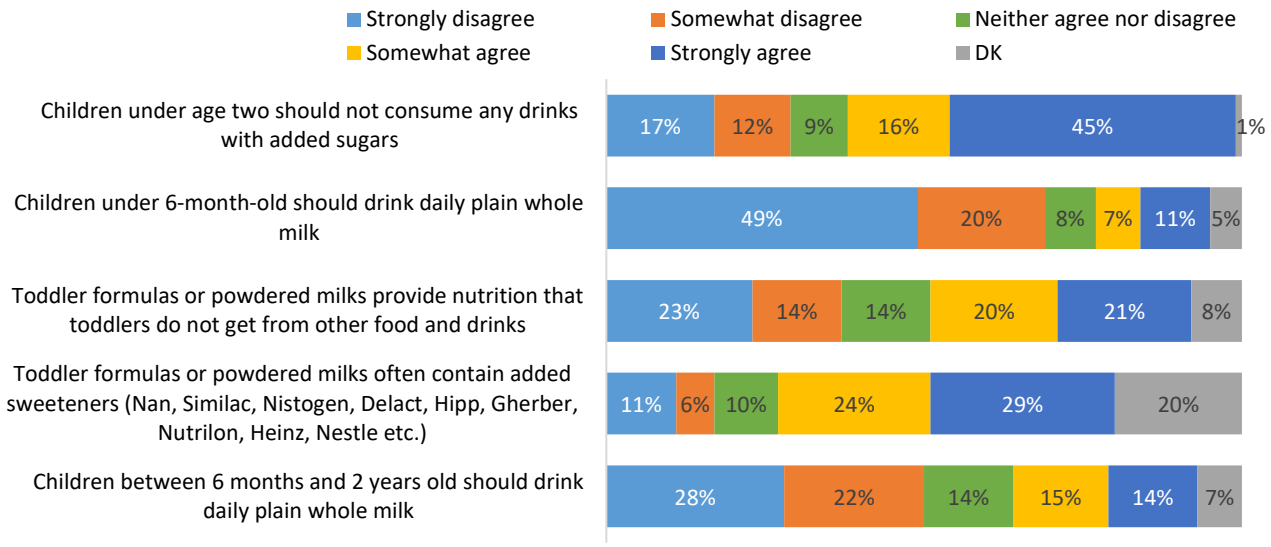
- Feeding newborns anything other than breast milk has the potential to delay their first critical contact with their mother and can make it more difficult to establish breastfeeding over the long term, and
- Continued breastfeeding is consistently associated with higher performance in intelligence tests among children and adolescents, with children breastfed longer than 12 months benefiting the most. This opinion has higher prevalence among caregivers who have never breastfed, and ethnic minorities.

10.2. Knowledge about and perceptions of drinks for toddlers

Respondents were asked to indicate their level of agreement with five statements about drinks for toddlers (Figure 29). Here the survey found a more or less predominant opinion only in respect to two statements:

- Most respondents (61%) agree that children under two years of age should not consume any drinks with added sugar.
- Most respondents (69%) did not agree that children aged under 6 months should drink plain whole milk daily.

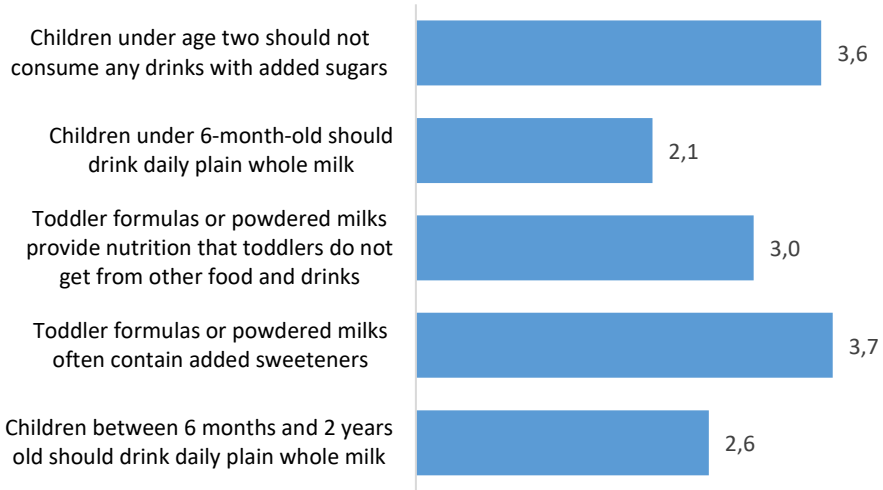
Figure 29. Please indicate how much you agree with the following statements about drinks for toddlers.



The attitudes pro and contra towards the other three statements were divided closer to half-and-half. Moreover, 20% of the respondents did not know whether toddler formulas or infant formula products often contained added sweeteners.

In other words, many respondents had no knowledge about the areas assessed though these statements.

Figure 29.1. Please indicate how much you agree with the following statements about drinks for toddlers. Average score

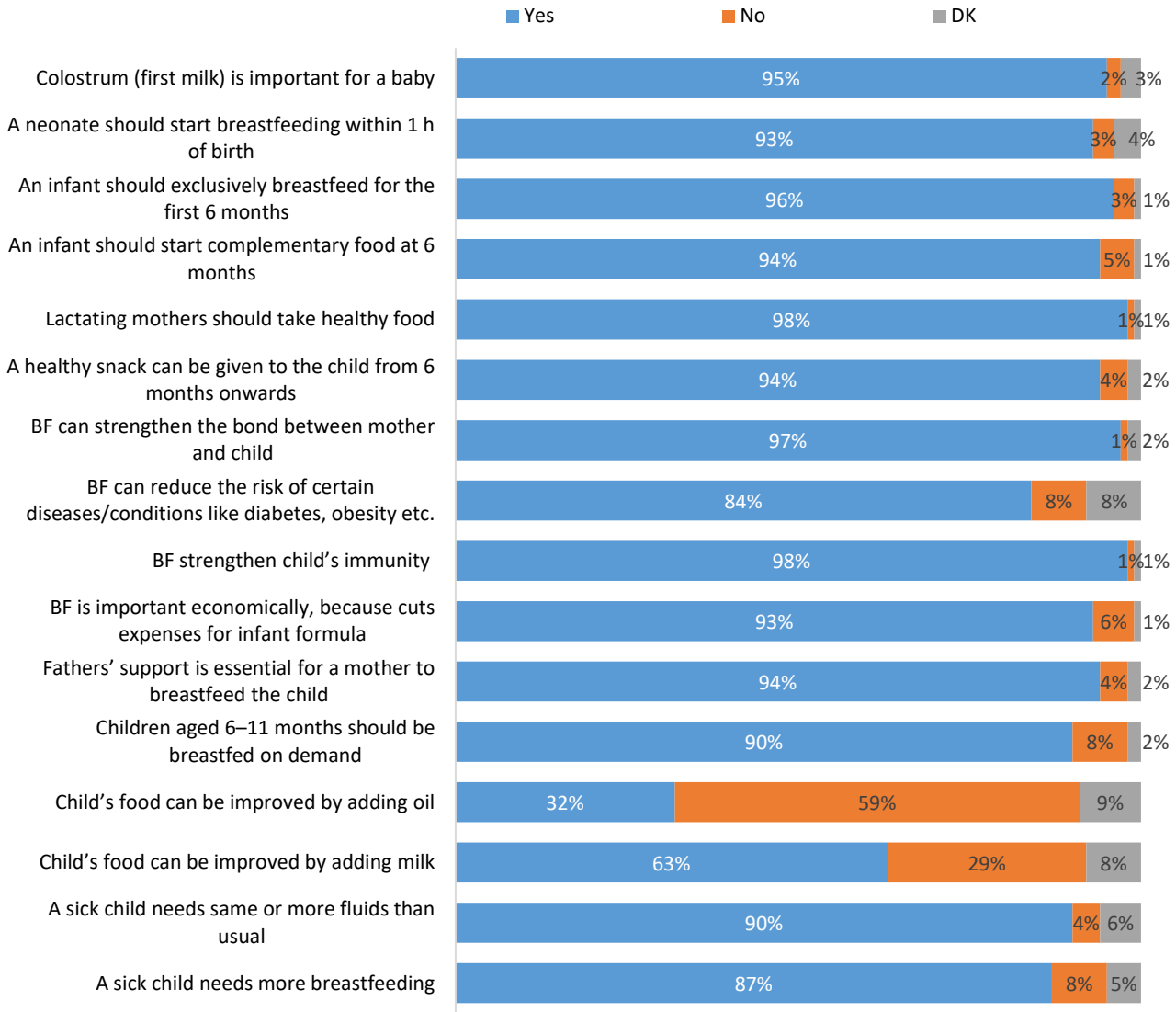


10.3. Knowledge about breastfeeding and supplementary feeding

Figure 30 illustrates the findings regarding the respondents' knowledge about breastfeeding and complementary feeding assessed through 16 statements.

It can be seen from Figure 30 that most respondents (over 84%) agreed with 14 of the 16 statements offered. The two statements with a significantly lower level of agreement concerned the possibility of improving the child's food by adding oil and milk.

Figure 30. Please tell me if you agree or disagree with the following statements about children under 24 months.



A certain percentage of the respondents were found to have no knowledge about the following: BF can reduce the risk of certain diseases/conditions like diabetes, obesity etc. (16%); a sick child needs more breastfeeding (13%); children aged 6–11 months should be breastfed on demand (10%); and a sick child needs the same volume or more fluids than usual (10%).

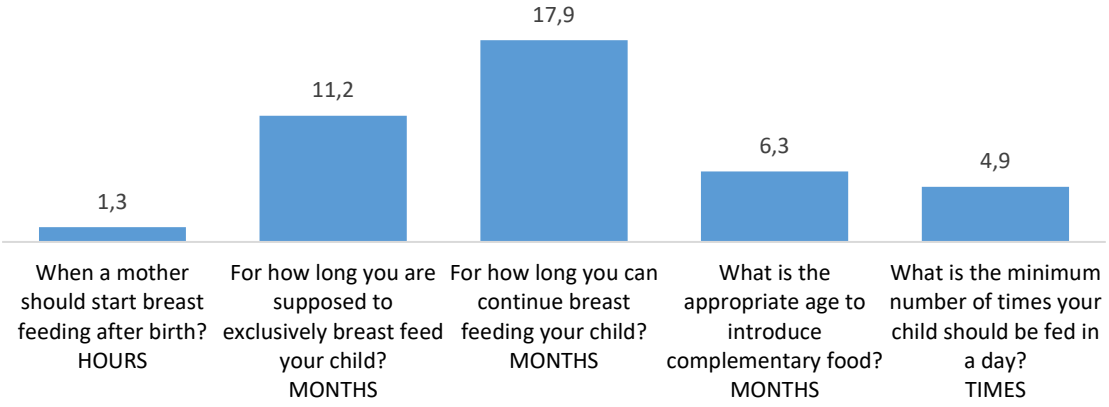
Then the respondents were requested to demonstrate their knowledge about some other characteristics, as illustrated in Figure 31.

