

INSTITUTE OF CURRENT WORLD AFFAIRS

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Feeding the Babies

Mr. Peter Bird Martin  
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Dear Peter,

Writing as one not inclined to approve of the way Western market forces affect developing nations, I find the criticism of the sale of infant feeding formula in the Third World to be excessive. Based on my casual observations during 16 months of travel in West Africa and on conversations here with two community health experts, I don't believe the marketing code recently adopted by the World Health Assembly, restricting the promotion and sale of infant formula, warrants the attention it's been given.

I was sensitized to this issue before leaving the States by an article in a leftist magazine I subscribed to. It detailed the charges of critics of the infant-formula manufacturers that the companies' high-pressure promotion campaigns in the Third World induce mothers to buy a product they often cannot afford or use properly, resulting in the deaths of their babies from malnutrition and related diseases. The indictment was etched into my memory by an accompanying picture depicting a grieving African mother next to a grave topped by a baby bottle. I was primed to react to the slightest exposure to corporate nefariousness, so obliviousness cannot be the only reason I don't now remember seeing one African mother nurse her baby with a bottle nor one advertisement for infant formula.

Certainly, some African mothers are bottle-feeding their babies, considering it the modern, civilized way. They thus deprive their children of the protection against disease provided by antibodies contained in mother's milk. They may also underfeed their children by preparing less than the recommended amount of the expensive formula, or they may expose the infants to disease by using impure water or unsterile bottles. Yet the extremist position taken by the baby-food industry's most outspoken critics may also be detrimental to the health of babies in the Third World.

Mellen Duffy, a nutrition adviser with the regional office of the U.S. Agency for International Development (AID), considers the decline of breastfeeding in West Africa to be almost entirely an urban problem.

"Rural support systems don't operate in an urban setting,"

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Bowden Quinn is an Overseas Journalism Fellow of the Institute studying colonial influences on West African nations. His current interests are the economies of Ghana and the Ivory Coast.

she told me. "Because women don't have that support, if they see an advertisement for infant formula or see a wealthy woman bottle-feeding her baby, they may switch. Breastfeeding is a natural thing, but it's learned. Mothers need someone to give them guidance the first time. Those people aren't there in the urban setting. As a result, those mothers who have a problem breastfeeding get a bottle."

Another reason a mother may bottle-feed her baby is convenience, especially for the mother who works in the wage-earning economy. The desire to appear modern may influence a mother's decision, but Ms. Duffy thinks it is less of a cause than the first two factors. From her travels around West Africa, she recalls seeing two instances of bottle-feeding. Both were in Freetown, Sierra Leone, involving parents who, by their dress, appeared to be well off. However, she feels that a decline in breastfeeding "is becoming more and more of a problem." She would like to see more attention paid to it by health workers in the region. At the moment no one, to her knowledge, is studying the problem. The only data she could provide me was a health survey taken in Freetown that showed the incidence of underweight children was six times higher among bottle-fed infants than among breastfed infants. The survey data didn't reveal the ratio of bottle-fed to breastfed babies.

She has seen evidence of manufacturers pushing their products. "Everywhere you go," she said, "you see posters about 'if you bottle-feed, this is the way to do it.'" African health workers have told her they receive free samples, although the manufacturers claim to have stopped this practice. Still, she doesn't think mothers are being pressured into using a bottle. The major problem, she believes, is that health workers, including doctors, are as ignorant about breastfeeding as the mothers and as easily converted to the bottle.

"They don't spend any time with mothers who are having a problem. Their first reaction is, 'This is one who can't breastfeed.' They want to get into the 'scientific' method of feeding. They love it. They have this modern, clinical approach, and because of the way they've been trained in school it appeals to them. They really get into it."

Dr. David French, who heads an AID-funded, community health program in West and Central Africa, said of the controversy over the marketing code, "It's one of the silliest arguments I've ever seen." He doesn't doubt the existence of a health problem stemming from a decline in breastfeeding linked to the availability of infant formula, but he's not sure the manufacturers should be punished by a restrictive code, having been found guilty in public opinion of what he calls "malice aforethought". He thinks infant formulas probably fill a need in Africa.

"The question is what the approach should be," he told me. "Should manufacturers be attacked as if they were perpetrating some diabolical scheme on the mothers and infants of the Third World? There's got to be some middle ground in this that would allow the use of it."

