

Infant Food Act And Its Implementation

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Why the ACT :

Breast feeding saves lives and is best for the health of infants in all countries of the world. But in developing countries where most of the population lives in slums, promotion of infant milk substitutes does constitute health hazards with increasing infant mortality and morbidity (Cunningham et al 1991). These substitutes not only put further strain on the economy of poor family, but also on the resources of poor countries. Infant food industry makes big business. The estimate of world market in 1983 was about \$ 3.3 bn (Chetley 1986). For India, Prakash (1992) quoted figure of 180 m. pounds, growing at 6% every year.

Over many years, companies have invented clever slogans, striking images, free samples or supplies, and all kinds of appealing gifts to persuade mothers and health workers that while breast feeding is the best, feeding with infant milk substitutes is almost as good as breast feeding. Policy of creating a doubt in the mind of the mother that her breast milk may be inadequate, affects her letdown reflex. Free supplies or samples of baby milk and also certain hospital practices contribute to the failure of breast feeding.

A number of health workers and consumer activists realised that unscrupulous advertising and promotion of infant milk substitutes is leading to increasing breast feeding failures and increased mortality and morbidity among children. In 1939, Dr. Cecily Williams (1939) stated that deaths resulting from misguided propaganda on Infant feeding should be regarded as murder. Dr. Jellife (1968) described the impact of industry marketing practices on infant health as commercieogenic malnutrition. In 1976 Swiss court warned a company to change its marketing practices." (IBFAN Action Pack 1999). A universal need and desire was felt to curb unhealthy promotion of infant milk substitutes to save lives and therefore World Health Assembly took this issue for discussion in 1981.

History of the ACT:

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| 1981 | International Code of marketing of Breastmilk substitutes adopted at World Health Assembly by 118 votes to 1, with only USA voting against. |
| 1982 | Indian National Code for protection and promotion of breast feeding adopted by Government of India. |
| 1986 | Free and subsidised supplies of breast milk substitutes to hospitals are banned by a unanimous WHO resolution. |
| 1993 | The Infant Milk Foods, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 (IMS ACT 1992) came into force from 1 st August, 1993 in India. |
| 1994 | World Breastfeeding Week Theme: Making the Act Work. |
| 1999 | 20 countries have implemented all or nearly all of the provisions of the International Code and Resolutions. |

Highlights of the ACT (IMS ACT 1992):

This ACT bans the following:

1. Advertisement of infant milk substitutes (IMS) or

- feeding bottles.
- 2. Free samples.
- 3. Incentives of any kind to promote the use or sale of IMS or feeding bottles.
- 4. Promotion through health care system (No display of placards or posters related to IMS, feeding bottles or infant foods (weaning foods).
- 5. Gifts to health workers or mothers.
- 6. Labels of IMS which have pictures of babies or pictures or text which idealise the use of infant formula.
- 7. Use of words humanised or maternalised on the labels of IMS.
- 8. Advice and contact to mothers by Company Sales Staff.
- 9. Commission on sales to Company Sales Staff.

The ACT requires the following:

- 1. Information given to health professionals is limited to matters that are factual and scientific.
- 2. A statement "mother's milk is best for your baby" in capital letters, over every label.
- 3. Labels are in the appropriate language for the state and contain stipulated warning and messages.
- 4. Educational materials relating to infant feeding whether written, audio or visual should have stipulated warnings and messages.

The ACT states that violation of the ACT is punishable with:

- 1. Imprisonment upto three years, or
- 2. Fine upto five thousand rupees, or
- 3. With Both.

Monitoring of the ACT:

The ACT is a tool and not an end in itself. It should be implemented in its letter and spirit so as to eliminate harmful marketing strategies adopted by manufacturers to promote infant feeding products. It is therefore essential to monitor compliance of the ACT by all concerned. UNICEF views this as an issue of great consequence. It speaks, quite simply of child survival and development.

