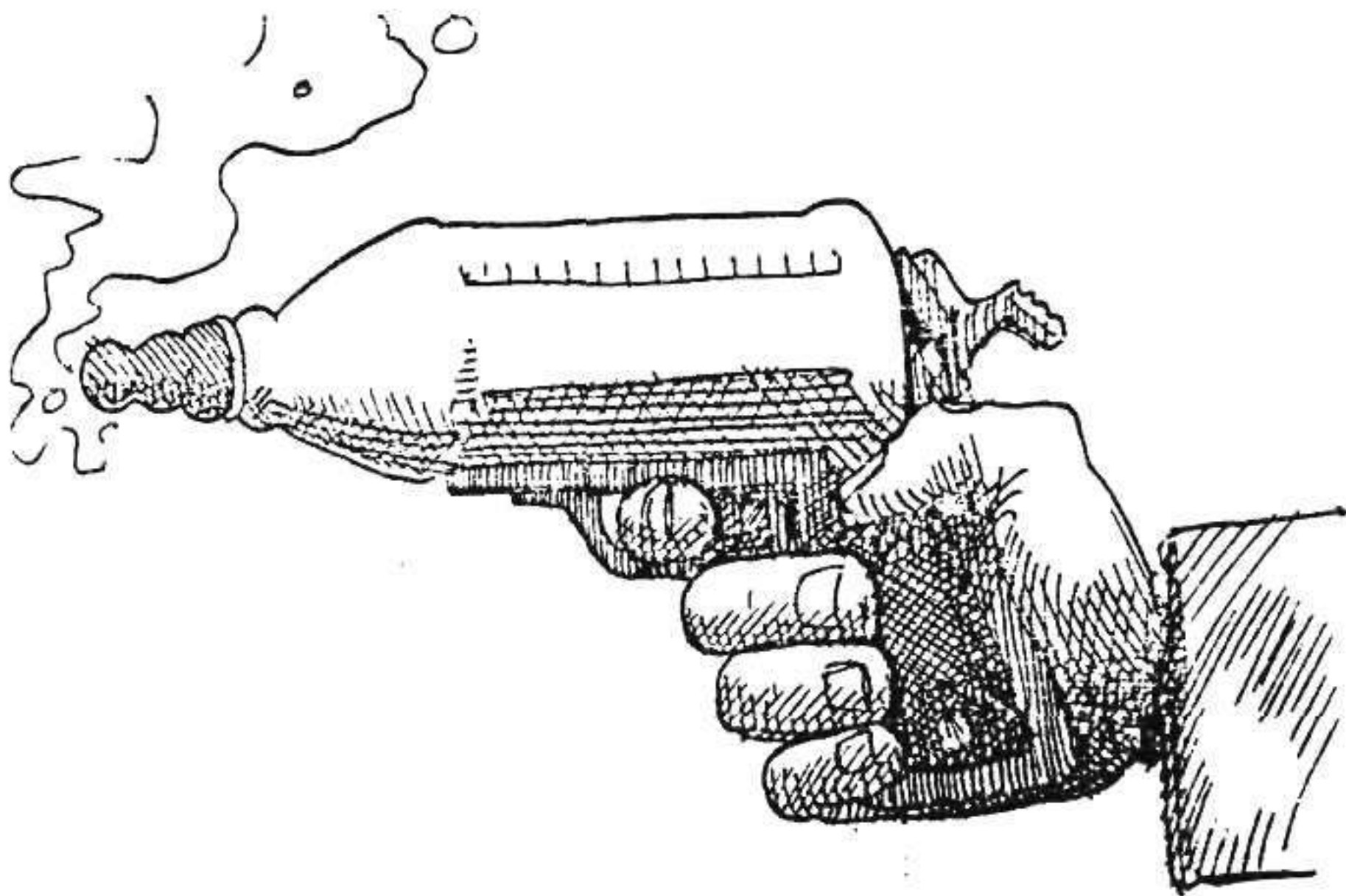


MULTI-NATIONALS AND HEALTH, PART 1:

THE PROMOTION OF INFANT FORMULA FOODS.