Generally, caregivers consider that:

- Breastfeeding should start on an average within 1.3 hours of delivery.

- The child is supposed to be exclusively breastfed until 11 months old on an average. Shorter periods were mentioned by residents of Chisinau (9.7 months), urban residents (9.9 months).

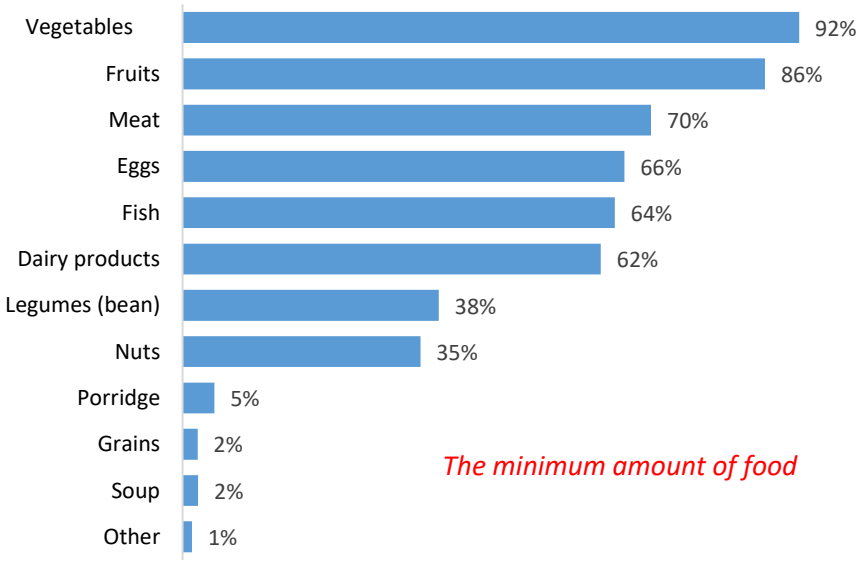
Figure 31. Please tell us what you know about the following matters.



- Breastfeeding could continue until the child is 18 months old on an average.
- The average appropriate age to introduce supplementary food is 6.3 months.
- The minimum number of times the child should be fed in a day is 5 times on an average. A considerably lower number of times to feed was mentioned by ethnic minorities (3.6 times), those who get information only from social media (4.3 times), those who have never breastfed (4.2 times)

The two major types of food that the caregivers consider important to give to their child are vegetables and fruits (Figure 32), according to 9 out of every 10 respondents.

Figure 32. What types of food should you give to your child? (an open question)



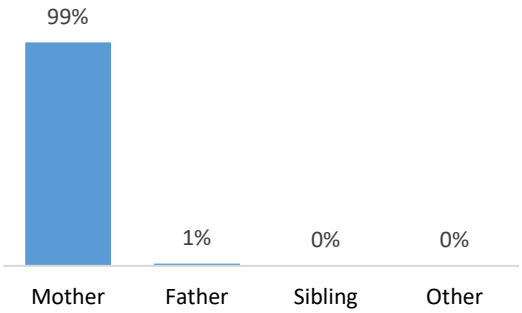
The second group of food mentioned by 2/3 of the respondents is meat, eggs, fish and dairy products. The importance of this food was more frequently mentioned by people with a high level of education and income.

5% of respondents considered porridge to be an important food to give to children.

The minimum quantity of food necessary to feed a child per day is on an average 144 ml in the opinion of the respondents.

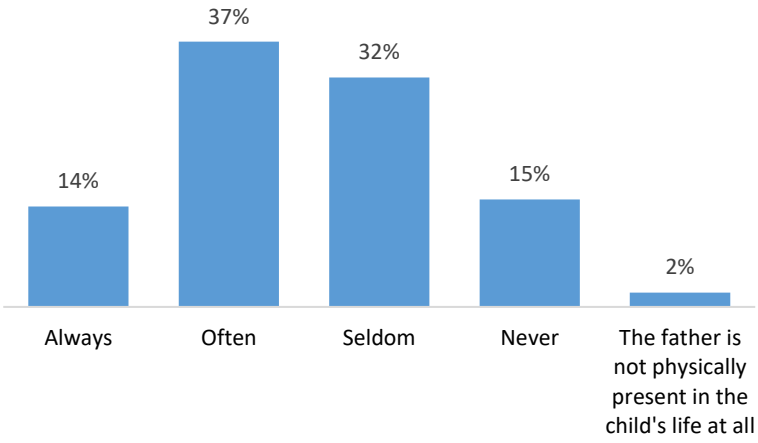
10.4. Support from partner

Figure 33. Who usually feeds the child?



Children aged under 24 months are fed by their mother in almost all cases (99%) (Figure 33).

Figure 34. How often does the father/male partner get involved and provide support in feeding and/or preparing the food for the child?

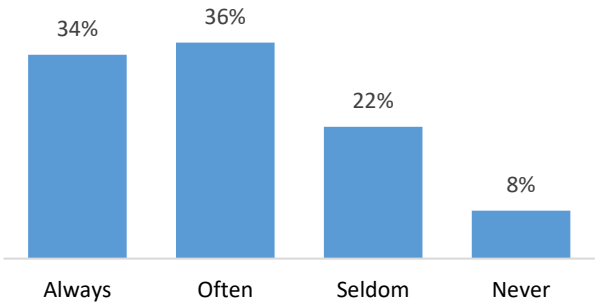


In 50% of households the male partner is always or often involved and provides support in feeding or preparing food for the infant (Figure 34). The male partner is more likely to get involved in the child's feeding where the mother is aged under 40 (53% vs. only 34% where the mother is 40+ years old), in families with a high level of education (56%), among residents of the North (54%) and the Chisinau municipality (57%), where the child was never breastfed (61%).

In 15% of the families, the male partner never gets involved in feeding the child and does not provide any support in this respect, while the father is not present at all in 2% of families. Lack of support from male partner is more likely to be in case of an unemployed mother or the mother on maternity leave, where the child is aged under 6 months.

Figure 35. How often is the husband/male partner involved in discussions about child nutrition and feeding?

Sample: 1180 of the families where the father is present physically



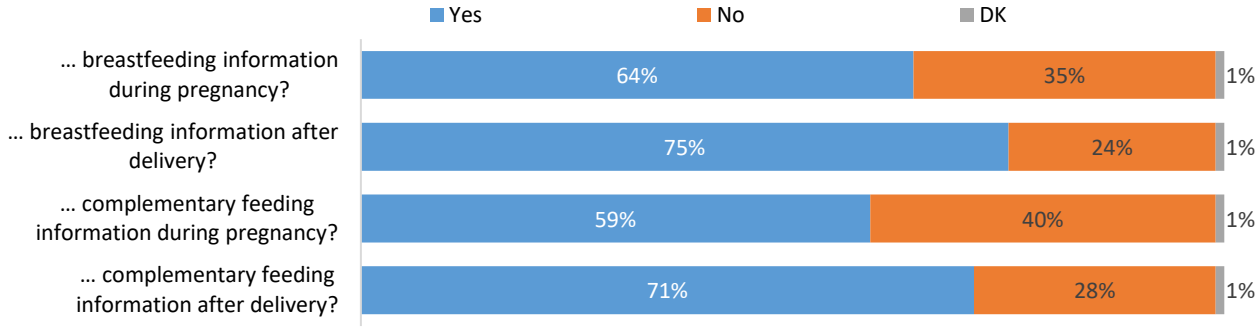
The male partner gets actively (always or often) involved in discussions about child nutrition and feeding in 70% of the households (Figure 35).

Passive involvement of male partners was found to have a higher prevalence among women aged 40+ (39%), with a low level of income (37%), residing in the North (32%) and the Center (35%), rural residents (33%), in families with 4 and more children (36%).

10.5. Sources of information about breastfeeding, child nutrition and feeding

Mothers are more often exposed to information about breastfeeding and supplementary feeding from their family/general doctor after the delivery (73%) rather than during pregnancy (62% on an average) (Figure 36).

Figure 36. Did you receive any information from your family/general doctor on ...?

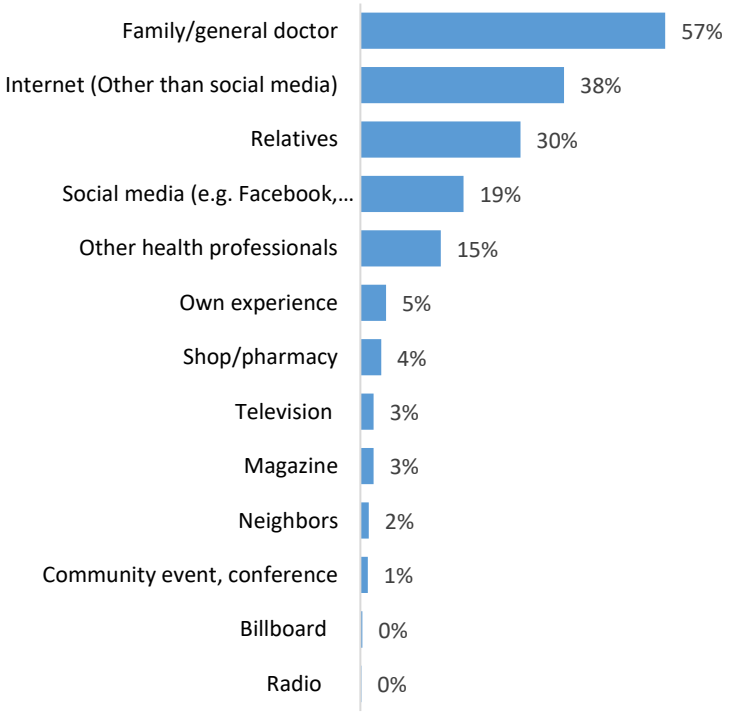


The majority of women received information from their family/general doctor about breastfeeding and complementary feeding during pregnancy and after delivery.

The profile of women who did not receive information about breastfeeding and complementary feeding from their doctor is much higher among those residing in Chisinau (33%) vs. 33% amongst residents of the South, 30% amongst residents of the Center, and 24% amongst residents of the North. 40 percent of mothers did not receive any information about complementary feeding during pregnancy.

This percentage is also higher among women who used the services of private maternity wards (40%).

Figure 37. What are the TWO most important sources of information about breastfeeding, child nutrition and feeding for you personally?



The three most popular sources of information about breastfeeding, child nutrition and feeding (Figure 37) are one's family/general doctor, online resources and relatives.

The family doctor was mentioned more often by rural residents (62%), the ethnic majority (58%).