How to monitor:

- 1. Monitoring involves investigation, observation and recording of information.

- 2. Preserve confidentiality of the person giving out the information.
- 3. Accuracy of detail including date, company and brand names etc.
- 4. Monitoring is to support health workers, not to undermine them.

Violation of the ACT:

The violation of the ACT has to be reported to authorised Government inspectors, or to the relevant voluntary organisations authorised by Central Government of India under Section 21 (1) of the Act. Following organisations have been authorised to make a written complaint to the court of law anywhere in India; i) Association for Consumers Action on Safety and Health (ACASH), ii) Indian Council for child welfare iii) Central Social Welfare Board (C.S.W.B.), and iv) Breastfeeding Promotion Network of India.

Few examples of violations:

The book on the Act by ACASH, 1994 has quoted many illustrations, how companies have violated the Act, and thereby facing the court.

- 1. Johnson and Johnson is charged with promoting bottle feeding. According to ACASH, the company was selling feeding bottles to the public at a discount giving retailers one bottle free for every dozen sold. J & J thereafter decided to withdraw from Indian feeding bottle market.
- 2. The same company gave a press release about an anticolic feeding bottle nipple with false claims about its anticolic and non-toxic properties. Also the press release was an indirect advertisement. Following consumer organisations pressure, the nipple was withdrawn.
- 3. Nestle is charged with encouraging too early use of Complementary foods. Indian law clearly advises that they be started after the age of four months. Promotion slogan of Nestle in Hindi 'Chautha Mahine Se' literally means from the beginning of 4th month. ACASH also says that Nestle was failing to place the words, "Mother's milk is best for your baby" in Hindi as well as in English on the label of baby food packaging. The charges are still pending (Anand

1996).

4. Threatened with court action, Indian formula manufacturer Wockhardt apologises and makes necessary changes.

Role of Medical Profession:

1. Study the Act fully so that they themselves do not get involved in violation of the Act.
2. Feeding with infant milk substitutes or infant foods if required should be explained to the mother or her family by only health workers. He or she should also clearly explain related hazards of improper use.
3. No financial inducements or gifts to health worker or his family directly or indirectly for the purpose of promoting the use of IMS or feeding bottles or foods.
4. Ensure that there are no violations in the health care system where he or she attends.

Steps in support of the ACT:

Food, Drug and Medicosurgical Committee, FOGSI in collaboration with Indian Academy of Paediatrics and Association for Consumers Action on Safety and Health has been active in promotion and protection of breastfeeding since 1989, and has held workshops on Lactation Management at Deolali and Sevagram. Following these workshops Breastfeeding Promotion Network of India (BPNI, 1992) a voluntary organisation which includes doctors, nurses and other paramedical social workers was established. All these workshops were organised without taking any sponsorship of infant food companies. FOGSI also withheld its Quiz contest programme at 35th All India Conference of Obstetrics and Gynaecology, held at Madras in 1991, because of opposition for accepting sponsorship from Nestle.

Anand 1996, reports, "Since 1980 despite opposition from some quarters the Indian Academy of Paediatrics has been moving towards independence from baby food industry. The government set up a committee to draft a code for marketing of baby foods. Nestle offered a donation to an academy official on the committee. The Academy saw conflicts of interest and voted overwhelmingly to refuse donation."

The ACT may pose problem of raising funds for organising conferences, workshops for training health professionals, and research studies by voluntary

organisations. Charitable trusts engaged and working for the same cause, may provide a good financial support. International organisations like WHO and UNICEF have always been a great support for such activities. Government Health Ministry, Indian Council of Medical Research, Department of Science and Technology and University Grants Commission may be approached for an aid.

Finally as per recommendations of WHO (WHA 49.15) 1996, members of FOGSI are urged to keep themselves aware of the ACT with vigilance to implement it and thus help the Nation to achieve Health for all by 2000 AD, by protecting, promoting and supporting breastfeeding.

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