



Food Imbizo¹

Step up for Breastfeeding

Tuesday 16 August 10:00 -12.30, zoom meeting

Record of the Meeting

You can access a video recording of the meeting [here](#).

Introduction and welcome:

Florian Kroll (UWC)

Breastfeeding and the right to food is everyone's responsibility. In support of and in celebration of [#WBW2022](#), this Food Imbizo focused on "Stepping up: exposing infant formula marketing tactics", and exploring ways to educate and support breastfeeding mothers. Mothers in South Africa face a social environment that is hostile to breastfeeding. Not breastfeeding means relying on other infant foods, most often commercial and expensive infant formula. But introducing other foods before the age of six months - when infants do not need anything else but breastmilk - is not recommended. WHO and the national Department of Health recommend and promote exclusive breastfeeding for all infants for the first six months of life. *Still, one in four infants under the age of six months are fed exclusively with formula and only one in three infants are exclusively breastfed - far from the global target of 50%.* What will it take to improve and strengthen the control of the inappropriate and unethical marketing of infant formula at all levels of government in South Africa?

Presenters:

Prof Tanya Doherty (SAMRC): *How marketing of formula milk influences health professionals and communities and why we should be concerned.*

Tanya's presentation can be found [here](#).

¹ The Food Imbizo cultivates a space for knowledge co-creation to better govern key food-related issues by drawing on experience across multiple sectors and actors including state, civil society, activists, academia and faith communities. Our membership is open to anyone who is interested in promoting and developing a more just and sustainable food system in South Africa. We have recently renamed the group to take into account its evolution from a smaller (Food Governance) Community of Practice into a larger more fluid network - the Food Imbizo. We have also developed a [website](#) that charts this transition and keeps together all the resources of the Community of Practice (including [records](#) of previous meetings).

The importance of breastfeeding and early infant and young child feeding (the first three years of life) profoundly influences a child's development, survival, health and sets the path for adulthood. Economic costs of not breastfeeding is estimated at around \$341 annually. Breastfeeding can prevent obesity and infant deaths from diarrhea and pneumonia. The benefits to woman includes the prevention of ovarian cancer and type 2 diabetes among many others. Factor that influence a mother's choice to breastfeed include: Personal preference, work constraints, inadequate maternity protection (especially in low to middle income (LMI) countries), perceived insufficient milk production, societal norms, poor health care support etc.

Very poor progress has been made in improving the rates of breastfeeding over the past two decades in LMI as well as high income countries. This includes both EBF (exclusive breastfeeding) and BF (breastfeeding) beyond 6 months. Between 2005 and 2019 formula milk sales increased: 64% for standard formula 77% for follow-on formula, 214% for growing up formula, and 95% for special formula and this is only documented for 190 countries. While at the same time EBF only increased from 25% to 39% in 83 LMI countries emphasising the little improvement in BF at the same time a profound growth for formula is witnessed.

Despite the adoption of the International Code on the Marketing of Breastmilk Substitutes in 1981 and various country legislations, formula is still being marketed aggressively. There are a few legitimate reasons for not breastfeeding a child and the WHO have provided guidelines for when to administer formula. The issue is thus not one of availability of formula milk products but rather the aggressive marketing thereof influencing mother's choices to not breastfeed, the right of woman and families' access to scientific information and support is restricted and the interest of broad public health is infiltrated by profit driven formula milk companies.

The report [How the marketing of formula milk influences our decisions on infant feeding](#) compiled by the WHO and published through UNICEF focused on: 1. How marketing messages are perceived by women, mothers and healthcare professionals; and 2. to learn from the tactics in order to promote and support breastfeeding. The study was focused on urban settings in eight countries because consumer behaviours are sparked in urban settings. In SA, Johannesburg and Cape Town were focus areas. Across all countries mothers' desire to EBF and BF was noted highly but of the 8528 respondents 51% reported seeing or hearing formula milk marketed. Television is the main source where marketing was witnessed. Marketing enforces brand recognition and thus when a mother switches to formula milk they naturally choose *that* brand. The regulation of marketing through social media channels is extremely difficult to regulate because it is highly personalized and based on an individuals' search history. Mothers and pregnant women reported that when they google searched information regarding breastfeeding they were bombarded with formula milk ads. Mothers are receiving false scientific claims through pages (Facebook for example) that they thought might assist them when searching for breastfeeding support.