Online resources are preferred by women with a high level of education (50%), a medium or high level of income (42%), urban residents (47%), and residents of Chisinau (56%).

Relatives are more important for young mothers (40%), those with a low level of education (38%) and income (38%), ethnic minorities (38%), single/ divorced mothers (51%).

The sources mentioned as being of secondary importance are social media and other health professionals. Other health professionals are preferred mainly by people with a high level of education (20%), residents of Chisinau (23%), those who used the services of a private maternity facility (23%). All other sources are insignificant in terms of their popularity.

11. Advice on Feeding

One in four caregivers received advice during the past six months that they should feed their child with some milk products other than breast milk (Figure 38).

This group of respondents has higher prevalence among young mothers (38%), employed parents (34%), residents of the North (35%), single/divorced mothers (36%), families with children over 6 months old (33%).

Figure 38. In the past six months, did anyone tell you that you should feed your child with some milk products other than breast milk?

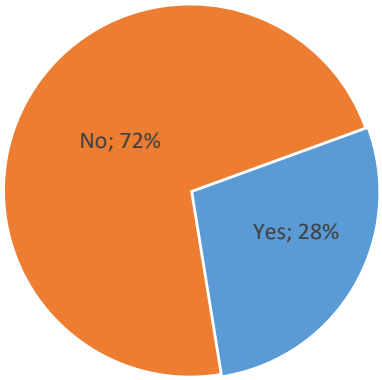
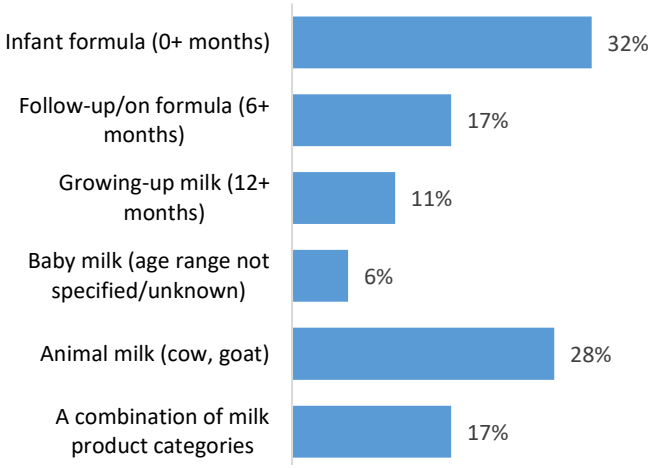


Figure 39. What type of milk product was recommended?

Sample: 341 respondents who said that someone told them they should feed their child with some milk products other than breast milk



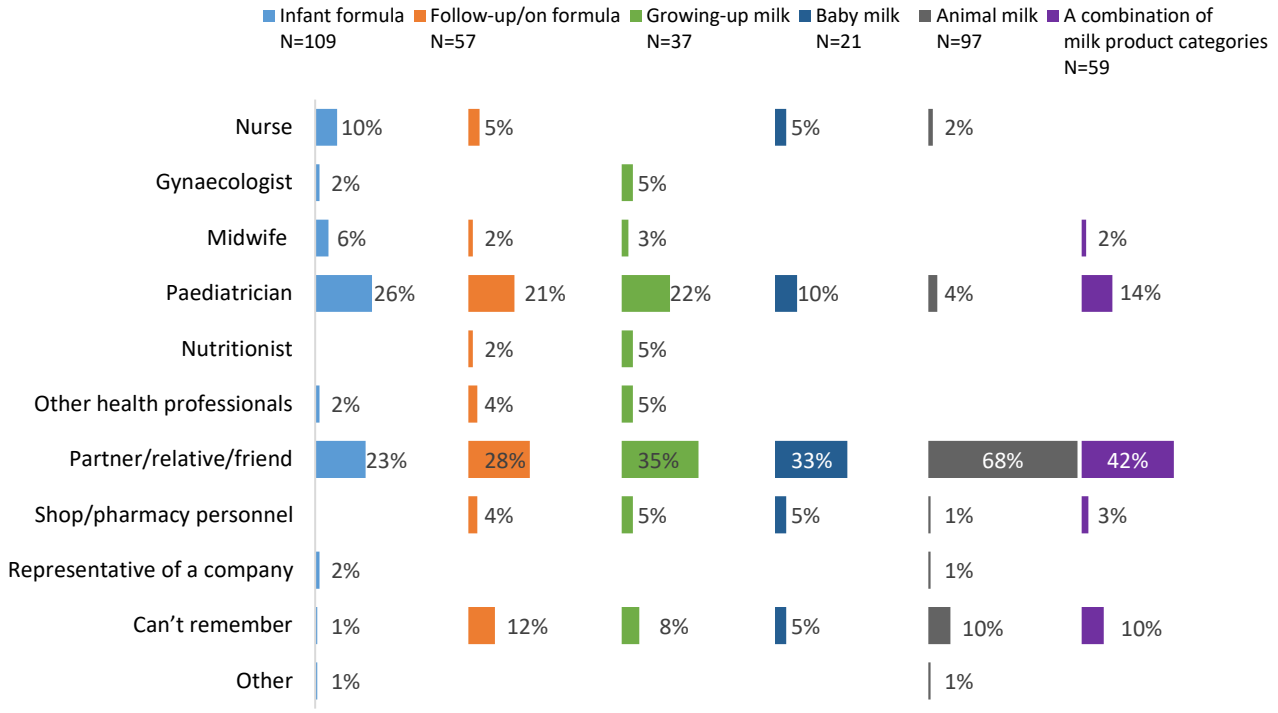
Most often these respondents were advised to use infant formula (0+ months) (32%) and animal milk (28%) (Figure 39).

Animal milk was recommended mainly to the ethnic majority (30%), rural residents (33%), those who delivered by caesarian section (35%), mothers with children aged over 12 months (38%), mothers breastfeeding more than 12 months (47%).

Fewer caregivers were recommended follow-up/on formula (6+ months) and a combination of several milk product categories.

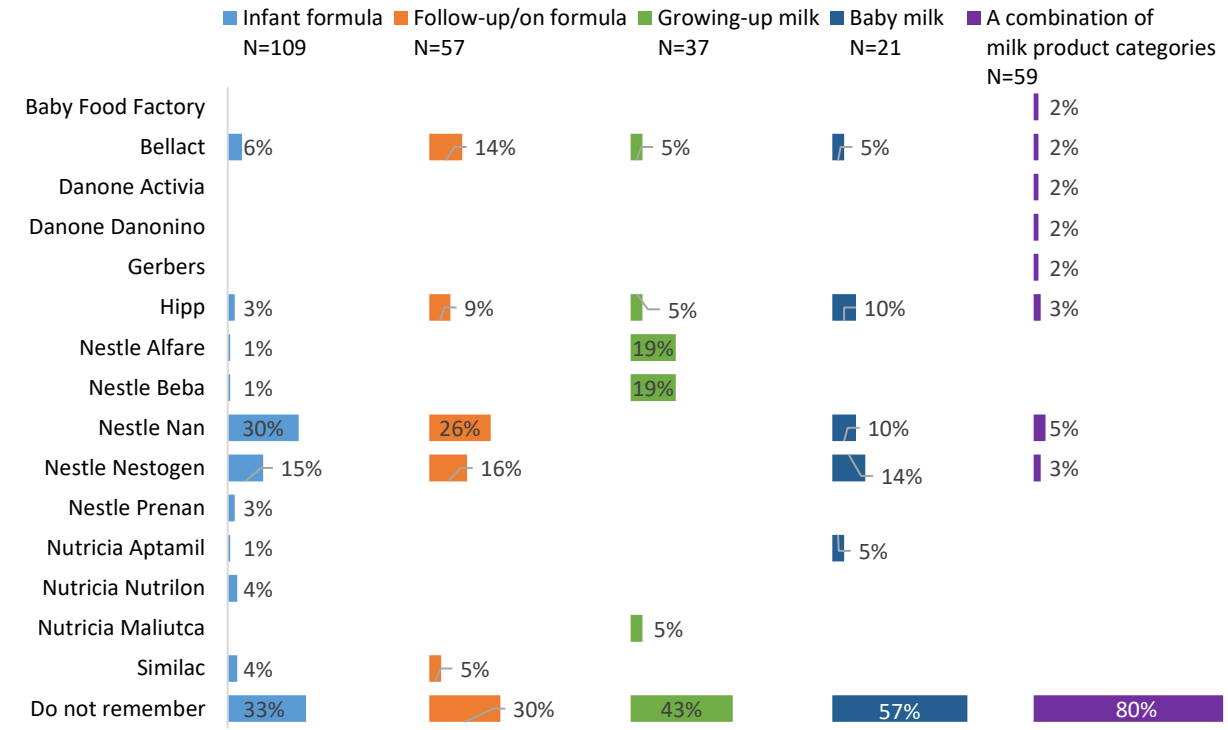
The survey identified two main sources of information that advised some milk products other than breast milk: relatives/friends and pediatricians (Figure 40). Relatives were significantly more likely to recommend animal milk (68%) or a combination of milk products (42%), while pediatricians were more likely to recommend infant formula, follow-up formula and growing-up milk.

Figure 40. Who recommended it?



When asked about the recommended brands, most respondents did not remember the particular brand (Figure 41).

Figure 41. What particular company/brand was it from …?

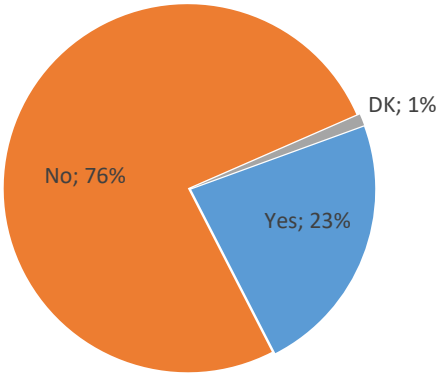


However, Nestle Nan and Nestle Nestogen were much more likely to be recalled by caregivers for infant formula, follow-up formula and baby milk. The brands rrecalled more often for growing-up milk were Nestle

Alfare and Nestle Beba. Therefore, Nestle is by far the most recommended / recalled company for any milk products for child feeding in Moldova.

Every fourth caregiver was recommended to start feeding their child some other food or drink products when the child was under 6 months old (Figure 42).

