

Protection of Breastfeeding and Child Nutrition
Ordinance 2002

**WHOSE
FUTURE?**

Playing with Children's Lives
in Pakistan

Why Breastfeeding?

Breastfeeding benefits both mother and child. From birth till two years of age, breastfeeding provides adequate nutrition for child growth and helps in developing immunity that protects the child against diseases and reduces risks of diarrhea and malnutrition. The mother-child relationship established while breastfeeding also sets the basis for emotional and psychological well-being throughout the child's life. Breastfed children are healthier and face fewer health problems in their life than those who are not breastfed. The mother benefits through delayed fertility leading to reduced risk of maternal and child mortality. Breastfeeding is the most economic, natural and viable way to control, Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR).

Over the past few decades, the natural practice of breastfeeding has been increasingly threatened by commercial influence of baby food manufacturers. Aggressive and unethical promotion by the industry has affected society's behavior towards this healthy practice.

The World Around

The lives of an estimated 1.5 million infants could be saved every year and the health and development of millions of others could be greatly improved if all babies were fed only breastmilk for the first six months of their life¹. International initiatives as well as community based programs that have resulted in the reduction of malnutrition, have focused on the promotion of breastfeeding.

According to the Human Development Report for South Asia, 2004, exclusive breastfeeding² rates were 36 percent between 1995 and 2002, and about 67 percent children under two years of age were still breastfed. Nepal, Sri Lanka and Bangladesh had highest rates 69%, 54% and 46% respectively of exclusive breastfeeding. Correspondingly, IMR in Sri Lanka is 17, best in the region, with Bangladesh and Nepal having 51 and 66 respectively.

In understanding breastfeeding practices, and threats to these practices, most initiatives have clearly identified corporate profit interests that often operate at the expense of the public health interest. Unethical and aggressive promotion of breastmilk substitutes, both by large multinationals as well as by national manufacturers, slip under the net of public awareness and regulation. Corporate interests, therefore, constitute a clear and present danger to the health, and even lives, of children. It is for this reason that a global need has been felt by health activists, as well as the World Health Organization, to protect the natural practice of breastfeeding... to protect it from a profit motive that overwhelms public health communications and awareness-raising.

To this end, in recognition of the industry's influence, the World Health Assembly of the WHO adopted the International Code for Marketing of Breastmilk Substitutes in 1981. Member countries, including Pakistan, agreed to regulate the industry's promotional practices in their countries by implementing the Code. The South Asian Association for Regional Cooperation (SAARC) has also adopted a Model Code on Infant and Young Child Nutrition, which it termed most suitable for implementing the International Code in the region. All South-Asian countries have regulated marketing of breastmilk substitutes to protect the healthy and natural practice of breastfeeding from commercial and negative social influences.

The Situation at Home

Between 1995 and 2002, the rate of exclusive breastfeeding in Pakistan was 16 percent, the lowest in South Asia, where the average prevalence was 36 percent³. In the region, Pakistan has the highest Infant Mortality Rate (83 per 1,000 live births, as opposed to 17 in Sri Lanka, in 2002) and the highest under-five mortality rate (107 deaths per 1,000 live births, as opposed to 19 in Sri Lanka, in 2002). According to commitments under the Millennium Development Goals (MDGs), Pakistan needs to reduce under-5 mortality rates by two thirds by 2015⁴.

Startling Facts

- Breastfed babies are less likely to develop diabetes, childhood cancer or suffer sudden infant death syndrome. It makes immunization more effective and may prevent long term bowel disease, certain autoimmune conditions and coronary heart disease⁵.
- Breastfeeding can provide up to 98% protection against pregnancy as long as one year after delivery. Breastfeeding prevents more pregnancies than other forms of contraceptives combined⁵.
- There is evidence that breastfeeding improves learning ability and intelligence quotient⁵.
- Where clean drinking water is not available, a bottle-fed baby is 25 times more likely to die of diarrhea and four times more likely to die of acute respiratory infections than an optimally breastfed baby⁶.
- Breastfeeding is identified as the single most effective intervention that could prevent 13-15 per cent of all child deaths⁷.
- Worldwide 6 million children under five die because of malnutrition and two-thirds of them, about 4 million, die before completing their first year of life⁸.