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During the 1960's, doctors and health workers around the world began to express concern about the rate at which mothers in the underdeveloped regions were taking up bottlefeeding their children as a substitute for breastfeeding them. They said that intensive advertising by the manufacturers was playing a significant role.

In 1974 a pamphlet entitled "The Baby Killer" was published in the United Kingdom by an organisation called "War on Want". Research into the marketing practices used in Africa by the manufacturers of infant formulas had been undertaken, and this pamphlet was the result. Severe criticism was levelled particularly against Nestlé and one other company.

In 1975 a group in Switzerland published a German translation entitled "Nestlé Kills Babies". The company was understandably upset (slogans like that are not good for business if they catch on) and sued for defamation. Nestlé won their case on a technicality, but the company nonetheless came in for some severe criticism from the judge.

The publicity from the case sparked off a growing international campaign which has had the companies feeling increasing pressure in the form of adverse publicity, court cases and boycott campaigns. In October 1979 a World Health Organisation Conference was held in Geneva to discuss the whole issue.

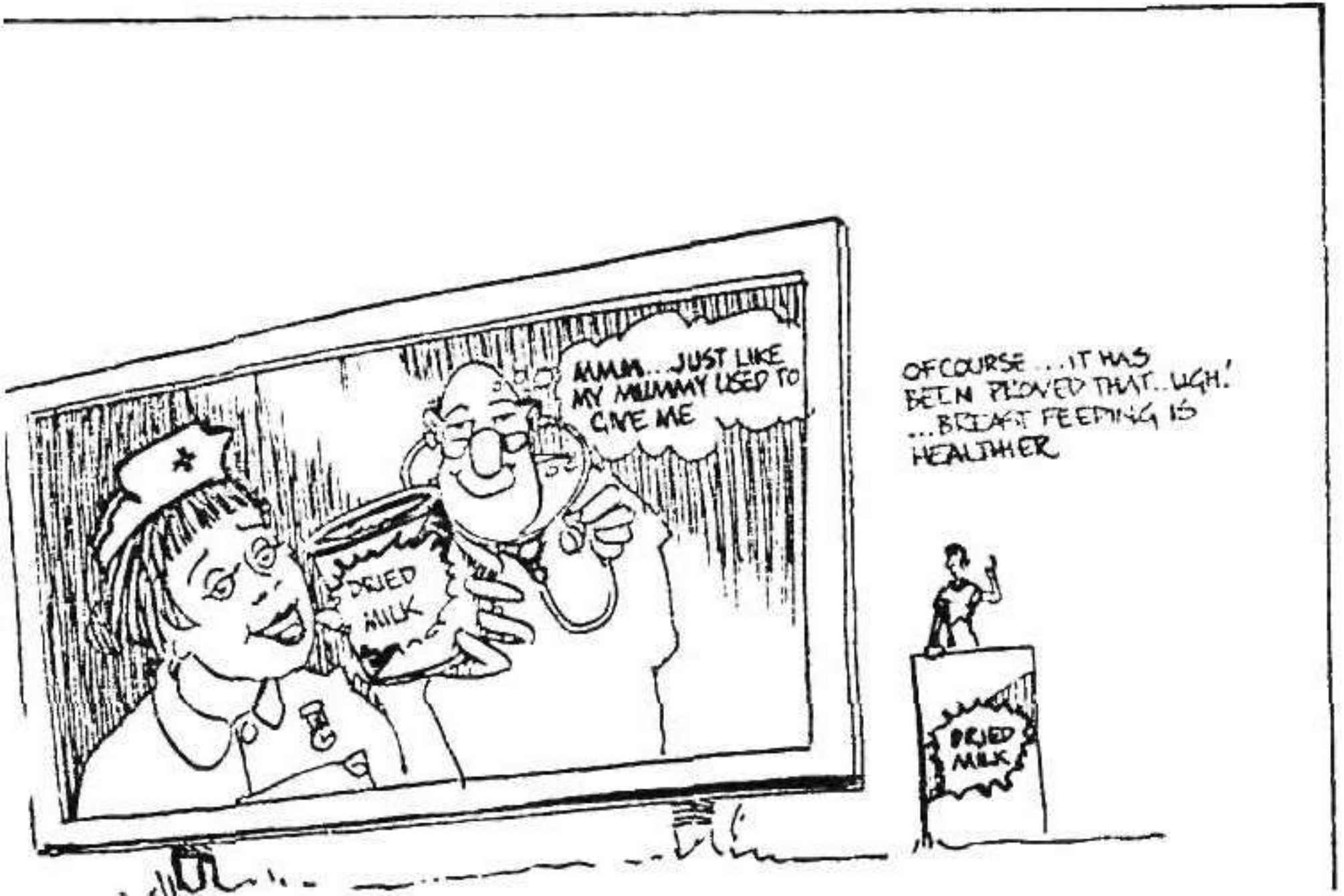
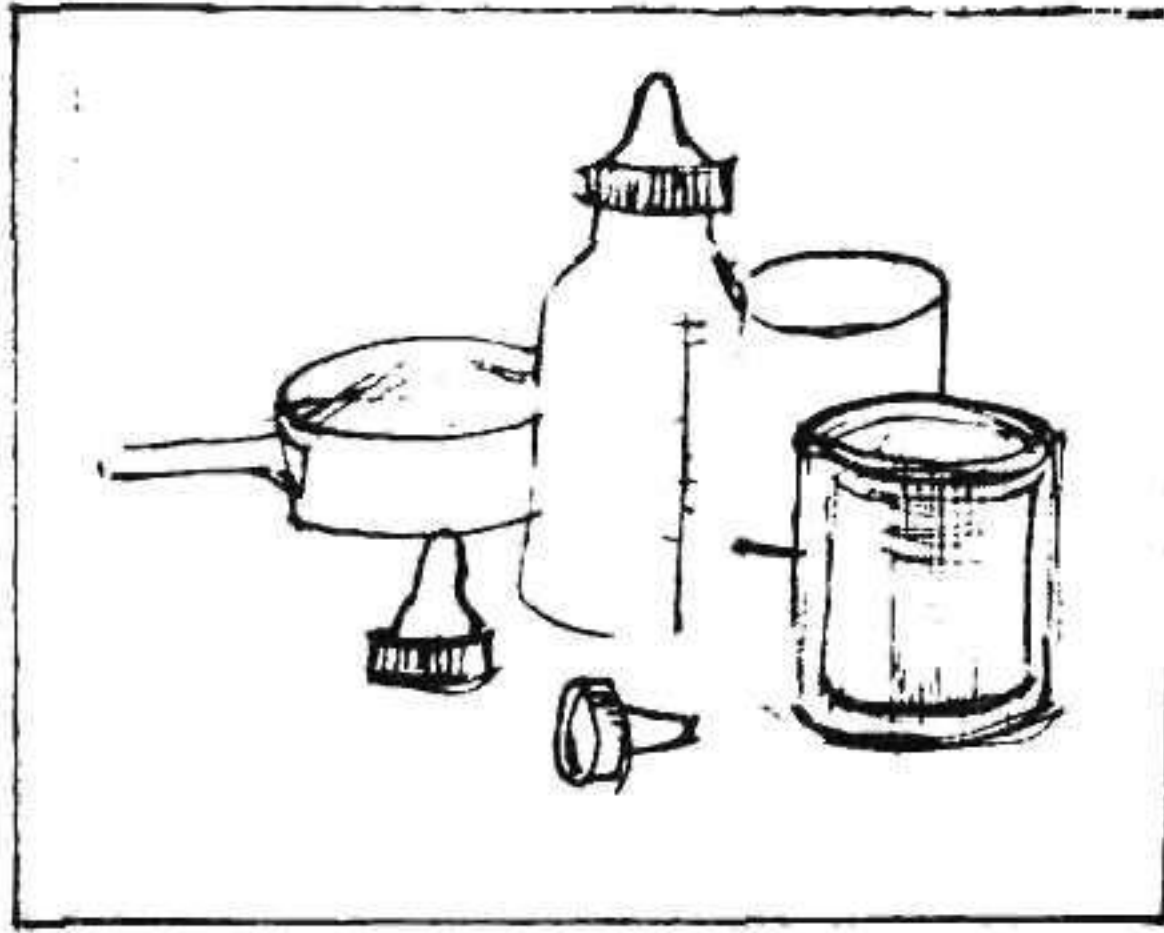
What is all the fuss about? First let us look at some of the difficulties and dangers that are involved in bottlefeeding.