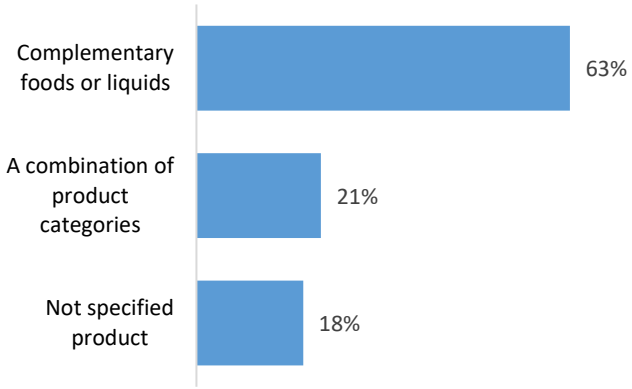
Figure 42. Has anyone told you to start feeding your child some other food or drink products? / Did anyone tell you to start feeding your child any other food or drink products when the child was aged under 6 months?



This is specifically the case of young mothers aged up to 24 (30%), with a high level of education (28%), the ethnic majority (24%), single or divorced mothers (31%), families with one child (31%).

Figure 43. What type of product was recommended?

Sample: 281 respondents that indicated they were told to feed their child something other than breast milk when the child was under 6 months old



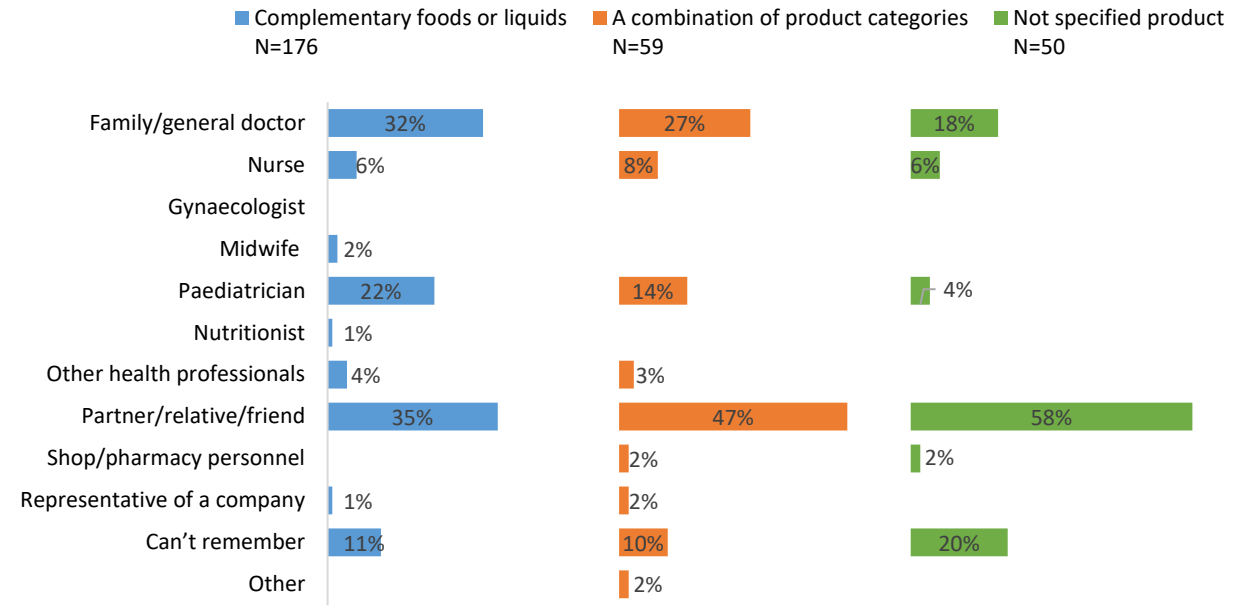
The main type of product recommended was some specific complementary foods or liquids (63%) (Figure 43). This was the case amongst mothers with a medium (62%) or high level of education (70%), the ethnic majority (64%).

Every fifth caregiver was advised a combination of several product categories; these were mainly mothers with a basic level of education (27%) and a low level of income (30%).

Relatives and friends were the most important source of recommendations for all types of food or drink products, but mainly for a combination of product categories and unspecified products (Figure 44).

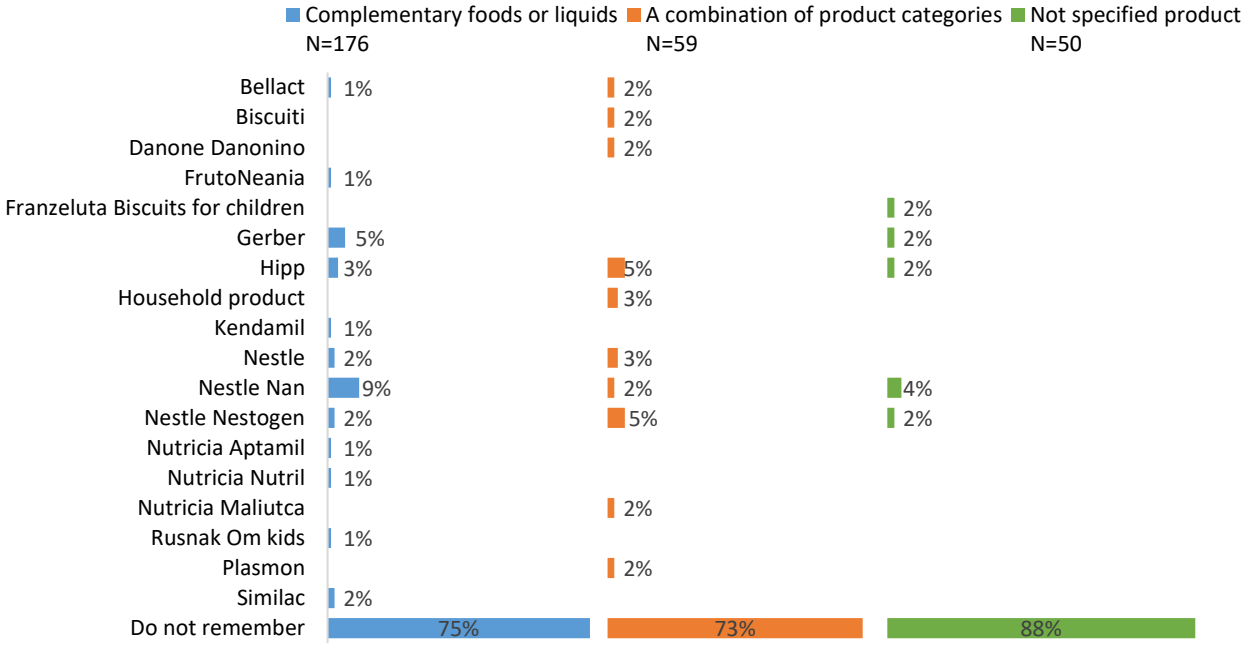
The family/general doctor was the second most often mentioned source of recommendation, specifically for complementary foods or liquids (32%) and a combination of product categories (27%). However, in 18% of all cases family doctors also advised unspecified products, especially to respondents with a basic level of education and a low level of income, residents of the North.

Figure 44. Who recommended it?



Most respondents did not remember the exact company or brand recommended (Figure 45). Those who did remember them mentioned more often Nestle Nan and Gerber for complementary foods or liquids, Hipp and Nestle Nestogen for a combination of product categories.

Figure 45. What particular company/brand was it from …?



12. Promotion of Breastmilk Substitutes

38% of the respondents confirmed having seen or heard some promotion materials at the healthcare facility they attend about some baby milk products or feeding bottles and teats for children aged under 2, while 62% (or almost 2/3) either did not see/hear or did not remember any (Figure 46).

Most of those who remembered spoke of flyers (24%) and posters (21%). This group of respondents has a higher prevalence among employed people, residents of the North and Chisinau.

Figure 46. Did you see/hear any PROMOTION MATERIALS at the healthcare facility (maternity and family doctor center) you attend about any baby milk products or feeding bottles and teats for children aged under 2 years?

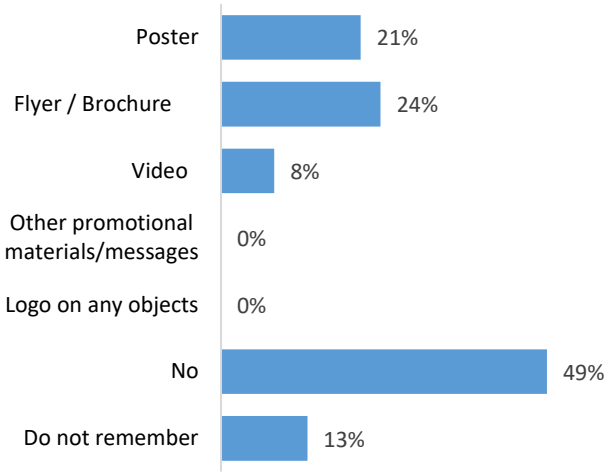
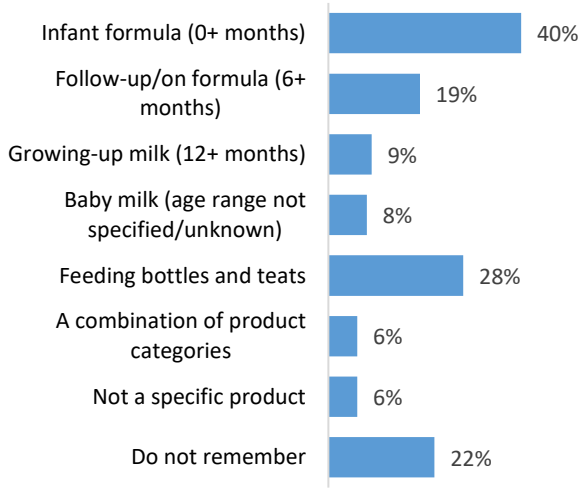


Figure 47. What type of product was promoted?