Marketing tactics on social media include the winning of prizes and discounted products. In South African shops and pharmacies cross promotion is witnessed through the rebranding of a product range making the products not allowed under R991 look identical to those excluded by the regulation. Price reductions for products excluded by the regulation are strategically placed under milks included under R991 creating confusion and influencing mother's choices. Misleading scientific claims and the marketing of formula being close to or even superior to breastmilk further influences mother's (and health care professionals) choices to not BF. Claims are also framed around that new born behaviour is problematic (a crying, gassy, hungry etc.) and this also influences mother's choices to not BF (there is a formula for every "problem").

Healthcare professional also believe marketing messages and promote formula to moms. The formula industry targets dieticians, paediatricians, midwives, GPs, nurses etc. to push products through them as the public trusts health care professionals. There is however a positive shift in the public sector where the marketing of formula milk products is not happening as much but in the private sector no attempt is seen even though both public and private falls under the code.

We should be concerned about the aggressive and insidious marketing of formula products because:

1. It impacts mothers and children's health, survival and longevity.
2. It disrupts the access to proper scientific information to make educated choices.
3. Current marketing practices disregard the code through the marketing of breastmilk substitutes.
4. Exploitation of aspirations, fears and vulnerabilities of parents and caregivers are for commercial gain.

Opportunities for action:

1. Healthcare professionals needs sensitizing to the code and local legislation and regulation.
2. The explicit rejection of the marketing of formula milk especially in the health care setting.
3. Misconceptions around the equivalence of formula to breast milk must be corrected
4. Healthcare professionals must step up against the formula milk industry and refuse funding.

Dr Chantell Witten (UWC): *Infant formula industry milking mother's insecurities. Building counteractions to the influence of the formula industry.*

Chantell's presentation can be found [here](#).

It should become good practice that health care professionals declare their interest when talking about related topics. Especially if it goes beyond the scope of the health system.

Formula milk companies make use of the factors that influence mothers feeding choices to alter their choices.

1. In the socio cultural contexts there is a narrative that pregnancy, BF and parenting is difficult and science informed. Formula feeding companies make use of factors such as providing comfort, "science based" information and specialized "food" to target parents.
2. Health care services and providers are targeted by formula milk companies as they have the most direct and trusted contact with mothers and caregivers.
3. Vulnerable single mothers who have to go back to work are targeted through formula feeding companies as the most convenient and trusted solution.
4. Undermining of mother's psychosocial aspects. The perception that formula is helping moms in their most struggling moments.

In the South African context, the concern is around the erosion of BF. If we follow the same trajectory as the past 20 years, then breastfeeding will no longer be a norm on the African continent. SA will not meet the current UN target of EBF by 2025. In the 2016 SA demographic health survey, 25% of children were not BF at all. Even in 2016 with universal coverage of the successful administering of ARVs, women still choose not to breastfeed. In 2003 children on average were breastfed up until 16-17 months and in 2014 less than a year. The underlying fuelling of inappropriate infant and young child feeding practices influences children's health and survival. The culture around formula feeding in SA

is not new and it has been a common and desirable practice for decades as witnessed by Dr Marion Jacobs in her master thesis on breastfeeding in the Cape Flats in 1979.

Studies on BF practices has been researched extensively in SA and the most common practices witnessed and documented are mixed feeding due to the notion of traditional medicines and giving water for cleansing purposes as well as women undermining their own bodies' abilities due to their beliefs that formula provides better nourishment than their own breast milk. According to LMI communities there is also a disconnect between what healthcare professionals are practicing (formula feeding) and what they are preaching (breastfeeding).

[R991](#) (2012) gives us (academia, health care professionals/providers, government, civil society, faith communities etc.) the legal framework to work with and a great foundation to build on. SA has good examples of how regulations have been applied, we currently just need to strengthen the application thereof. R991 has a number of clauses with not only a sole focus on the labelling of products but how we are engaging with the industry. The regulations not only focuses on infant formula products but can also be applied to infant and young child feeding in general. The regulation also focuses on the health care system workers and the fact that they can be held accountable for malpractice or breaching ethical aspects.