1. The milk companies admit that breastmilk is ideal. Their research efforts are directed at ever closer imitations of breastmilk. Millions of Rands are spent researching, developing and marketing a commodity which is available much more cheaply and in a purer form as breastmilk.
2. The cost of adequately feeding a child with formula milk for a period of six months is at least R120-00c. Add



to this the cost of bottles, fuel for sterilisation purposes and so on, and this amounts to very nearly the total cash income of many families, particularly in rural areas. Yet the cost of feeding the mother a little more, so that she can breastfeed adequately, is comparatively negligible.

3. Any switch to formula foods becomes irreversible after several days of not breastfeeding, for the mother will probably be unable to resume adequate breastfeeding. This is because breastmilk needs a frequent sucking stimulus to be produced; if this does not occur, the milk dries up. Anything which casts doubt on a mother's ability to breastfeed will lead to reduced confidence, and hence reduced ability.
4. Once a child has sucked a bottle, (s)he becomes unwilling to revert to suckling at the breast, because it is more work.
5. Because of the expense involved in formula feeding, mothers will often over-dilute the powder in order to make it last longer. This leads, of course, to severe nutritional problems. This problem is compounded by widespread illiteracy and a lack of adequate explanation on the use of the formula.
6. It is found that in order to be able to afford even an inadequate supply of formula milk, some mothers will economise on food for the rest of the family, thus having a bad effect on the nutrition of all the other family members.
7. Formula milk almost always comes in powdered form, and so needs to be mixed with water. This is a problem in a world where the majority of the population does not have access to uncontaminated water. The children are thus subjected to very high dangers of infection. Boiling the water and the bottle is extremely difficult in areas where fuel is in constant short supply. And it is almost impossible to keep either the milk or the bottles clean if there is no refrigeration.
8. Breastmilk has certain properties that protect the child against infection during the early stages of its life. This protection is particularly important for the children of the poor, as they are more susceptible to disease and infection. No formula milk is able to provide similar protection.



In summary, there is no doubt that bottlefeeding under the social economic and environmental conditions experienced by a very large proportion of the population, is a dangerous activity. It contributes to a vicious cycle of infectious disease and malnutrition, which causes dehydration, and often death. There is no doubt that bottlefeeding kills babies. More accurately, there is no doubt that many bottle fed babies die in ways that they would not have if they had been breastfed.

Yet breastfeeding is on the decline around the world, and it is declining at an alarming rate. Apart from anything, this huge drop in breastfeeding means that a great deal of money is being spent on buying a commodity which is a poor imitation of something that is available at a fraction of the cost. And this is money spent by people who can ill afford it, and who could use the money for much more socially productive purposes.

