

# Manipulation by Assistance: Undermining Breastfeeding

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The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 attempted to curb the efforts of baby food manufacturers to undermine breastfeeding and was further amended in 2003 to plug loopholes. However, public-private health partnerships are now found to be advocating nutrition policies aimed at helping food multinationals increase their markets. A stronger legislation is thus needed to fight this practice.

Recently a senior paediatrician colleague informed me that the baby food company Nestle had organised a workshop in Jalandhar to which all the paediatricians of the city had been invited including the head of the paediatrics department of a premier health institute.

This is called manipulation by assistance, whereby baby food manufacturers strike up a relationship with doctors to either proactively support their “products” or remain silent when anything goes wrong. It is a part of clever marketing and aggressive promotional strategy. Such efforts undermine breastfeeding and are detrimental to child health and nutrition as was observed at a global meeting on infant and young child feeding in 1979. It was also stated in the objectives of the bill presented in Parliament for enactment of the Infant Milk Substitutes (IMS), Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 (IMS Act).

Inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in our children. Promotion of infant milk substitutes and related products like feeding bottles and teats do constitute a health hazard. Promotion of infant milk substitutes and related products have been more extensive and pervasive than the dissemination of information concerning the advantages of mother’s milk and breastfeeding and contributes to decline in breastfeeding. In the absence of strong interventions designed to protect, promote and support breastfeeding, this decline can assume dangerous proportions subjecting millions of infants to greater risks of infections, malnutrition and death... (IMS Act, 1992)

This explains the need for a regulated approach to marketing of baby foods and protection of breastfeeding from commercial influence. But baby food companies continue to undermine breastfeeding because it helps them build profits for their shareholders and selling more infant formula or infant foods/complementary

foods is their core business. The baby food they are marketing directly competes with mother’s milk and mothers are potential customers. A mother whose confidence in breastfeeding is undermined by misinformation is likely to switch to formula feeding. The strategy of baby food companies focuses on direct promotion to the public and through the healthcare system. Both these aspects need to be regulated.

For a better and historical understanding of manipulation by assistance we need to go back to the 1980s. In 1983 I conducted a survey in Jalandhar which included interviews with 100 mothers. I found that Nestlé’s “Lactogen” was prescribed even before the baby was born for every pregnant woman who was to deliver in all the 17 maternity homes of Jalandhar. The underlying factor was the free supply of the infant formula to the hospitals; for every tin they bought they got one “free”.

## Making Influential Friends

This instance is not an isolated one. For more information on how companies continue to undermine breastfeeding and violate the international code for marketing of breastmilk substitutes readers can see the International Baby Food Action Network (IBFAN) [www.ibfan.org](http://www.ibfan.org) and the Breastfeeding Promotion Network of India (BPNI) [www.bpni.org](http://www.bpni.org) web sites.

Baby food companies do not give up despite the IMS Act in force in India. Year after year, they find new ways to strike up a rapport with doctors especially paediatricians. Nestle has sponsored meetings of homeopaths and there are reports that it is contacting anganwadi workers in Andhra Pradesh. Wockhardt has been promoting its newly acquired brand of “Farex” infant formula by gifting prescription pads to doctors. Raptakos Brett has stepped up sponsorship of seminars for paediatricians. The story is endless, and what we see and hear is just the tip of the iceberg.

Breastfeeding and its success depends on hormonal control particularly the flow of the mother’s milk which depends on her state of mind. If there is any doubt planted in her mind about her ability to lactate, it is unlikely that she will

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succeed. Therefore health workers or care providers have to play a vital role in building up the confidence of new mothers. However, such support is rarely forthcoming. If a woman complains of "not enough milk" she is usually asked to buy a formula feed rather than helped to gain confidence.

Industry influence on health workers works in two ways. Either they promote the formula or keep silent about the advantages of breastfeeding. This is how such influence undermines breastfeeding. This explains the need for protection and promotion of breastfeeding through legislation. Realising the importance of breastfeeding for promotion of child health and the need to curb the baby food industry's influence towards erosion of breastfeeding practices in India, the Indian Academy of Paediatrics voluntarily discontinued sponsorship from all manufacturers and marketers covered under the IMS Act. The Indian Academy of

Paediatrics (IAP) adopted a resolution in 1996 that says,

The IAP shall not accept the sponsorship in any form from any industry connected directly or indirectly with the products covered by the Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992.

### Need for Legislation

More than two million child deaths occur in India each year and two-thirds of these deaths are related to inappropriate infant feeding practices. To protect infant health, India became one of the few countries in Asia to fully implement the international code of marketing of breastmilk substitutes with the enactment of the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 (41 of 1992). The objective of the IMS Act is to protect breastfeeding from commercial influence, ban promotion of baby foods,

and thereby prevent malnutrition and deaths in infants and young children. The IMS Act controls production, supply and distribution and aims at curbing bad marketing practices of baby food manufacturers. It had a clear intent – the saving of millions of children's lives and improving their nutritional status by preventing the baby food industry from enticing mothers and the health system to give infants breastmilk substitutes. The enactment of the Act has been seen as an example of an innovative and progressive legislation and India was heralded as a global leader in the area of legislation on infant and young child health. In 2003, following increasing information on the benefits of exclusive breastfeeding and the subtle promotional techniques adopted by some manufacturers to circumvent the IMS Act, it was amended to include complementary foods and ban all forms of promotion of baby foods for children under 24 months. It also banned any kind of sponsorship of the



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medical profession or their associations by baby food companies.

