

The breastmilk brand: promotion of child survival in the face of formula-milk marketing

Anna Coutsooudis, Hoosen M Coovadia, Judith King

The prevailing catastrophe caused by mothers in China unwittingly feeding their babies formula milk that was contaminated by a potentially toxic chemical, melamine, shows just how fragile the barriers protecting children from danger are. The epidemic has spread to neighbouring countries in southeast Asia, and melamine has been detected in formula milks (and other foods) in the USA and South Africa.¹ The source of the epidemic is the deliberate adulteration of formula milks with melamine by commercial firms in China to mislead consumers into believing that the product is rich in proteins. These events remind us that human error and greed pose some of the greatest threats to the full development of children. Similarly, the present global financial crisis—which will affect access to food and care—was caused largely by the socially irresponsible business practices of many of the world's biggest financial institutions. Health professionals need to voice their concerns so that the situation is not exacerbated through the actions of large corporations, who promote breastmilk substitutes and slow progress towards achievement of the Millennium Development Goals (MDGs).

The situation in China, which has resulted in more than 50 000 children being admitted to hospital, has been widely publicised. However, the full extent of the epidemic might not yet be known, since toxic effects are often difficult to detect. The clinical effects are mainly gastrointestinal and renal (leading to obstructive uropathy and acute renal failure).¹

A fundamental question must be asked: why was formula milk being so widely used, and breastfeeding avoided, for young infants in China and some other southeast Asian countries? Although breastmilk is well known to be economically and physiologically crucial to child survival,² voracious global marketing by the formula-milk industry over the past 60 years has methodically dislodged breastfeeding as a viable and desirable strategy for infant feeding. The pro-industry lobby has decried breastfeeding advocacy because it is “scaring expectant mothers into breastfeeding”, resulting in the dilution of a national breastfeeding promotion campaign in the USA.³

Progress towards fulfilment of the UN's MDGs by 2015 requires that all sectors of society have a focused vision to improve child survival.⁴ The time has come to confront the obvious dangers of infant malnutrition and mortality associated with formula feeding, and to call for escalation in the promotion and support of breastfeeding for most women. This aim entails an approach that acknowledges and respects individual contexts and choices, is mindful of women's social and

economic predicaments, offers adequate support and information for all decisions regarding infant feeding, and engages governments to make policies and implement programmes that ease the burdens on women as primary custodians of infant nutrition.

In the quest for ethical policy on infant feeding, the focus should be on what UNICEF authorities identify as the real issue: the growing trend of formula feeding and the increasing frequency of infant death from malnutrition due to irresponsible marketing of formula milks and inadequate control of the quality of baby-milk powder.⁵ Xu and colleagues⁶ noted that in China, television marketing of infant formula has a pronounced influence on the population, such that infant formula has become a standard gift for new parents; expectant parents save to purchase these products. Gottschang⁷ noted that despite the Chinese Government's public health policy encouraging breastfeeding, visual, textual, and verbal information and education about breastfeeding are undermined by subtle marketing of infant formula during breastfeeding classes and group-support sessions.

Companies have argued against accusations that their marketing practices violate the International Code of Marketing of Breast Milk Substitutes.⁸ However, the World Health Assembly (1994) made a declaration that saw fit to differ: “Those who suggest that direct advertising has no negative effect on breast-feeding should be asked to demonstrate that such advertising fails to influence a mother's decision about how to feed her infant”.⁹

The industry uses its immense financial resources to impede countries' efforts to legalise the International Code of Marketing of Breast Milk Substitutes. Companies have spent an average of US\$30 every year per baby on product promotion, compared with \$0·21 per baby spent by the US Health Department on breastfeeding promotion.¹⁰

Mobilisation of relief after a disaster offers companies another ideal opportunity to increase their market share: during a recent emergency in South Africa, aid agencies requested and companies distributed donations of formula milk rather than food. Sanlu, the primary producer of China's melamine-tainted baby-milk products, made a much publicised \$1·25 million donation of formula milk after the Sichuan earthquake in May, 2008.