Law? What Law?

To protect breastfeeding practice from the commercial onslaught of the industry, manifested in blatantly unethical marketing practices, and to fulfill international commitments, the Government of Pakistan passed the "Protection of Breastfeeding and Young Child Nutrition Ordinance, October 2002". The law lacks substance to tackle the powerful commercial influence as provided for in the International Code, and is fraught with lacunas. Despite its obvious loopholes, implementation of even this law could have brought some respite to consumers. However, there is no progress to be seen in implementing even current provisions, despite promises by successive Governments.

The State took 21 long years (from 1981 to 2002) to translate the minimal provisions of the International Code for Marketing of Breastmilk Substitutes into law, and has since then largely ignored implementation. Notification of Rules and Regulations are necessary for the implementation of any law; however, in the last 3 years since promulgation of the Ordinance, the Ministry of Health has just recently been able only to notify rules for a National Infant Feeding Board formed under the Ordinance. This Board, which is tasked to formulate Rules and Regulations of the Ordinance, formally includes a representative from the industry which is to be regulated! The presence of Industry's representative on the National Board is actually prohibited under the International Code. All this despite the fact that draft Rules and Regulations, proposed by health experts, have been available with the Ministry of Health for over two years. Consequently, the provisions of the legislation remain on the

Ministry's shelves, and no action can be initiated against the industry's unethical promotion despite the fact that a law has been passed to control it.

Where to Next?

If the Breastfeeding protection law is not to become yet another in a series of un-implemented pieces of social legislation in Pakistan, action needs to be taken now. Government needs to demonstrate its commitment to protecting the health and lives of its citizens by:

- notifying full Rules and Regulations of the law for its implementation;
- developing a national plan of action for implementation of the law in public and private facilities;
- establishing an independent mechanism for monitoring the implementation of the law for its stated objectives;
- making necessary amendments in the law to meet its stated objectives;
- informing health professionals particularly related with mother and child health about the provisions of the law; and
- nominating a Ministerial Committee to review the implementation status of civil laws.

Our future is in the hands of our children and their health. How long can we afford to jeopardize that future?



Challenges

Several challenges stand in the way of protecting the healthy and natural practice of Breastfeeding in Pakistan:

1. Lack of political will and commitment
2. Mistaken beliefs of people and health workers
3. Aggressive marketing practices by baby food manufactures
4. Less supportive work environments
5. Growing urbanization and rapid social and economic changes

1 *Facts for Life* 2002, United Nations Children's Fund, Third edition

2 Exclusive breastfeeding is defined as infants under the age of four months who receive only breastmilk. Till 2001 the recommended time period of exclusive breastfeeding was 0-3 months; in 2002 the recommended period of exclusive breastfeeding increased to six months.

3 *Human Development in South Asia 2004: The Health Challenge* Mahbub ul Haq Human Development Centre, Oxford University Press pp. 53-65

4&7 Gupta, A. 2004 *Why ensure exclusive breastfeeding for all babies?* <http://southasia.oneworld.net/article/view/91300/1>