What has caused this literally suicidal swing to bottlefeeding? It must be recognised that the causes are many and complex. They surely include the following:- bottlefeeding is very convenient for the wealthy (for them it is safe enough, and it is something that can be left to a nurse/maid/babysitter); for working mothers there must be some difficulties involved in breastfeeding their children; bottlefeeding has become something of a status symbol in the eyes of many; and there is a great deal of ignorance about the advantages and disadvantages of bottle and breastfeeding - up till quite recently, this ignorance was not uncommon even within the medical profession.

So there are real material conditions which have made the swing to bottlefeeding possible, and even likely. But it is necessary to examine more closely what it is that has actually made it happen. In this regard, the rest of this article is going to look at the aggressive advertising and promotional campaign that the manufacturers have undertaken around the world, despite clear evidence that breastfeeding is, at the moment, the only sensible option to the majority of mothers around the world.

What techniques have been used to promote the use of infant formulas?

1. Firstly there is the normal range of advertising techniques: billboards, advertisements and product displays are to be found all over. Their prime intention appears to be to

convince the consumer that the product being advertised will ensure smiling good health for all babies. Aside from these "normal" advertising techniques there are a number of unconventional methods which the companies have used to promote their products.

2. The employment of health professionals.

Nestlé have employed nurses as "milk nurses", "mothercraft nurses", "health educators" or whatever. They theoretically help at hospitals, clinics and through home-visits, with health care, health education and nutrition promotion. In fact they act as promoters for the products of the companies that employ them - handing out free samples to mothers, doctors and nursing staff. They have often been found to operate within the malnutrition wards of hospitals. The obvious intention (or at least the obvious consequence) is to create the impression among the mothers of sick infants that there is a link between the company and the health service. In other words, the impression is that Nestlé, hospitals and clinics are all important parts of bringing up healthy well-fed babies.

There are other forms of promotion which appear to be aimed at reinforcing this impression.

3. In gynaecologists' waiting rooms, in maternity wards, in clinics and pharmacies around the world, there has been left an endless supply of leaflets, booklets and posters, offering information, advice and free samples. This material is left by the milk companies, and appears to be free and friendly help about child rearing and feeding. The material seems to show a real care and concern about the new born baby.

But closer inspection reveals a distinct bias. In these publications much more space is devoted to bottlefeeding, and what to use than is given to breastfeeding. The simple fact is that this material is distributed free by companies whose major interest is the promotion of bottlefeeding, and the overall effect of this material is to create the impression that bottlefeeding is the natural, normal thing to do. The fact that much of this material is available from places associated with health care and medicines must affect the way that the products being advertised are perceived by the average consumer.

Nestlé has taken this approach one step further by producing



and sponsoring a large number of "health education" posters. In many hospitals and clinics around the country you will find, pasted up on the walls, posters with a happy smiling baby and a caption reading "breastfeeding is best" or something similar. This seems good and well. But it reinforces the impression that the company is concerned to promote health care rather than its products. In addition, many of the people who go to rural clinics are illiterate, and what they see is in fact a picture of a healthy smiling baby and a Nestlé sign in the bottom right hand corner of the poster. What logical conclusion can they draw other than that the hospital agrees that Nestlé and healthy children go together?

4. The promotion of bottlefeeding as the "natural" "normal" way to feed a baby has some dangerous side-effects. The logical conclusion to draw is that breastfeeding is difficult. This stimulates a fear of inadequacy in mothers which in turn makes it less likely that they will be able to breastfeed adequately. There is a very delicate relationship between a mother's confidence in her ability to breastfeed and the actual production of adequate milk. In addition, the first time something goes a little wrong, the mother is more likely to blame it on there being something wrong with her milk, and so she may start to supplement with a substitute. This is also likely to reduce her ability to produce breastmilk.

This tendency to reduce a mother's ability to produce milk is part of at least one specific promotional technique.

