

Summary Brief:

Promotion of Infant and Young Child Feeding Products in Retail Settings in Cambodia, Nepal, Senegal and Tanzania

Study summary and key results

This study, conducted by the Assessment and Research on Child Feeding (ARCH) project with support from the Bill & Melinda Gates Foundation, gathered data on promotion techniques used in retail settings (also known as points-of-sale, or POS) for food products marketed for children under 24 months of age and assessed the prevalence of these promotions (See **Table 1** for definitions of products included in this study and **Table 2** for legislation restricting their promotion).

- Breast-milk substitutes (BMS) including infant formula, follow-up formula and growing up milks are widely available for sale in urban areas of four developing countries in Asia and Africa, as are commercially produced complementary foods (CPCF).
- Even in countries where promotion of food products for infants and young children is illegal, this study observed promotions of BMS (over one-third of stores had promotions in Phnom Penh and Dakar, and under 10% in Dar es Salaam and Kathmandu).
- The study revealed limited promotion of commercially produced complementary foods (less than 10% of stores had a promotion for such foods), except in Dakar, where promotions were found in half of stores.

Marketing of Breast-milk Substitutes

Breastfeeding plays a vital role in maternal and child health and nutrition and is proven to provide long term benefits for a child's future educational attainment and income (Victora, 2015). Research shows that promotion of BMS negatively affects breastfeeding practices (Howard et al 2000, Stewart & Guilkey, 2000, and countries such as Brazil with limited promotion of BMS have had success in improving breastfeeding practices (Cyrillo et al, 2009).

The International Code of Marketing of Breast-milk Substitutes (WHO, 1981) and subsequent World Health Assembly resolutions prohibit commercial point-of sale promotions of BMS stating "there should be no point of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales, for products within the scope of this Code".

Early introduction of complementary foods before six months of age displaces breast-milk in the diet (Becker & Remington 2014, WHO STAG 2015) and increases likelihood of breastfeeding cessation (Qiu et al 2010). Breastfeeding can be compromised when BMS products are indirectly promoted through promotion of commercially produced complementary food (CPCF) products made by the same manufacturer.

Table 1. IYCF Product definitions used by ARCH

Breast-milk Substitutes (BMS)	<ul style="list-style-type: none"> • Infant formula (to be used from birth until six months of age) • Follow-up formula (to be used from 6-12 months of age) • Growing-up milks (usually marketed for children 12+ months of age [Przyrembel & Agostoni 2013, Vandenplas et al 2014, Piwoz & Huffman 2015])
Commercially Produced Complementary foods (CPCF)	<p>Any commercially produced food or beverage product, excluding breast-milk substitutes, that contains a label indicating the product is intended for children younger than two years of age, including</p> <ul style="list-style-type: none"> • Infant cereals • Pureed foods • Baby snacks • Baby drinks

In addition to restrictions in the WHO Code of Marketing of Breast-milk Substitutes, retail sales promotion of BMS and in some cases of CPCFs is regulated by national legislation, outlined in **Table 2** below.

Table 2: Restrictions on IYCF sales and point-of-sale product promotion in national legislation by product category

Country	Breast-milk Substitutes			Commercially produced complementary foods	Product age range
	Infant Formula (0-6 months)	Follow-up Formula (6-12 months)	Growing-up milks (12+ months)		
Cambodia ¹	✓*	✓*	✓*	✓*	<24 months
Nepal ²	✓	✓		✓	<1 year
Senegal ³	Sales restricted to pharmacies	Sales restricted to pharmacies			<12 months
Tanzania ⁴	✓	✓	✓	✓	<5 years

*without prior approval from the Ministry of Health (MOH)/Ministry of Information (MOI)

¹Sub-Decree on Marketing of Products for Infant and Young Child Feeding (No. 133)

²Mother's Milk Substitutes (Control of Sale and Distribution) Act Nepal

³Inter-ministerial Decree Establishing the Conditions for Marketing Breast-milk Substitutes Senegal

⁴National Regulations for Marketing of Breast-milk Substitutes and Designated Products Tanzania

Study overview and findings

Methods

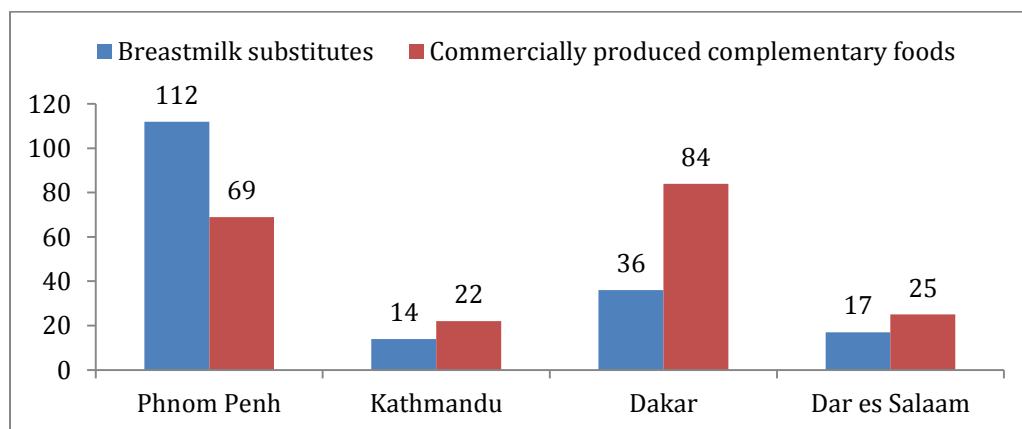
A comprehensive list of BMS and CPCF products sold in Phnom Penh, Kathmandu Valley, Dakar Department, and Dar es Salaam was developed. A purposive selection of about 10 large stores (including national chain grocery stores, supermarkets, baby stores and large pharmacies known to sell either BMS or CPCFs) and a random sample of about 20 smaller stores (including corner/convenience stores, neighborhood stores and independent pharmacies) selling BMS or CPCFs were made in each city.