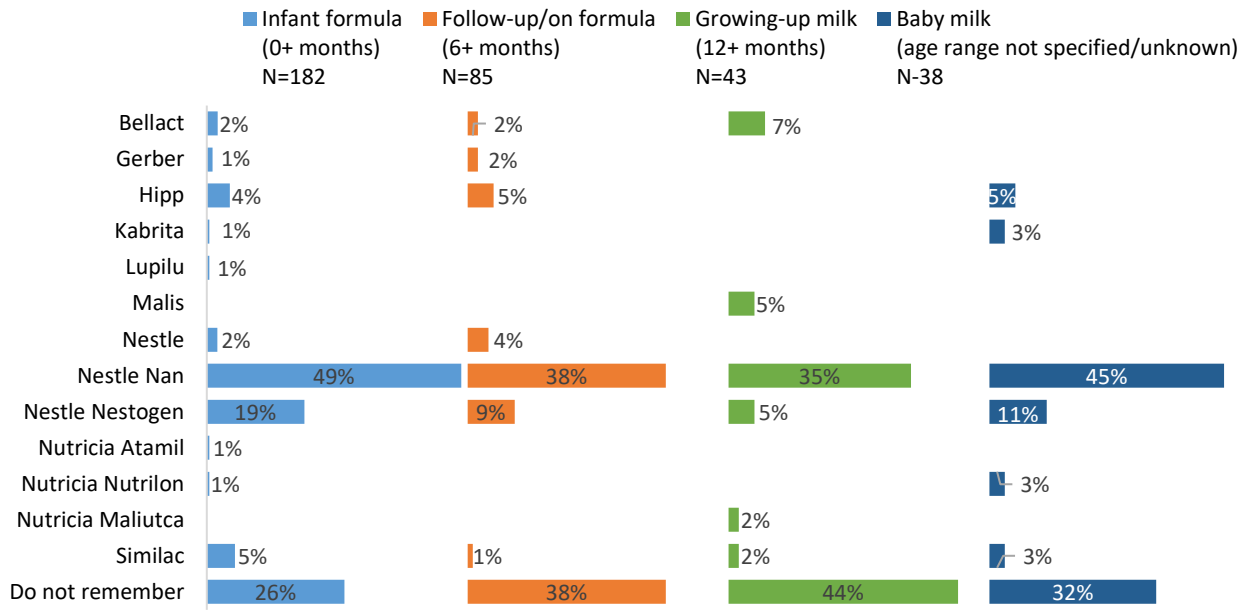
Sample: 457 respondents who saw/heard some PROMOTIONAL MATERIAL at the health facility

The three main products remembered as having been promoted were infant formula (40%), feeding bottles and teats (28%) and follow-up/on formula (19%) (Figure 47).



Nestle Nan was by far the brand most frequently recalled by respondents as being promoted at healthcare facilities for all types of milk products, with Nestle Nestogen as the second runner (Figure 48). However, a significant percentage of the respondents did not remember the exact brand promoted.

Figure 48. What particular company and brand was being promoted?



As regards feeding bottles and teats, the three brands mentioned most often were Chico, Philips Avent and Nestle (Figure 49); the respondents remembered mainly Pampers and Nestle out of unspecified products.

Figure 49. What particular company and brand was being promoted?

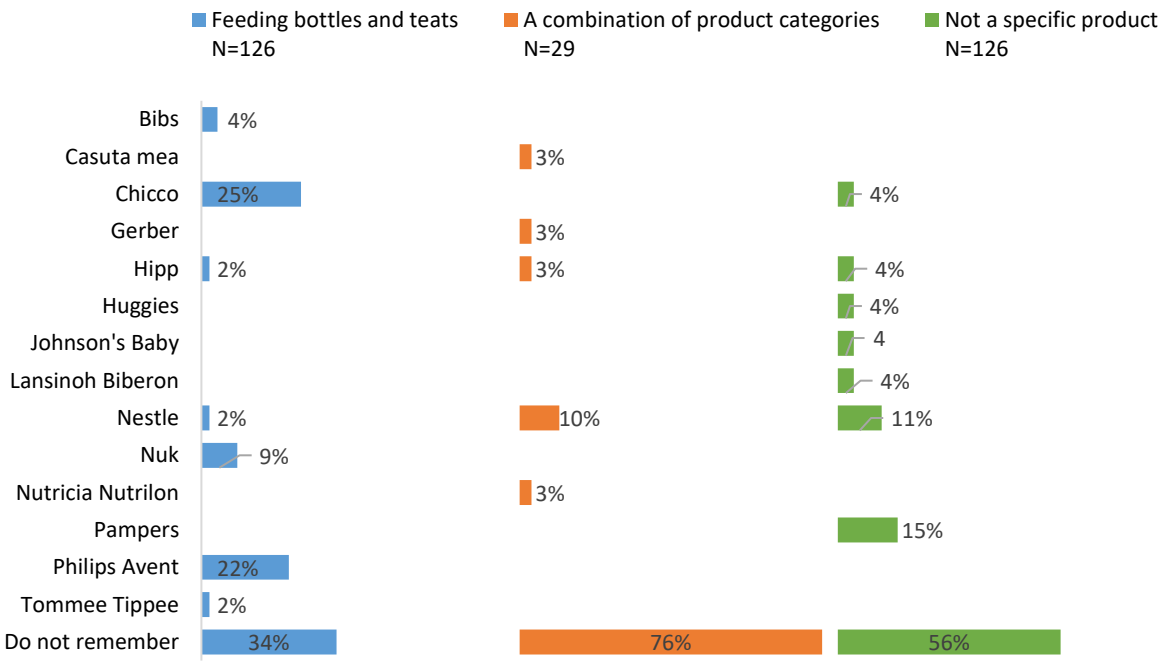
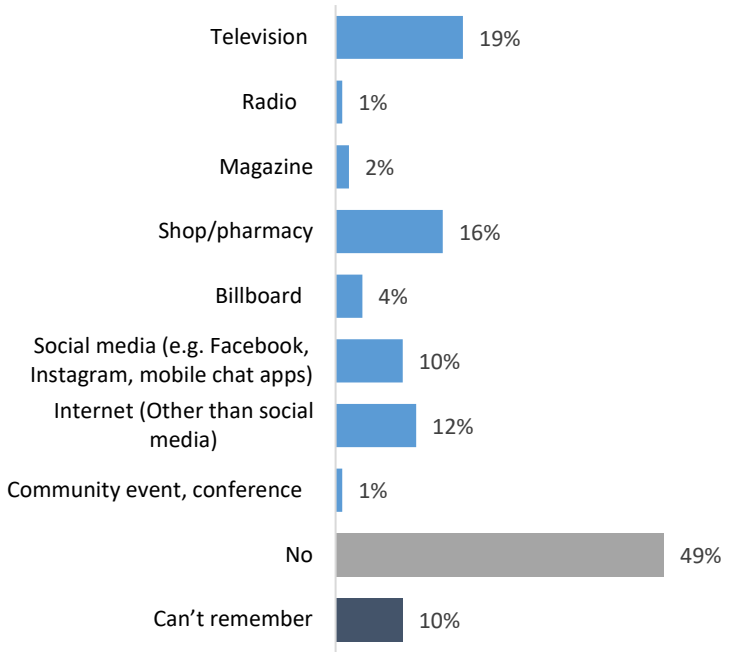


Figure 50. In the past six months, have you heard or seen a promotion or message on the (SOURCE OF PROMOTION/MESSAGE) from companies that sell any baby milk products for children under 2 years old or feeding bottles and teats?



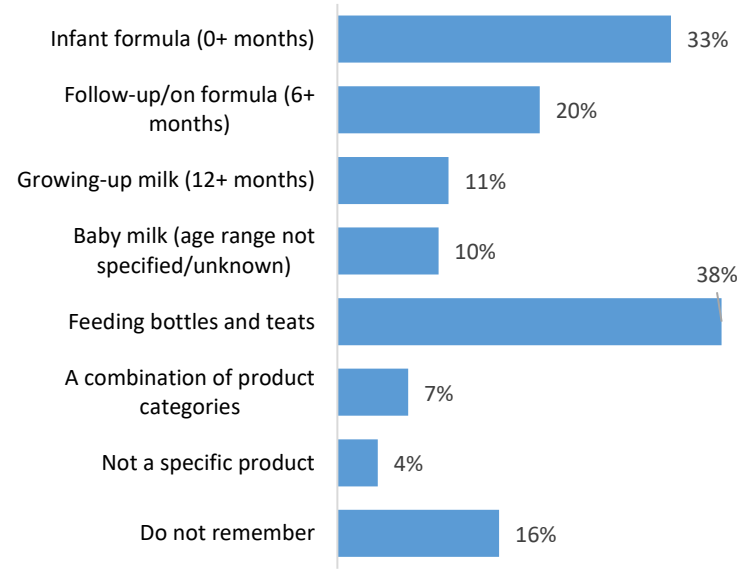
One third of the respondents remembered having seen or heard during the past six months some promotional materials from companies that sell baby milk products for children aged under 2 years or feeding bottles and teats (Figure 50).

Those who remembered such promotions were more likely to be women aged under 40, the ethnic majority, residents of the Central zone and Chisinau.

The survey identified four main sources of such promotions: TV (19%), retail outlet/pharmacy (16%), social media (10%) and other online resources (12%).

Figure 51. What type of product was promoted?

Sample: 497 respondents who saw/heard a promotion or a message from companies that sell some baby milk products for children aged under 2 years or feeding bottles and teats

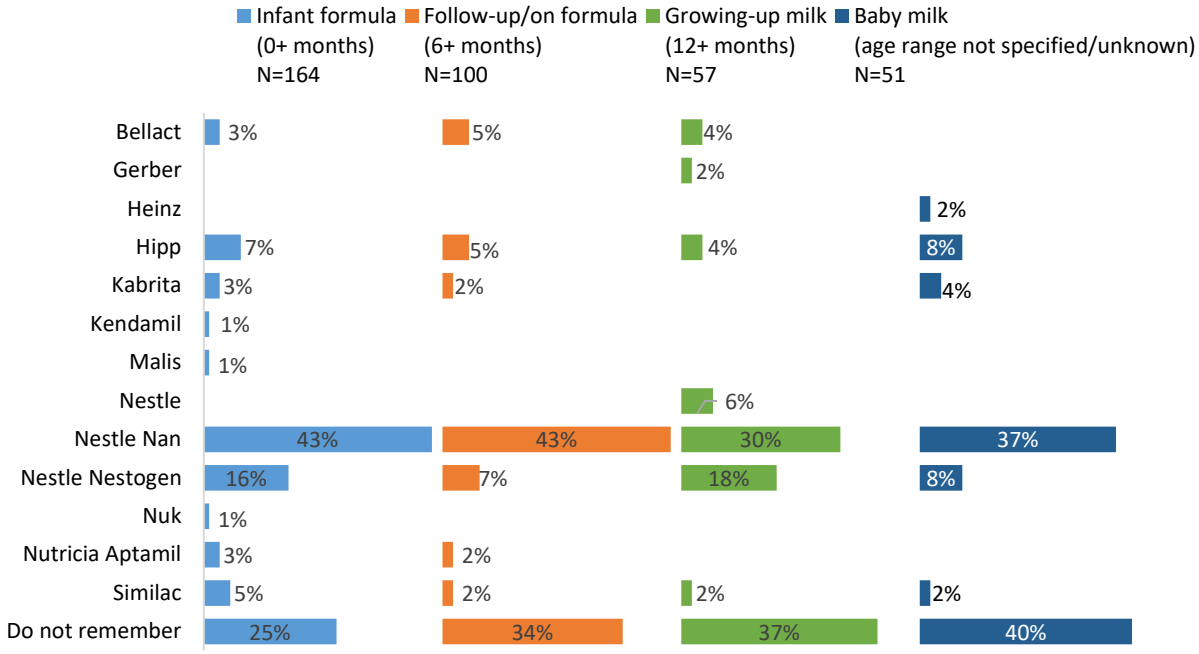


The three products most frequently remembered as having been promoted were feeding bottles and teats (38%), infant formula (33%) and follow-up/on formula (20%) (Figure 51).