Progress has been made since the regulation came into action in 2012. 1. Stipulations and phrases such as "breastmilk is best" and "this tin does not contain breastmilk" can be witnessed on formula milks products. 2. Humanized figures and graphics making the product appealing is also completely removed. Pseudo-science words however is an opportunity to intervene. Clause 7 that deals with the engagement of the industry with health care professionals, funding, marketing etc., is still a grey area we are grappling with. Especially paid partnerships with academia and healthcare professionals.

What can we do: As well as counteracting the unhelpful narratives, health care professionals should be reporting violations of R991. Academic institutions should point out funded partnership as well as reject them. Moms needs more support when searching for BF advice and scientific information to make educated choices. We need to actively make use of media and build advocacy around R991. Support of proactive monitoring and reporting of R991. On a personal note, if SA has a sugar tax to counteract obesity and childhood obesity why not a formula tax?

Poem:

A poem was shared by the poet Ukhona Mlandu (Greatmore Art Studio)

Panellist:

Dr Nazeeya Sayed (UWC, School of Public Health)

There is an urgent need for support of BF in the sociocultural context. Creating awareness of new mothers' perspectives and struggles. It is important that we are not anti-formula but being anti the aggressive marketing of formula. Escaping the marketing environment is impossible and thus further emphasis is placed on the need for support in the family context.

Zukiswa Pikoli (Journalist, Daily Maverick)

The Food Justice Project at the Daily Maverick focuses on various areas in the food system and the right to have equal access to proper, nutritious food and safe water. The denial of this right leads to malnutrition, hunger and an overburdened health system.

The media generally makes use of emotive wording and imagery to create aspiration towards unhealthy foods. The food and beverage industry majorly influence peoples' purchasing choices making use of marketing tactics to create desirability. The media shapes breastfeeding as painful and shameful but the role of the media in the contexts of BF (and everyday issues) should be to inform the public in order to make informed decisions. The media must aim to only make use of scientific information and well researched information avoiding unnecessary harm. The food justice project highlights how warped images and information becomes when making use of subtle marketing tactics such as attractive characters and pictures. Online marketing is a tool of choice by industry because it is not as regulated as other means of marketing and makes use of algorithms proving personalized information to target the individual consumer. In the context of BF, formula milk is phrased as a tool to assist mothers who are busy and have to work, making mothers think that formula is superior to breastmilk. Media messaging around formula persuasion has increased over the years while at the same time BF has decreased and malnutrition has increased. It is important to show these contrasts and to compare the booming of BMS (breastmilk substitutes) to stunting and, malnutrition statistics. The media has a responsibility to promote scientifically sound information. The media's role is not to be prescriptive but to assist the public to make informed choices. A societal wide effort is needed to assist mothers and families.

Petronell Kruger (WITS School of Public Health)

Professionals in the field of research, academia, and health care should have a thorough awareness of what a conflict of interest is and when rules are being broken. Despite the fact that SA has very solid regulations in the area of BMS marketing, many areas of the world still lack them. Governments that worry about litigation and business backlash avoid having tight regulatory frameworks. It is described as the business community's right to commercial expression, which is similar to an individual's right to freedom of speech. Even with strict regulations in South Africa, public health interest should take precedence over commercial speech, but this is not the case. New media presents challenges to rules even with strict regulation. R991 is effective in controlling general media, however there are issues and gaps with new media regulations. Particularly in LMI countries, there is a lack of infrastructure for social media regulation. Stricter regulatory frameworks are required when it comes to product vs. brand promotion. A company's ability to sell its brand is not constrained by laws intended to curtail unhealthy food advertising. Public brand recognition is linked to the purchasing decisions people make. Even with effective worldwide legislation, there is no centralized oversight to ensure that laws are adhered to. Violations to R991 might be considered a criminal offense because the legal act 54 of 1972 is transgressed in the violation process. The accused party however is then given all rights related to criminal conduct (when an issue is a criminal sanction and not an administrative sanction), making it difficult for the National Department of Health to determine and process the complaints of an industry violating the regulation. SA has a advertising code of conduct but R991 will not be allowed to be taken to the Advertising Regulatory Board without making a shift to line the issue up with the Advertising Regulatory Board's code of conduct.