A “point-of-sale promotion” was defined as an individual occurrence of promotional activity for one or more BMS or CPCF products at a retail location, such as a single display, a price reduction, free gift or an informational brochure promoting one or several products. An “individual product promotion” was counted each time a different product appeared in a point-of-sale promotion. Researchers made visits to stores in all four study sites from June to August 2013 and recorded any promotions for BMS and CPCF products.

Results

The greatest total number of different IYCF products (181) was available in Phnom Penh, and the least (36) was in Kathmandu (see **Figure 1**). Phnom Penh also had the greatest number of different BMS manufacturers available with 26 represented in stores compared to 3-7 manufacturers in the other sites. The number of different CPCF manufacturers in all four sites ranged from 10-18.

Figure 1: Number of IYCF products available for sale



Prevalence of promotions

BMS was promoted in 38% of stores in Phnom Penh compared to fewer than 10% of stores in Kathmandu Valley and in Dar es Salaam. In Dakar, where infant formula and follow-up formula can only be legally sold in pharmacies, 71% of pharmacies (five of the seven pharmacies in the sample of stores) had promotions for each type of BMS.

Growing-up milks were promoted in 31% of stores in Phnom Penh, and 35% of all stores in Dakar (in 71% of pharmacies), and in 10% or less of stores in the other cities. While CPCFs were promoted in 48% of stores in Dakar, they were promoted in about 20% or fewer stores in the other three locales.

Out of about 30 stores per site, the number of BMS promotions ranged from 30 in Phnom Penh to only one in Kathmandu. The greatest numbers of individual product promotions for BMS were observed in Phnom Penh (71) and Dakar (94) (Table 3).

The number of CPCF promotions ranged from 33 in Dakar to fewer than 10 in the other three sites. There were 155 individual product promotions in Dakar, compared to 5-7 in the other sites.

Table 3: Number of total BMS promotions and individual product promotions observed

	Phnom Penh	Kathmandu	Dakar	Dar es Salaam
Number of point-of-sale promotions	30	1	15	3
Number of total individual products promoted	71	4	94	6
Number of total CPCF promotions and individual product promotions observed				
	Phnom Penh	Kathmandu	Dakar	Dar es Salaam
Number of point-of-sale promotions	7	2	33	3
Number of total individual products promoted	7	5	155	5

Discussion

Findings from this study indicate variation in prevalence of point-of-sale promotions across study locations, as well as variation in product availability for breastmilk substitutes and commercially produced complementary foods.

The strength of national legislation restricting the point-of-sale promotion of commercial infant and young child feeding products seems to affect the prevalence of point-of-sale promotions. Of the four countries included in this study, Tanzania and Nepal have the most restrictive legislation; point-of-sale promotions are restricted for all products with an age of introduction less than five years of age in Tanzania and up to twelve months of age in Nepal. Less than 10% of sampled stores in these cities had promotions for BMS or CPCF.

Higher levels of point-of-sale promotion were seen in Phnom Penh and Dakar, where legislation is less restrictive on point-of-sale promotions. Cambodia restricts point-of-sale promotions of BMS and CPCF up to the age of 24 months, but permission to do so can be granted by the Ministry of Health/Ministry of Information. No promotions in this study displayed a license of approval, and there is no stipulation in national policy regarding whether this permission must be displayed on approved promotions so it is unclear if promotions observed were legal or illegal. Senegal permits point-of-sale promotions of all IYCF products unless they are sold within the health system. The high degree of point-of-sale promotion of products in these two sites is concerning.

This paper clearly illustrates that voluntary 100% compliance with the WHO International Code of Marketing of Breastmilk Substitutes is not occurring in any of these four countries. Even when there are national regulations addressing promotion, violations of national law occur frequently. Efforts are needed to strengthen monitoring, regulation and enforcement of restrictions on the promotion of BMS. Manufacturers and distributors should also take responsibility for compliance with national regulations and global policies pertaining to the promotion of infant foods.

About the ARCH Project

Improving nutrition and child survival has been at the core of Helen Keller International's mission for more than 40 years. With funding from the Bill & Melinda Gates Foundation, ARCH aims to build the empirical evidence base on the promotion of foods consumed by infants and young children and seeks to encourage the use of this information at the national, regional and global level for decision-making about appropriate marketing of foods for infants and young children. ARCH works in Phnom Penh, Cambodia; Kathmandu Valley, Nepal; Dakar, Senegal and Dar es Salaam, Tanzania.

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