The panel shows how active branding of breastfeeding could contribute to the fulfilment of the eight MDGs, against which measurable targets were pledged to be met by the year 2015.

Lancet 2009; 374: 423–25

Department of Paediatrics and Child Health (Prof A Coutsooudis PhD, J King MA) and Victor Daitz Unit for HIV/AIDS Research (Prof H M Coovadia MD), University of KwaZulu-Natal, Congella, South Africa

Correspondence to: Prof Anna Coutsooudis, Department of Paediatrics and Child Health, University of KwaZulu-Natal, DDMRI Building, Nelson R Mandela School of Medicine, Private Bag 7, Congella 4013, South Africa
coutsoud@ukzn.ac.za

Panel: How active branding of breastfeeding could fulfil the eight Millennium Development Goals (MDGs)

Eradicate extreme poverty and hunger (MDG 1)

High food prices are expected to persist at least until 2012, severely affecting poor communities who spend 60–80% of their income on food.¹¹ If breastmilk were prioritised as a high-quality source of infant food, households (especially those without land and headed by women) could withstand some of this burden. Moreover, through saving lives, breastfeeding obviates many health-care expenses and lost work hours.

Achieve universal primary education (MDG 2)

Apart from the optimum cognitive development afforded to infants who are breastfed, any amount of literacy forms a crucial foundation for citizens' access to information, enabling them to make informed choices for their own wellbeing.

Promote gender equality and empower women (MDG 3)

Powerful marketing for breastfeeding would assist in eradication of the main social and economic obstacles to breastfeeding, such as fear-filled perceptions about body shape, breast size, sexuality, and desirability; employers' lack of support for working mothers; women's dependency on partners for funds; and fathers being disengaged from the responsibility of child nutrition.

Reduce child mortality (MDG 4); improve maternal health (MDG 5); and combat HIV/AIDS, malaria, and other diseases (MDG 6)

These three goals would be substantially met through intensive campaigning for exclusive breastfeeding in the first 6 months and continued breastfeeding as appropriate for most mothers.

Ensure environmental sustainability (MDG 7)

Breastfeeding is thoroughly eco-friendly, whereas the carbon footprint created by the formula-milk industry—from sourcing, producing, and packaging its products, to the effects of how it is used, destroyed, or recycled—is massive. In the USA alone, more than 32 million kW of energy is used every year for processing, packaging, and transporting formula, and 550 million cans, 86 000 tons of metal, and 364 000 kg of paper are added to landfills every year.¹²

Develop a global partnership for development (MDG 8)

Greater awareness and implementation of breastfeeding on a local, national, and international scale would unite many facets of sustainable and relevant development, and release donor aid for allocation to broad needs and programmes in both more and less developed countries.

To ensure global health is a pressing priority. Advances will be hindered if the world remains divided about the issue of recognising breastfeeding as a global good for both rich and poor countries. The longer that these

divisions persist, the more they will lead to disease, poverty, environmental devastation, and other threats to human wellbeing and dignity.

The achievement of the MDGs can be advanced under a citizen-orientated, communitarian equilibrium of governance in food politics. Through strong leadership and a concerted worldwide movement for awareness in best possible infant nutrition, action is needed on three fronts.

First, governments and civil society should raise the profile of mothers who breastfeed in the workplace and introduce policies and legislation that benefit the wellbeing of the mother, her child, and society at large. Some of these interventions would include extended maternity leave, flexible working hours, on-site breastfeeding facilities, and salary considerations.¹³

Second, to counter the private sector's marketing techniques that lead to replacement of breastfeeding with formula, an unequivocal message that "artificial is inferior" should not be buckled by corporate interference and commercial interests that are thinly veiled by ostensibly ethical concerns. This response should entail properly funded, focused, innovative mass-media marketing of breastfeeding science and practice, on a scale that can match the hegemonic creativity of people who market formula milks. An example of this strategy is that in Brazil, where the health ministry has led a profoundly successful advertising mission for breastfeeding for the past 26 years.¹⁴

Third, governments should commit to reviewing legislation that drives implementation of the International Code of Marketing of Breast Milk Substitutes, insists on rigorous scrutiny of the manufacturing and marketing practices of artificial-milk producers, and imposes severe penalties for infringement of the Code. In the late 1990s, South Africa's National Health Department legislated and successfully enforced bans on tobacco advertising, a model that emphasises how political will can triumph over profiteering at the expense of public health. 14 years later, despite the visible harm caused to infants worldwide by the formula-milk industry's predatory methods, their misleading advertising continues unabated, largely because compliance with the Code is not enforced.