Infant formula was mentioned with a higher prevalence by residents of the North region, while feeding bottles and teats - by residents of the Central zone and the Chisinau municipality.

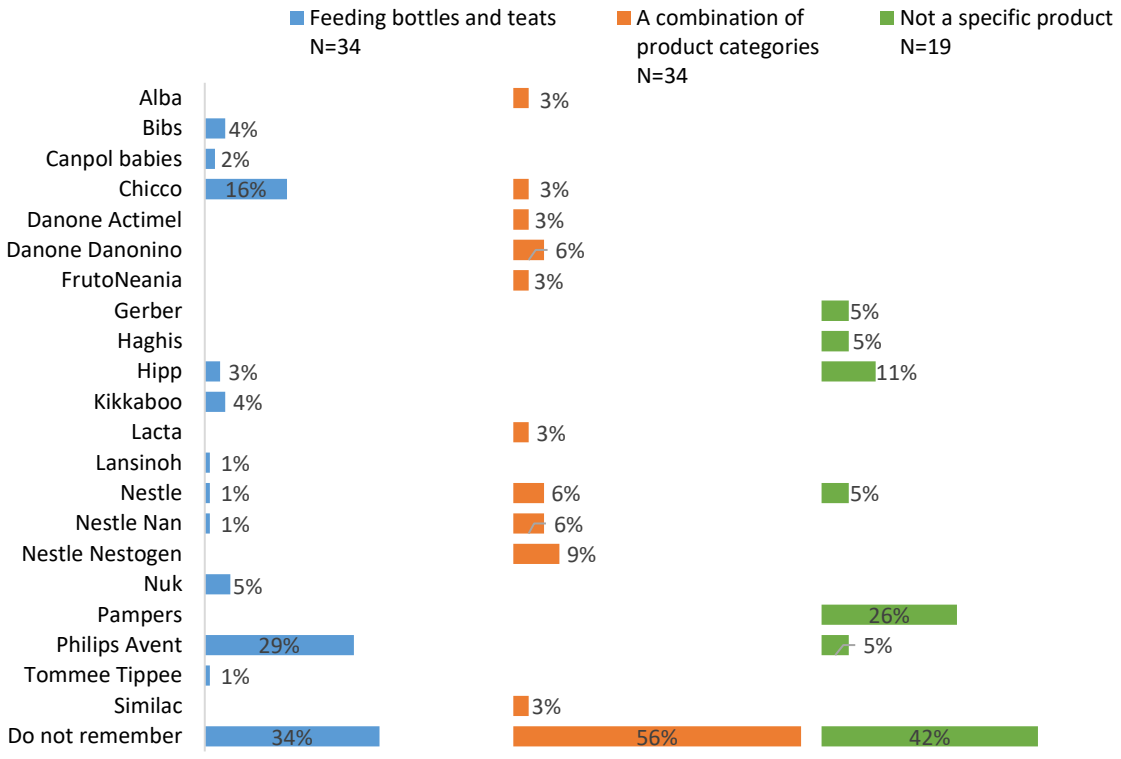
Nestle Nan was by far the most frequently recalled brand promoted for all types of milk products; the second runner was Nestle Nestogen (Figure 52). However, a significant percentage of the respondents did not remember the brand promoted.

Figure 52. What particular company and brand was being promoted?



Two brands were mentioned more often for feeding bottles and teats: Philips Avent, Chico and Nestle (Figure 53); in the case of unspecified products, the respondents remembered mainly Pampers and Hipp.

Figure 53. What particular company and brand was being promoted?

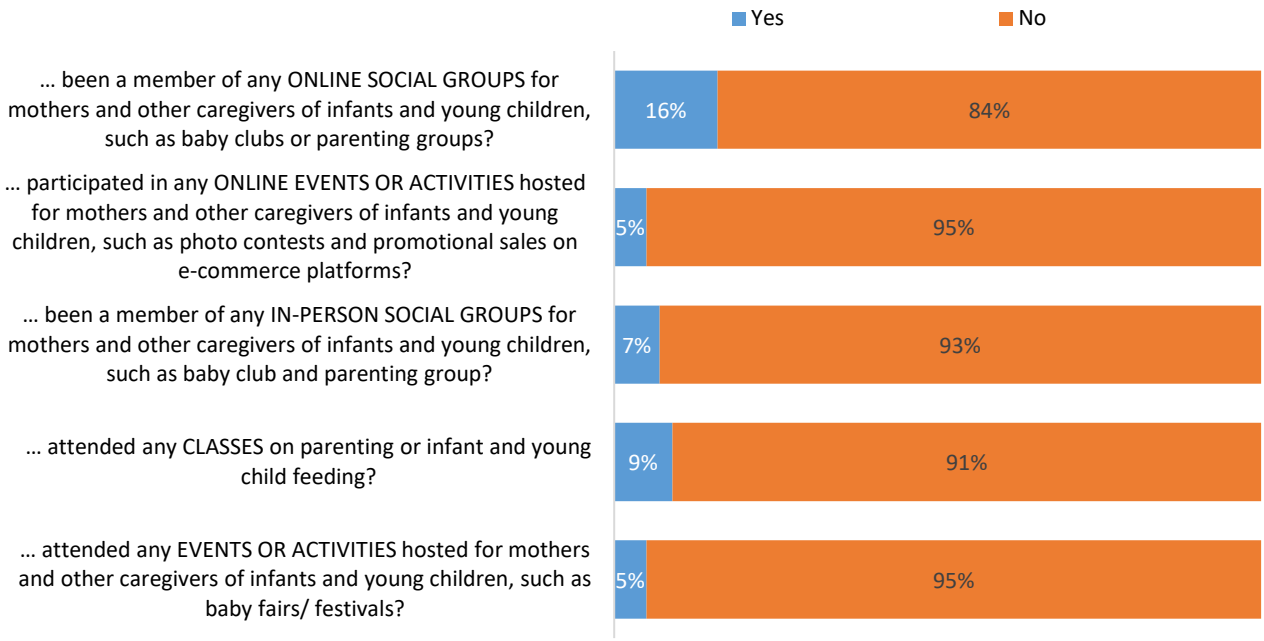


13. Social Groups and Events

The survey measured the involvement of caregivers in various types of social groups and events. It was found that caregivers were more active in online social groups (16%) and less active as regards the other four covered social groups (Figure 54).

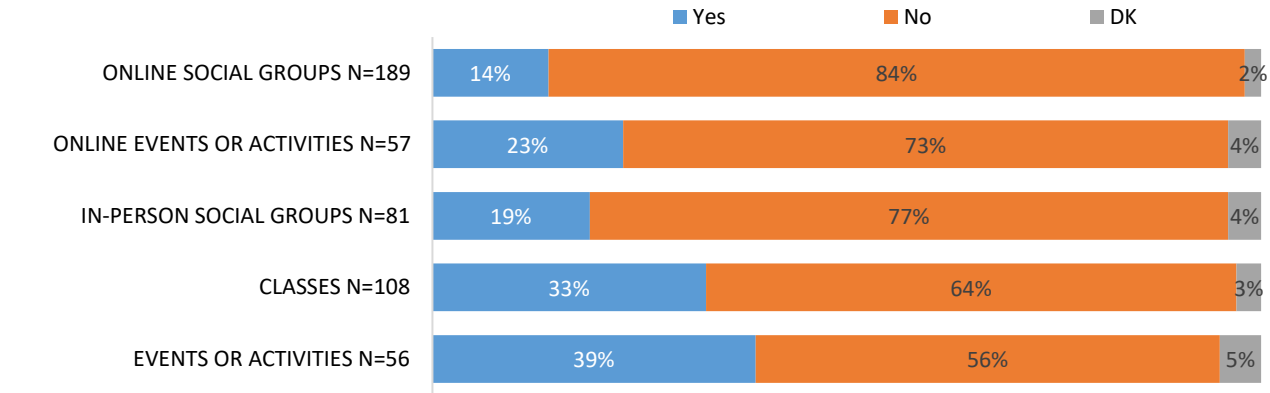
One in four mothers was involved in some of the five measured groups or events during the past six months. The most active socio-demographic groups in this respect are employed caregivers (32%), those with a high level of education (37%), urban residents (33%), residents of Chisinau (40%), and respondents with one child (28%).

Figure 54. In the past 6 months, have you …



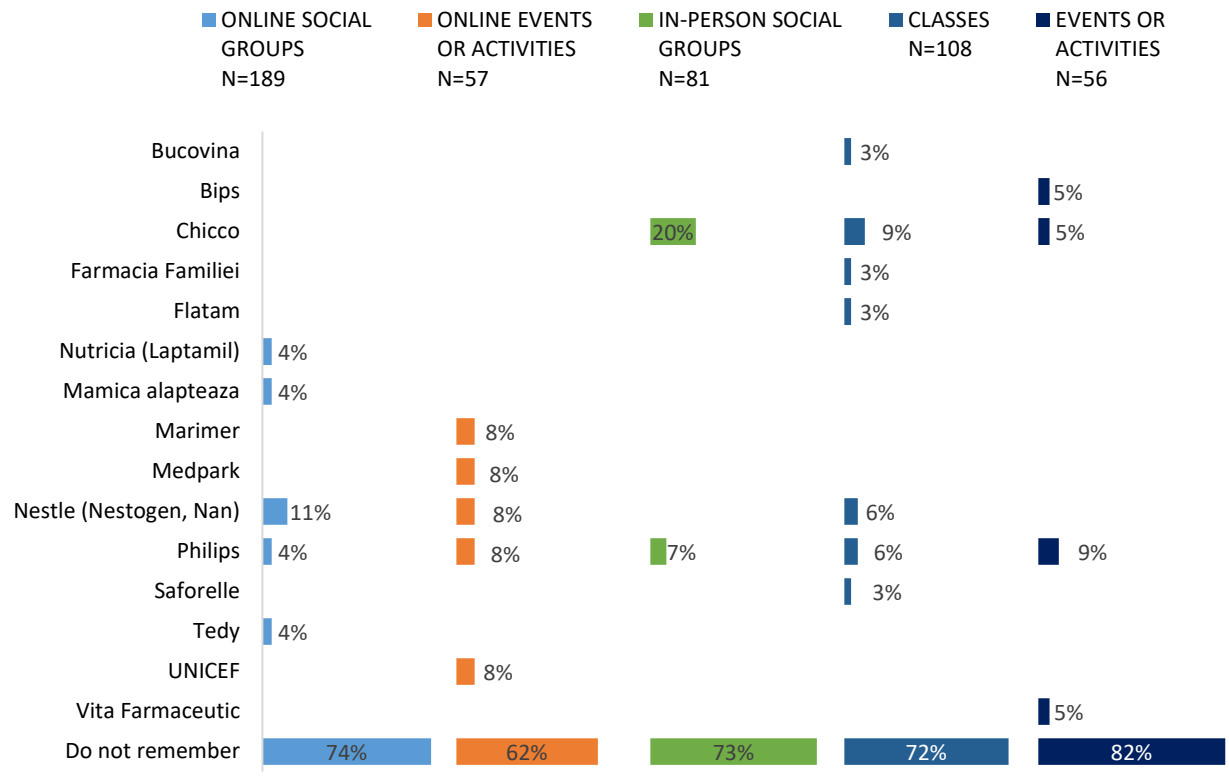
All types of social groups and events were sponsored or organized by companies that offer some food or drinks for children aged under 2 years or feeding bottles and teats (Figure 55), but more often it was the case of diverse events or activities (39% of those who attended them) and classes (33%). Specialized companies are less likely to organize or sponsor online and in-person social groups.