5. Free Samples. These are widely distributed, often by company "health educators" (or whatever the currently fashionable name is), but sometimes also by the clinics or at shops, pharmacies and so on. It would be a most unusual mother, especially a poor mother, who did not gratefully receive a free sample of food for her baby. But the consequences of accepting the sample can be most unfortunate. The free sample may last a week, or longer if the mother over-dilutes it. In the end of the week the mother's milk supply will have been drastically reduced, or completely dried up. So the baby in effect, has become "hooked" on formula milk, which is not as good for him/her as mothers' milk, which she may not be able to afford and the use of which may, under certain circumstances, be lethal.

6. Baby shows are one particularly bizarre opportunity for handing out free samples. Throughout the world, and in

parts of South Africa, Nestlé has organised, inspired, or offered prizes at baby shows held to find the "best" baby in the district. It is claimed that these shows are a form of "health education". In fact, apart from the presentation of "free prizes" these shows are another way for the companies to appear to be identified with the health service, as the shows often take place at hospitals and clinics.

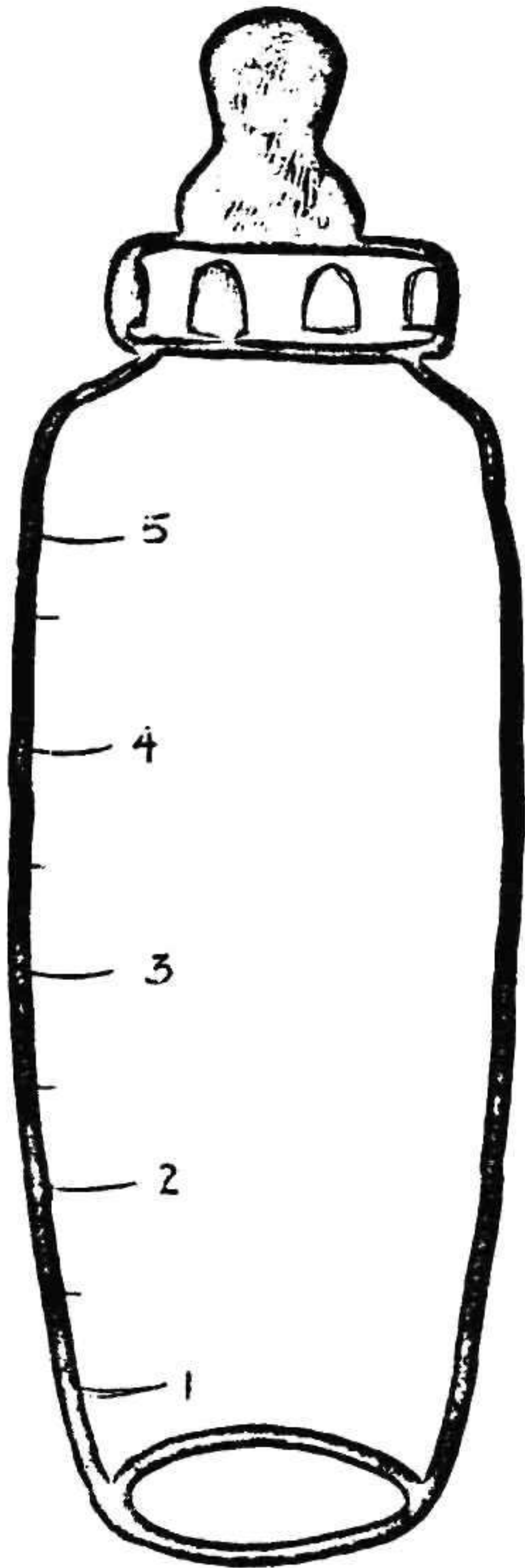
7. One might well ask where the medical profession is in all of this, and how they have allowed such a situation to develop without loud and powerful intervention; particularly, one might ask how the profession has allowed the hospitals and clinics to be used as a base for the promotional activities described above.