To counter the industry's disingenuous defence of its tactics once and for all, health workers, mothers and families, communities, and policy makers need to mount a vigorous global campaign, similar to that which led to the acceptance of the International Code of Marketing of Breast Milk Substitutes. The longer that formula-milk companies are free to flout the Code, the greater their success will be in entrenching brand loyalty. The only brand that will continue to be damaged is that of breastmilk.

Contributors

All authors contributed to the literature search and writing of the article, and approved the final version.

Conflicts of interest

We declare that we have no conflicts of interest.

References

- 1 Ingelfinger JR. Melamine and the global implications of food contamination: perspective. *N Engl J Med* 2008; **359**: 2745–48.
- 2 Hoddinott P, Tappin D, Wright C. Clinical review: breast feeding. *BMJ* 2008; **336**: 881–87.
- 3 Kaufmann M, Lee C. Politics blunted breast-feeding push: congressman looking into claims of interference. *Washington Post* (Washington), Aug 31, 2007. <http://sfgate.com/cgi-bin/article.cgi?f=/c/a/2007/08/31/MN7LRSTG2.DTL> (accessed Dec 18, 2008).
- 4 Jones G, Steketee RW, Black RE, Bhutta ZA, Morris SS, and the Bellagio Child Survival Study Group. How many child deaths can we prevent this year? *Lancet* 2003; **362**: 65–71.
- 5 Anon. Control on breast milk substitutes urged. *China Daily*, May 21, 2004. http://www.chinadaily.com.cn/english/doc/2004-05/21/content_332404.htm (accessed Dec 2, 2008).
- 6 Xu F, Liu X, Binns CW, Xiao C, Wu J, Lee AH. A decade of change in breastfeeding in China's far north-west. *Int Breastfeed J* 2006; **1**: 22.
- 7 Gottschang SK. A baby-friendly hospital and the science of infant-feeding. In: Jing J, ed. *Feeding China's little emperors: food, children and social change*. Stanford, CA: Stanford University Press, 2000: 160–84.
- 8 WHO. International Code of Marketing of Breast Milk Substitutes. Geneva: World Health Organization, 1981. http://www.unicef.org/nutrition/index_24805.html (accessed Dec 18, 2008).
- 9 Document WHA 47/1994/Rec/Annex 1 on Health Implications of Direct Advertising of Infant Formula, paras 133–39. In: *Look what they're doing—Asia Pacific 2007*. http://www.ibfan.org/site2005/Pages/article.php?art_id=298&iui=1 (accessed Dec 4, 2008).
- 10 Allain A. State of the Code by Country, 2006. International Code Documentation Centre (ICDC). http://www.ibfan.org/site2005/Pages/article.php?iui=3&cat_id=&art_id=478&articulo_id=&goto_news=&search= (accessed Dec 18, 2008).
- 11 Loewenberg S. Global food crisis looks set to continue. *Lancet* 2008; **372**: 1209–10.
- 12 International Baby Food Action Network (IBFAN). The reports. http://www.ibfan.org/site2005/Pages/article.php?art_id=298&iui=1 (accessed Dec 4, 2008).
- 13 International Labour Organisation IC183, 2000. Maternity Protection Convention. Geneva: International Labour Organisation, 2000. <http://www.ilo.org/ilolex/cgi-lex/convde.pl?C183> (accessed Dec 2, 2006).
- 14 Castello Branco H. Breastfeeding on prime-time in Brazil. *Dev Commun Rep* 1990; **71**: 4, 7.