Figure 55. Was it sponsored or organized by a company that offers some food or drinks for children aged under 2 years or feeding bottles and teats?



Most respondents did not remember the exact name of the company that sponsored the social groups or events concerned (Figure 56). However, the companies mentioned more often were Chico, Nestle and Philips.

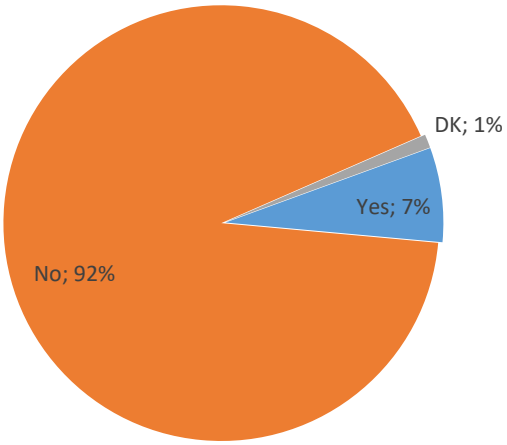
Figure 56. Which company/brand was the sponsor/organizer?



UNICEF was also mentioned by some respondents as an organizer of some online events or activities.

14. Free Samples

Figure 57. In the past six months, have you received free samples of any baby milk products for children under 2 years old?

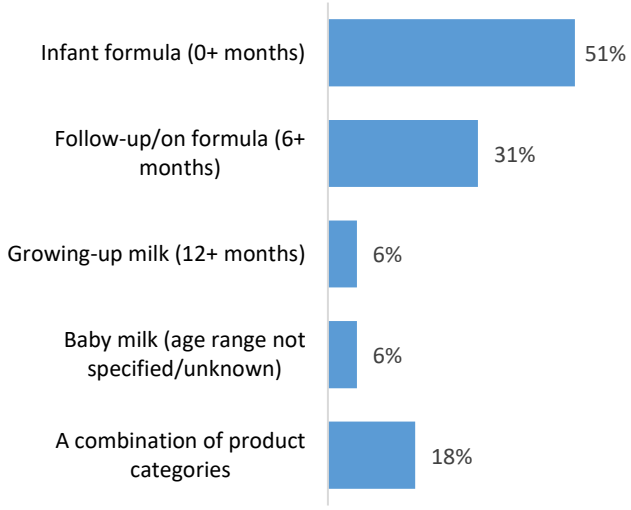


7% of the caregivers confirm they have received free samples of some baby milk products for children aged under 2 years during the last six months (Figure 57).

This was mentioned with higher prevalence by respondents with a low level of income (11%) and those who never breastfed (14%).

Figure 58. What was it a sample of?

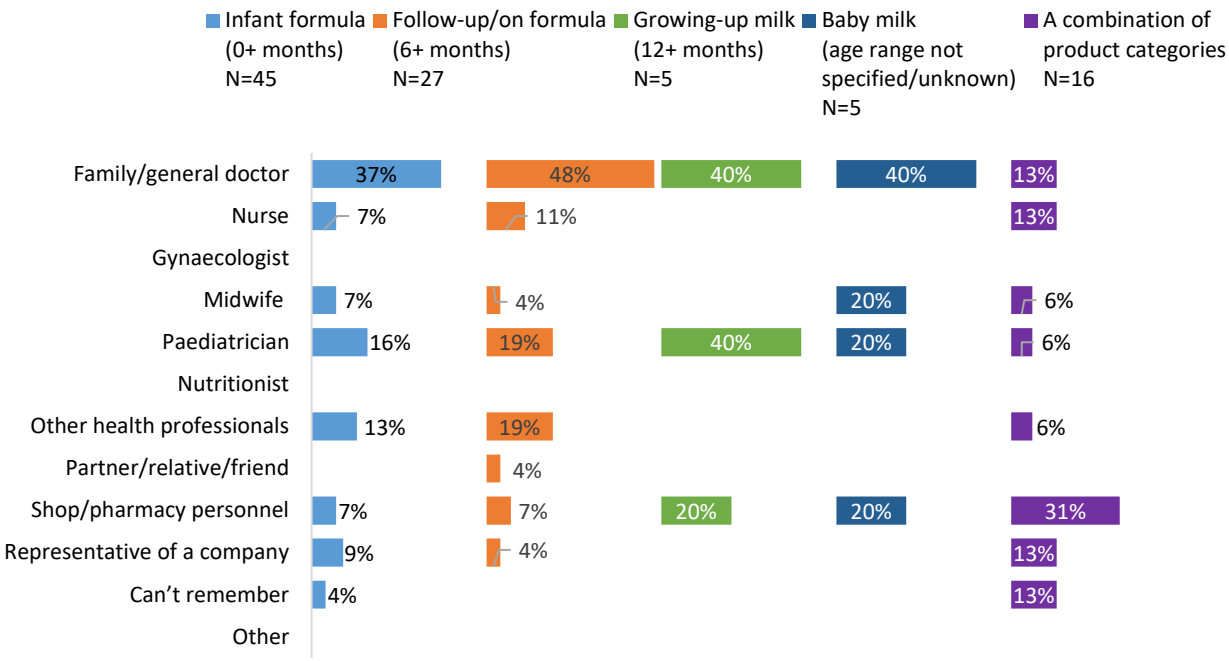
Sample: 88 respondents who have received free samples of any baby milk products for children less than 2 years old



The products received more often as samples were infant formula (51%) and follow-up formula (31%) (Figure 58).

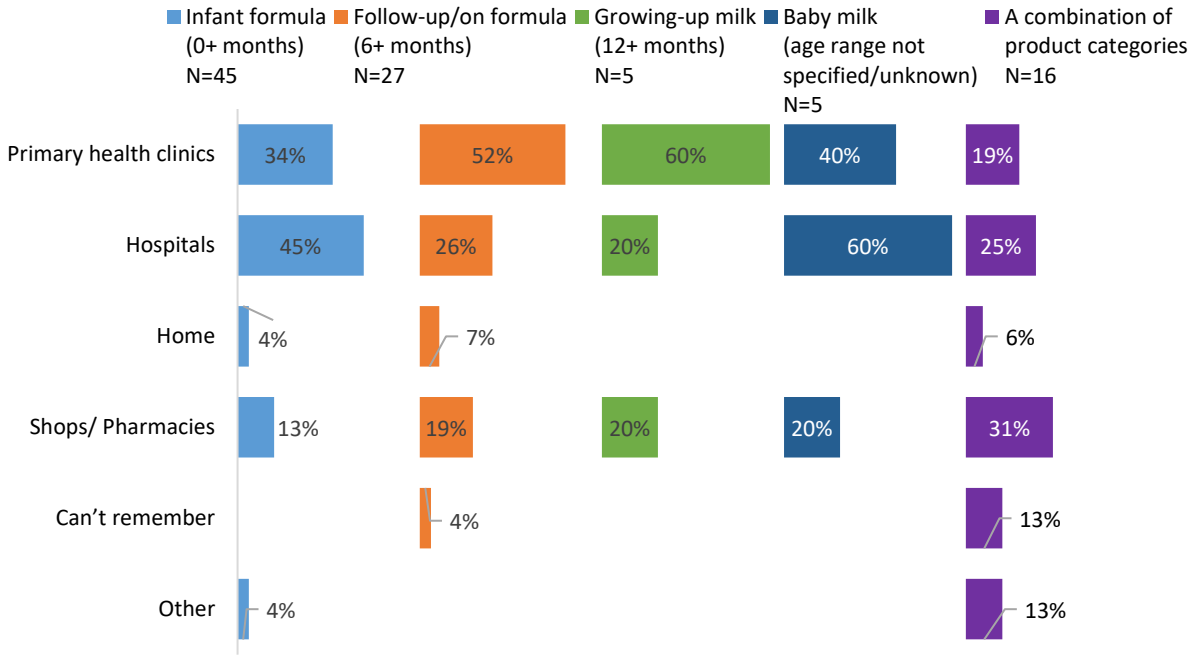
The three actors mentioned most often as providing such samples were family/general doctors, pediatricians and pharmacy staff (Figure 59).

Figure 59. Who gave you the sample? *Multiple responses*.



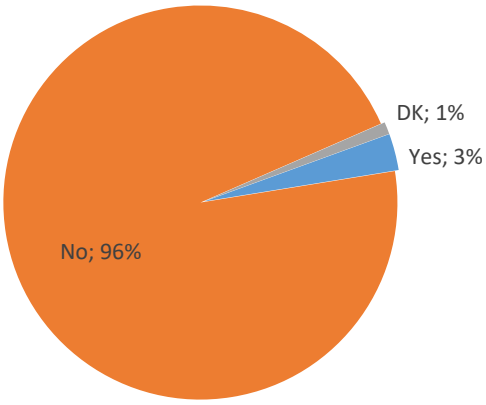
More often such samples were given at primary health clinics, maternities and pharmacies (Figure 60).

Figure 60. Where did you receive the sample?



15. Coupons/Vouchers

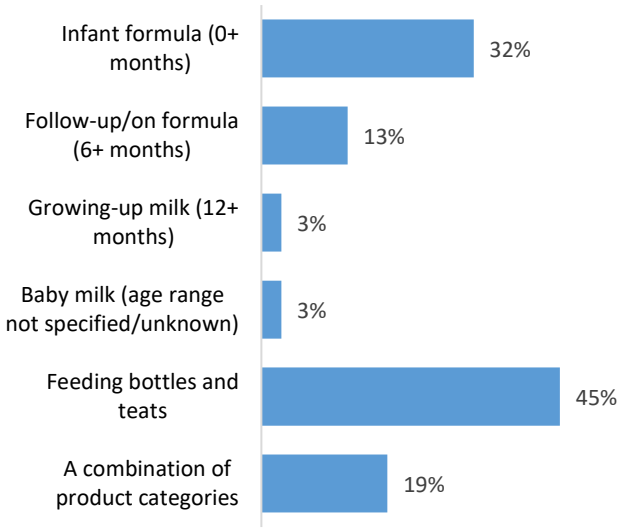
Figure 61. In the past six months, have you ever received a coupon for any baby milk products or feeding bottles and teats for children less than 2 years old?