While companies continue to influence paediatricians to increase the sales of their products, many such doctors argue that receiving such assistance does not make any difference nor is it illegal or even unethical. This situation, once again, underscores the need of a better and stronger legislation and its effective enforcement. For instance, Section 9 of the IMS Act focuses on health systems:

9. (1) No person who produces, supplies, distributes or sells infant milk substitutes or feeding bottles or infant foods shall offer or give, directly or indirectly, any financial inducements or gifts to a health worker or to any member of his family for the purpose of promoting the use of such substitutes or bottles or foods.

(2) No producer, supplier or distributor referred to in subsection (1), shall offer or give any contribution or pecuniary benefit to a health worker or any association of health workers, including funding of seminar, meeting, conferences, educational course, contest, fellowship, research work or sponsorship.

### Conflicting Interests

When a paediatrician is under the influence of a sponsorship, it is likely that his/her judgment is not independent. The IMS Act proved effective in curbing the promotional activities of baby food companies through the print and electronic medium. One could best describe it this way: from 1992 to 2005 India documented small and slow improvement in the practice of optimal breastfeeding or one could say it checked the decline in optimal breastfeeding practices.

However, new challenges are emerging through the public-private partnerships and need strong legislative support. For instance, several groups such as the Global Alliance for Improved Nutrition (GAIN), which are linked and governed by the food and baby food corporations, are lobbying with the government to introduce micronutrients in national nutrition policies and set up national alliances with their support. GAIN's professed aim is to improve nutrition of populations through technical and financial support. Its annual report (2005-06) highlights that GAIN along with food giants such as Groupe Danone, Unilever and Cargill, is working

to fight "hidden hunger" by building new "markets for nutritious foods", unlike traditional aid campaigns. GAIN is also in the process of setting up an "India alliance", which among other things, is expected to engage in "high level advocacy to create an Infant and Young Child Feeding (IYCF) friendly policy/regulatory environment and removal of roadblocks in improving breastfeeding practices and increasing access to affordable complementary foods/complementary food supplements in accordance with the regulations in the country...."

What is a friendly legislation? Does it mean weaker legislations in order to allow the market for complementary foods to grow? Attempts by groups such as GAIN to influence national policies and programmes highlight the vulnerability of breastfeeding policy and programmes to commercial interests. To avoid conflict of interests from arising, several resolutions have been adopted at the World Health Assembly (WHA).

The WHA resolution 49.15 of 1996 called upon governments to ensure that, "Financial support for professionals working in infant and young child health does not create conflict of interest, especially with regard to the WHO UNICEF Baby-Friendly Hospital Initiative".

In 2002, at the 55th WHA, during a debate on this subject, government of India took the following position:

Commercial enterprises by definition are profit-driven entities. It is neither appropriate nor realistic for the WHO to expect that commercial groups will work along with governments and other groups to protect, promote and support breastfeeding.

The global strategy for infant and young child feeding, adopted by WHA resolution 55.25, in May 2002, and by the UNICEF executive board in September 2002, calls for implementing programmes on infant and young child feeding to be consistent with accepted principles for avoiding conflict of interest and paragraph 44 of the global strategy for infant and young child feeding delineates clearly the role of manufacturers, limiting it to full compliance with the code and relevant WHA resolutions, along with meeting quality, safety and labelling standards of codex alimentarius.

In the year 2005, WHA resolution 58.32, further urged member states "to ensure financial support and other incentives for programmes and health professionals working for infant and young child health and not to create conflict of interest". More recently, WHA resolution 61.20 adopted in May 2008 further strengthens this view ([http://www.who.int/gb/ebwha/pdf\\_files/A61/A61\\_R20-en.pdf](http://www.who.int/gb/ebwha/pdf_files/A61/A61_R20-en.pdf)). Considering legislation to protect breastfeeding is absolutely necessary; and policies leading to partnerships can be harmful if these lead to conflicts of interests. It should include the following aspects:

(1) Government of India must enact a "conflict of interests" regulation in the area of infant and young child nutrition as well as move to strengthen IMS Act further.

(2) Call upon baby food companies to stop manipulation by assistance and follow the international code for marketing of breastmilk substitutes and the Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 as amended in 2003, in letter and spirit.

(3) UNICEF and WHO both working on these issues as key stakeholders need to take a strong and transparent position on public private partnerships, which can only exist without any conflict of interests. Both these agencies should assist in effective enforcement of the code and national legislations as mandated by the WHA.

(4) Academia need to speak up once gain just as IAP took a historic stand in 1996. All members of the medical profession need to come together and remain vigilant to insulate human health interest from pressures of business and trade. Professional medical associations need to be proactive in informing their members about the intent and provisions of the IMS Act.

Finally, in this era of global push to trade and private partnerships, and increasing market pressures, the IMS Act is a special Act primarily meant to protect, promote and support breastfeeding, which encompasses social and health concerns of the community, particularly the poorer sections. The undermining of breastfeeding should concern us all.