The reasonableness needed to achieve such a compromise seems to have disappeared as the selling of baby formula in the Third World became less a health question than a political debate. A draft statement that came out of a 1979 world conference on infant feeding, which Ms. Duffy gave me, shows how

much the concern over infant formula even two years ago had evolved into a crusade for justice. The meeting, sponsored by WHO and UNICEF, included representatives from governments, international agencies, nongovernmental organizations and the infant-food industry, as well as health and development workers. Its statement and recommendations formed the basis for the infant-formula marketing code adopted by the World Health Assembly, WHO's governing body.

The statement begins: "Poor infant-feeding practices and their consequences are one of the world's major problems and a serious obstacle to social and economic development. Being to a great extent a man-made problem, it must be considered a reproach to our science and technology and our social and economic structures, and a blot on our so-called development achievements."

Such partisan prose seems intended to put baby-food manufacturers on the defensive. By calling infant malnutrition "a man-made problem", the authors go a long way toward labeling the manufacturers as baby killers, the accusation Dr. French questions. The authors also seem to have let their emotions cloud their thinking. Was there some golden age in our past when every infant suckling at its mother's breast was fat and happy?

Further down, the statement's political slant becomes more evident. "The problem [of infant malnutrition] is part of the wider issues of poverty, lack of resources, social injustice and ecological degradation; it cannot be considered apart from social and economic development and the need for a new international economic order."

Despite the tone of that sentence, the statement is apparently not the work of Third World governments who wanted to use the meeting as a platform from which to express their views. According to a cover letter attached to Ms. Duffy's copy of the draft statement, only "a modest number of developing country governments were represented" at the meeting.

Obviously, the statement didn't reflect the ideas of the industry representatives at the meeting. In testimony later before the House Foreign Affairs Subcommittee on International Economic Policy and Trade, a transcript of which Ms. Duffy also provided me, David Cox, president of Ross Laboratories, described his view of the proceedings, which he attended.

"The meeting was divided into five working groups. Working group number five, which discussed the role of industry, was actually unable to reach any definitive conclusions or recommendations...The reason for this impasse can perhaps be understood by reading the extreme proposals made to this group by the industry critics...

"...the chairman of working group number five...appointed a small subcommittee of five persons to see if any consensus could be achieved. This subcommittee was able to formulate only six points, but was not able to agree even on the final wording or meaning of those. The night before the last general meeting, those six points, plus suggestions from the four other working groups, were consolidated by the WHO staff into a 12-page draft of recommendations which were presented to the final meeting of the conference. At that meeting, the general chairman of the conference, Dr. Sai, substantially without debate or major modifications, accepted those staff-drafted recommendations. On one

key point, defining promotional advertising, additional language was added to the WHO/UNICEF document after the conference itself had adjourned."

Even the baby-food industry has accepted the need for some controls over the promotion and distribution of its products in the Third World. I believe critics of the industry have made a mistake by supporting a ban on public advertising of baby formula and trying to restrict manufacturers' promotions to "factual and ethical information" provided to health workers. Industry representatives at the Congressional hearing agreed to the banning of public advertising as long as they were allowed, in the words of one of them, the right of "competing with other firms to gain medical recommendations for our brands of infant formula wherever nutritionally sound alternatives to breast-feeding are needed."

In most of the West African countries I have visited, local health workers are notorious for their corruption and insensitivity. In Sierra Leone and in Ghana, doctors' demands for payment before examining patients in government hospitals have become public scandals. Trying to end the harmful promotion of infant formula by confining industry contacts to health workers in the Third World is like hoping to keep a jewel thief honest by giving him a job as a salesman at Tiffany's.

Third World governments would have much more control over the kind and extent of promotion allowed the baby-food industry if advertising were restricted to the carefully regulated, government-owned television broadcasting services. Limiting advertising to television would help prevent the message from reaching inappropriate audiences, although the problem of its exposure to the urban poor would remain, due to the habit of neighborhood television viewing. With contact between industry representatives and health workers forbidden, doctors and nurses would be less likely to find it in their interest to push the artificial method.

Despite my reservations about the marketing code, I think that the United States' essentially solitary vote against the code was wrong. As Dr. French pointed out to me, disapproval could have been expressed just as well by an abstention, a choice taken by several other industrialized countries. By emphasizing its opposition, the U.S. government drew unneeded attention to the division between industry and its critics and helped harden attitudes on both sides. Third World governments will find it more difficult to modify their positions for fear of being seen as giving in to American pressure. Dr. French, who works with health ministers from 20 African countries, dreads the questions he will have to answer at his next meeting with them. On the other side, the industry will be less likely to compromise now that it has received the U.S. government's endorsement. Despite the overwhelming approval of the code, the problem of infant malnutrition may remain untouched.

Regards,