Only 3% of the respondents confirmed having received coupons for some baby milk products or feeding bottles and teats for children under 2 years of age during the last six months (Figure 61).

Figure 62. What was the coupon for?

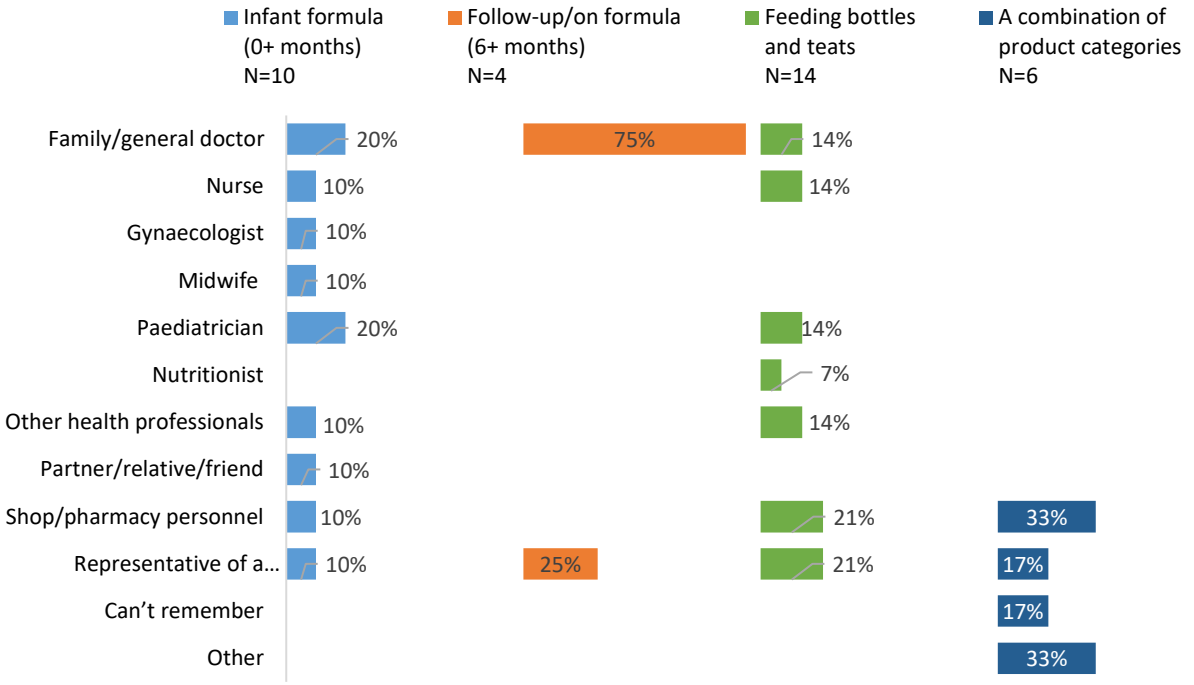
Sample: 31 respondents who have received a coupon for some baby milk products or feeding bottles and teats for children under 2 years of age



Such coupons were mainly for feeding bottles and teats (45%) and infant formula (32%) (Figure 62).

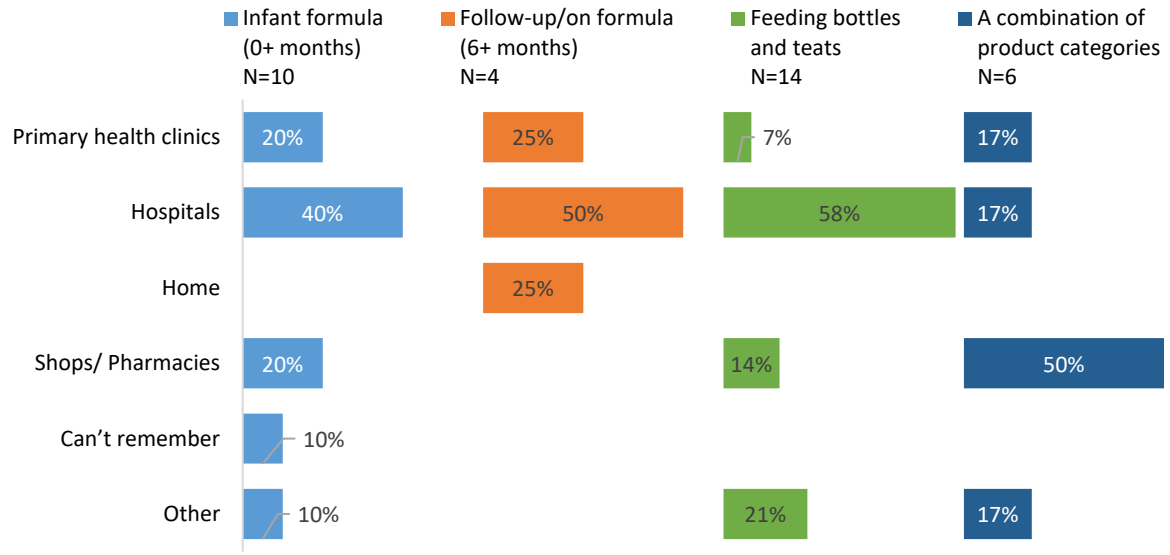
The coupons were provided mainly by the same actors as in the case of samples (Figure 63).

Figure 63. Who gave you the coupon? *Multiple responses*



They were given in the same locations as samples (Figure 64); however, primary health clinics were mentioned less often.

Figure 64. Where did you receive the coupon?



16. Conclusions and Recommendations

Conclusions

Nearly half of children (49%) were **exclusively breastfed** in the first six months of life in 2024, up from 36.4% in 2012. However, the global target of at least 50% of children up to six months of age exclusively breastfed by 2025 has not yet been reached. Progress has also been made in initiating breastfeeding within the first hour after birth (72% in 2024 vs. 60.9% in 2012). At the same time, there have been some setbacks in breastfeeding. The percentage of children who were ever breastfed fell to 94% in 2024 from 96.7% in 2012. The percentage of children breastfed at the age of one year in 2024 (15%) dropped to one third of that in 2012 (48.4%) and only 5% of children were still breastfed at the age of two years in 2024, as compared to 12.2% in 2012. The relatively low rate of exclusive breastfeeding up to the age of six months may be the result of the influence of formula companies on healthcare workers and their direct contact with mothers on social media platforms, mothers' lack of awareness of the dangers to children who are not breastfed and possibly insufficient support from health workers, family and community. Growing exclusive breastfeeding rates are a powerful tool to improve the health status and, respectively, the country's economic development.

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

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

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

Awareness and perceptions:

- **Infant formula and breastfeeding.** Infant caregivers were confused in their awareness and perceptions of the benefits of breast milk vs. infant formula. Although almost all infant caregivers (91%) are aware of and perceive the benefits and superiority of breast milk, every third caregiver (31%) believes that infant formula is nutritionally superior to breast milk, one-fourth of them (25%) believe that infant formula is better than breast milk for the infant's digestion, and every fifth (21%) thinks that infant formula is better for the infant's brain development, as compared to breast milk.
- **Baby drinks**. There is a discrepancy between the respondents' awareness of sugar-sweetened drinks and the practices of giving them to babies. Six out of ten respondents (61%) are aware that children under two years of age should not consume sugar-sweetened drinks, while 58% of children have consumed such beverages. Approximately seven out of each ten respondents (69%) are aware that children under six months should not be given whole milk
- **Breastfeeding and complementary feeding**. More than 90% of the respondents are aware of the benefits of breastfeeding and the recommendations for complementation. However, significant percentages of the respondents are not aware of the long-term benefits of breastfeeding, such as reducing the risk of noncommunicable diseases (diabetes, obesity) (16%), that sick children need more breastfeeding (13%), that children aged 6-11 months should be breastfed on demand (10%), and that sick children need the same or higher amounts of fluids than usual (10%).

- **Sources of information on breastfeeding, infant feeding and nutrition**. The family doctor is the main source of information on breastfeeding, infant feeding and nutrition - but this is true only for six out of ten respondents (59%). A considerable percentage of the respondents (38%) use the Internet (information outlets other than social media) as a source of information. The percentages of the respondents who have received information on breastfeeding and complementary feeding after childbirth from their family doctor (75% and 71% respectively) are higher, as compared to those who have received such information during pregnancy (64% and 59% respectively).

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

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

About a quarter of the respondents (23%) were advised to feed their children under 6 months with other products and drinks. Family doctors, pediatricians and other health workers were the main source of advice (66%) on complementary feeding. A considerable percentage of the respondents (35%) mentioned that relatives and friends had given them advice on complementary foods and drinks, and every second respondent (47%) mentioned that relatives had recommended a combination of certain product categories.

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

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

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

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

Recommendations

1. ***At health system level***

1.1. To strengthen the capacity of health care institutions to promote and support exclusive breastfeeding. To ensure effective and efficient implementation of the Perinatal Center Assessment and Accreditation Standard.

1.2. To modify and supplement the curricula and the continuous medical education and training syllabi for doctors, midwives, nurses and other health care workers in order to improve their level of awareness regarding breastfeeding and optimal infant and young child feeding and to train appropriate practical skills to support breastfeeding and exclusive breastfeeding up to 6 months of age.

1.3. To improve the awareness of health workers through training and the continuous medical education on optimal infant and young child feeding practices, including protection, promotion and support of exclusive breastfeeding.

1.4. To develop and implement an appropriate monitoring and assessment system for optimal infant and young child feeding and breastfeeding that will encompass all levels of management within the health system and will be evidence of improvement.

1.5. To develop and post online (on the website of the National Agency for Public Health and other health care institutions) relevant information for pregnant mothers and potential caregivers of young children on exclusive breastfeeding, adequate complementation and optimal infant and young child feeding.

1.6. To motivate and empower health workers to provide timely and appropriate advice and practical support to pregnant women, mothers and other caregivers of children under 3 years of age on exclusive breastfeeding and optimal infant and young child feeding.

1.7. To consider the possibility of introducing exclusive breastfeeding and optimal infant and young child feeding as performance indicators for health care facilities (maternity hospitals and primary health care institutions, whether public or private).

2. ***At policy level***

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

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

3. ***At community level***

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

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

4. ***For the research***

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

Contact information:

UNICEF Country Office
in the Republic of Moldova:
Chișinău, 31 August 1989 Street, 131, MD-2012

Angela Capcelea,
Health Specialist
acapcelea@unicef.org

Irina Loghin,
Health Officer
iloghin@unicef.org