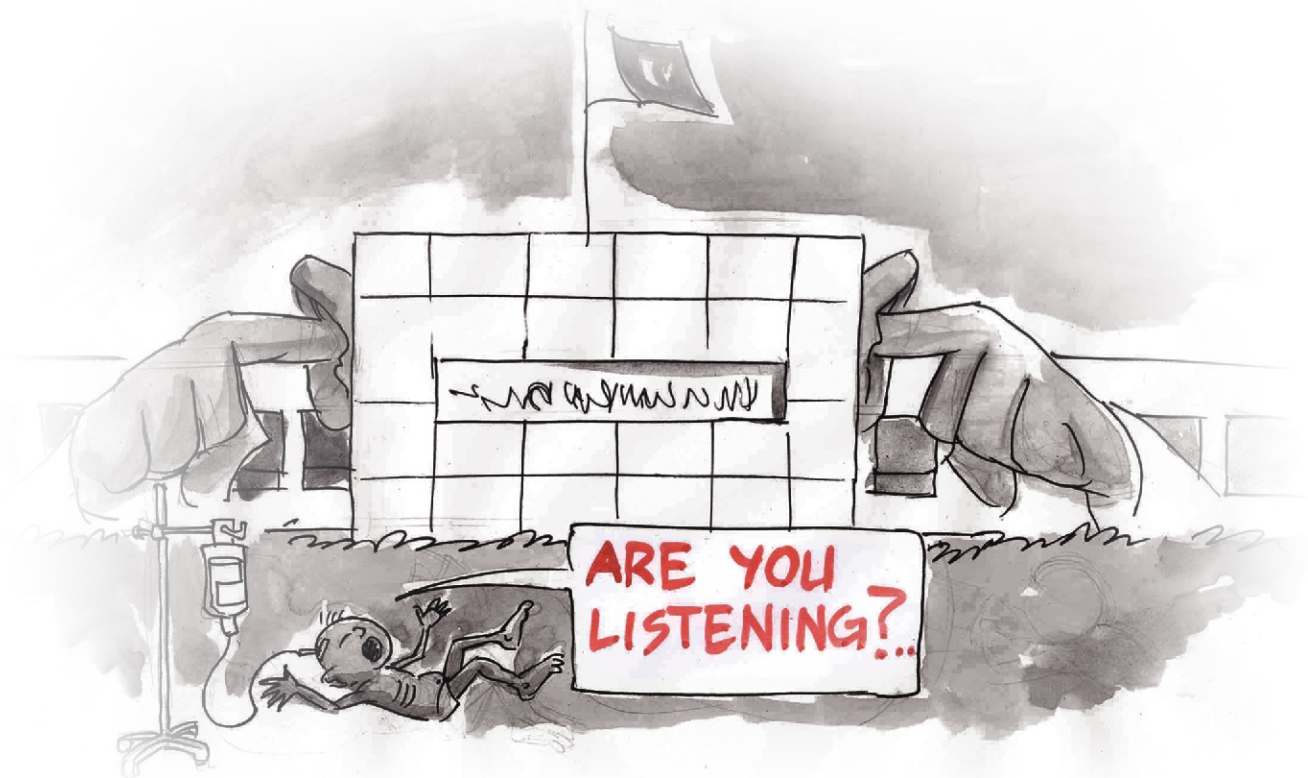
5 *The Politics of Breastfeeding* 1998, TheNetwork-Association for Rational Use of Medication in Pakistan

6 *Milking Profits: How Nestlé puts sales ahead of infant health* 1999 TheNetwork-Association for Rational Use of Medication in Pakistan

8 *Nurturing the Infant and Young Child* 2003 IBFAN Asia Pacific

History of Breastfeeding Protection Law

- Activists had been advocating the need for responsible promotion by the industry even before the emergence of the International Code.
- Adoption of International Code of Marketing of Breastmilk Substitute in 1981
- First draft of law for protection of breastfeeding under the International Code presented in 1992
- Adoption of SAARC Model Code for Protection of Breastfeeding and Young Child Nutrition in 1996
- At-least ten different drafts of the law for implementation of the International Code were prepared before the present legislation in 10 years (1992-2002).
- Enactment of Protection of Breastfeeding and Young Child Nutrition Ordinance in October, 2002
- Notification of National Infant Feeding Board (NIFB) under the Ordinance in October, 2004
- 1st meeting of NIFB in March, 2005



TheNetwork
for Consumer Protection

TheNetwork is a membership organization; to participate, support and know more, join as a **member**

40-A, Ramzan Plaza, G-9 Markaz, Islamabad, Pakistan.

Tel: +92-51-2261085 Fax: +92-51-2262495

Email: main@thenetwork.org.pk Website: www.thenetwork.org.pk