The first answer is that the profession as a whole seems to be peculiarly ignorant on the subject. There is virtually no teaching about breastfeeding at Wits Medical School. There is also no attempt made to pinpoint the dangers for children inherent in bottlefeeding as opposed to breastfeeding. Much of the advice that doctors give is, as a result, inadequate. For example, mothers are usually told to feed their children in four hour cycles to begin with. But this is in fact a cycle for formula fed children, and children being fed at the breast may in fact demand to be fed much more often. This again tends to promote a feeling of inadequacy and anxiety in the mother, so threatening an adequate milk supply. (This misinformation about feeding cycles is a frightening example of how formula feeds have established themselves as the norm).

There may however be a slightly more sinister reason for the silence of the medical profession: the sustained campaign which has been directed at the profession by the milk companies. Formula advertisements in medical journals are a model of scientific statement and moderation - full of facts and figures. This, of course, is in stark contrast to the emotive and sentimental advertisements to be found elsewhere.

Further Nestlé is very "generous", to use a polite word, towards the medical profession. Many conferences are supported by the company, which also gives a large cash prize to the best final year paediatrics student at Wits University. Much health educational material and various aspects of some community health programmes are sponsored by the company. This may appear to be very laudable, but it does also have the

THE BABY KILLER



effect of making the profession as a whole, and even those who are concerned with community health, reluctant to oppose the promotion of formula foods.

Over the years, there has been increasing attention focused on the promotional activities of the baby food companies, and the effects that the use of their products has on the infants and babies of the poor. This has led to a series of protests, the establishment of numerous action committees and, most recently to a World Health Organisation meeting in Geneva in October 1979, at which a series of agreements were reached with the companies. There have been codes in the past, and much of the activities of the action committees has revolved around highlighting discrepancies between what the companies say they are doing, and what they are actually doing.

CONCLUSION.

It has become almost a cliché to say that health cannot be divorced from questions of politics and economics. Much has been said and written about the development of South Africa's political and economic structures and the consequent underdevelopment of the health of much of the African population, particularly in rural areas.

So, too, it has become widely accepted that turning health care into a commodity to be bought and sold creates a total imbalance in the whole delivery system. Health care becomes something which can be bought by those who need it least - the rich white urban population. The most helpless victims of the course of capitalist development in South Africa, the rural poor, are those who can least afford to pay for health care. They are also those with the very least political power. It follows that they have the least access to it.

The story of infant formula promotion highlights another aspect of the way the development of capitalism has impinged upon the health of the masses: where the creation of profit is the highest goal, people become mere tools and objects in the achievement of wealth; they have no value of their own.

It matters not that the usage of what you are producing and selling is demonstrably harmful or even lethal (at least where there is widespread illiteracy and inadequate access to clean water, fuel and hygienic living conditions). It

MALNUTRITION
DEATH RATE



AND SO I
CONCLUDE
WITH THIS
WARNING!

MAXIMISE YOUR
PROFITS WHILE
THERE IS
STILL TIME!



matters not that you are producing a substance that is a poor substitute for the natural product (breastmilk) that is available at a fraction of the price. It matters not that the product has been developed for use in the homes of the rich, and that the conditions in the third world differ markedly. All that matters is that in a free market society one should be free to trick, cajole, convince and otherwise persuade as many people as possible that they need what you are trying to sell them. What matters is that you have produced something, and the economic laws are such that you are under an almost moral duty to sell it, without regard to the consequences for the health of the victims:

The cigarette industry is the clearest proof that companies are allowed to manufacture death, and then use almost any means to try to persuade you to buy their product.

The infant formula industry however is a special case. The ultimate consumers, babies, have no choice in whether they should use the commodity or not. In addition the industry has taken the promotion of its products to unusual heights of sophistication. (The cigarette industry does not use the health service as a base for the promotion of its products).

There is no doubt that attempts should be made to monitor and control the promotional and advertising activities of the infant formula industry. But it should be recognised that the industry is not an aberration. It is rather a good example of a system that allows, in fact encourages the production and distribution of ill health; which ranks people's importance according to their place in the market, rather than their humanity; which regards corporate profit as more important than social good.