A reconsideration of marketing and advertising techniques and how we should react differently is needed. There should be no room for aggressively manipulating food options. It is our responsibility to recognize our own ethical obligations and to expose individuals who violate those obligations.

Dr Lynn Mafoko (UWC, Critical Food Studies)

The discussion around BF needs to be taken further than the health sector and become a topic of discussion in public spaces. Formula milks have been given a special place in the marketing environment and shelves in our shops and pharmacies. The positioning of formula milk is influencing Doctors and health care professionals to subconsciously, and in some cases consciously,

recommended formula over BF. Scientific imagery and pseudo-scientific claims are also problematic and influencing mother's choices. A mother is positioned in a way that she should make better choices for her baby and formula is positioned as part of the best nutritional option. This discourse needs to be broken down and analysed to identify where we can and should intervene. The language used on information labels and pamphlets for example regarding BF is also not accessible. Education regarding BF should be context specific and assist mothers and families of all ethnicities and languages.

Discussion:

Pam Picken (The Do More Foundation): Our foundation is putting together a parent inclusion program through ECDs (Early Childhood Development) centres. The methodology is very playful and engaging and making use of storytelling which is especially popular with Xhosa communities. The purpose of the program is to educate communities on FBDG and making the wording of these often hard to digest documents easier to understand. A link to the program can be found [here](#).

Rebone Ntsi: Director for nutrition at NDoH: The public and industry are not always aware of regulations nor aware when violations are being violated. Regulations are very technical and sometimes difficult to understand. Government (with the help from other spheres) intends to educate the public around regulations and what they entail. Government is currently rewriting regulations to close loopholes in regulations but more involvement is needed to pin point where grey areas are. Government is also looking beyond the health sector and emphasises the importance and need for broader inclusion of different spheres of work (civil society, academia, faith communities etc.)

Florian Kroll: The purpose of the Food Imbizo creates the perfect platform to engage various dialogues and to create opportunities for actions and make the world a better place as well as advocate for the benefits of breastfeeding.

Ann Behr (NDoH): Regulations, no matter how thoroughly thought through will always have loop holes that slip in. Involving more people from different perspectives and backgrounds could aid in improving the implementation and revision of regulations.

Malebina Botsane: How much are mothers' voices included in regulations, and would it be beneficial to include the average woman's voice in regulations and not only focus on health care professional and the health system?

Florian Kroll: The notion of including various different voices especially in the context of democracy and food democracy very little inclusion of solid public participation it witnessed.

Chantell Witten: Globally mothers voiced that there is a great need for more information and support regarding BF. Women generally want to breastfeed but an enabling environment is lacking. Maternity protection fails these women. In SA the call for action to government is to include comprehensive maternity protections. Policies include mothers and women voices but they are not responsive to what women *need*. There is a great need for changing our cultural perspectives around BF and this can only be done through the inclusion of more perspectives such as the Food Imbizo, faith communities, women support groups etc.

Rebone Ntsi (Director for nutrition at NDoH): When regulations are drafted and gazetted they are open for public comments and through this way mothers, NGOs and health care professionals are encouraged to comment. In this way mothers' voices can be heard. Unfortunately most of the

comments are from industry and the people who make use of the regulations, very few to none are from the general public.

Zandile Kubeka: There is urgent need for more stakeholder on platforms such as the Food Imbizo. It is important that people know what government is doing and our suggestion would be to include more people from media. Government always aims to raise awareness and to include as many voices as possible. The Food Imbizo is an excellent platform and it will take time to reach more voices.

Conclusion:

Florian Kroll

These gathering are currently single events but we would like to see them as part of a long term programme/movement to keep them informal and create awareness. We aim to develop networks through these events and in our reports. In previous Imbizo events we had op-eds and a link to the previous op-ed regarding the right to food can be found [here](#). We are open for suggestion to include even broader dialogue or initiatives that Food Imbizo could create alliances and collaborations with.

There will be at least one or two more Imbizo event this year.

Thank you to all the speakers and broad participations. May all the mothers be supported in the work that they do!

If you would like to get involved or comment on this report please contact florian@plaas.org.za or camilla.adelle@up.ac.za