

Breast-milk Substitutes Threaten Young Lives:

2012 Research into Use of Breast-milk Substitutes in Sierra Leone



Save the Children

Table of Contents

| | |
|-------------------------------------|-----------|
| Acronyms..... | 2 |
| Executive Summary..... | 3 |
| Background..... | 4 |
| Justification..... | 5 |
| Aims and Objectives..... | 5 |
| Methodology..... | 5 |
| Results and Discussions..... | 6 |
| Conclusions..... | 10 |
| Recommendations..... | 10 |
| References..... | 11 |

Acronyms and Abbreviations.

| | |
|------|---|
| BFHI | Baby Friendly Hospital Initiative |
| CHO | Community Health Officer |
| DHS | Demographic Health Survey |
| EBF | Exclusive Breast feeding |
| IGBM | Inter Agency Group on Breast milk Monitoring. |
| MICS | Multiple Indicator Cluster Survey |
| TBA | Traditional Birth Attendant |

Executive Summary

Of all preventative health and nutrition interventions, infant and young child feeding (IYCF) has the single greatest potential impact on child survival. Exclusive breastfeeding for the first six months of life and critically in the first hour are essential to enabling this impact. It is estimated that 1.45m lives are lost through giving the wrong food in the first hour of life. A number of influences affect a mother's choice of feeding her child in its first stages of life. These may include traditional cultural practices, violations of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant resolutions (the Code), or a mother's working environment.

The survey conducted by Save the Children, with support from the Ministry of Health and Sanitation sought to determine which influencing factors play the greatest role and from where they originate. The survey targeted two main groups: (1) households with children aged 0 to 6 months; and (2) health professionals at facility level. The sample size for this survey was 200 and spanned the four regions of Sierra Leone. The survey found that the two main factors that influence a mother's choice of feeding options for her infant include traditional myths about breast feeding, and the availability and easy access to breast milk substitutes. Of these two factors, the aggressive marketing and promotion of breast milk substitutes was identified as an important factor in a mother's decision to introduce additional foods to their infants diet as early as the first month of life.

1.45m lives are lost globally through giving the wrong food in the first hour of life.

It was concluded that, in addition to the strong traditional beliefs and common myths about breast feeding, the aggressive marketing of breast milk substitutes has led to an increase in the use of these substitutes by mothers across Sierra Leone. Tradition dictates that infants be given plain water mixed with local foods at the fourth month, this could be one of the reasons why the use of infant formula is on the rise as it is used to improve the flavor and taste of such diets. The survey identified a strong correlation between the sale of breast milk substitutes and corresponding promotion via radio and television.

62.5% of women surveyed in Sierra Leone were using breast-milk substitutes.

It is imperative that Parliament adopt the International Code of Marketing of Breast-milk Substitutes into national legislation to protect and promote breastfeeding. The code stipulates that there should be absolutely no promotion of breastmilk substitutes, bottles and teats to the general public; that neither health facilities nor health professionals should have a role in promoting breastmilk substitutes; and that free samples should not be provided to pregnant women and new mothers

Recommendations:

1. GoSL must adopt the International Code of Marketing of Breast-milk Substitutes into law;
2. GoSL must ensure that the Code is properly implemented and supported by enforcement, dissemination and monitoring;
3. GoSL must consider how work conditions for women can be made more conducive to exclusive breastfeeding, and maternity leave further extended;
4. GoSL must consider regulation of the repackaging and sale of breast milk substitutes.
5. The issue of mixed feeding should be investigated and discouraged through sensitization programmes at community level.

I. Background

Breast milk is the natural first food for babies as it provides all the energy and nutrients that the infant needs for the first 6 months of life. Most babies are less likely to get ill or die if they are breastfed, so breastfeeding must be protected. To do this accurate information about breastfeeding must be disseminated to those who influence breast feeding. It is estimated that each year, more than ten million children die before the age of five, mostly from preventable causes and almost all of these deaths occur in poor countries. Further to this, about forty-one percent (41%) of these deaths occur in sub-Saharan Africa alone (Black et al 2003). Most of these deaths have also been reported to occur in the infantile stages with the majority occurring in the neonatal stages. Among the key issues worth considering in mitigating the problem of child death is the importance of under nutrition. Under nutrition has been identified as an underlying cause of child deaths associated with infectious diseases. According to the report by Black et al in the Lancet series 2005, “Infants aged 0-5 months who are not breastfed have a seven fold increased risk of death from diarrhoea and pneumonia compared with infants who are exclusively breastfed” (Lancet 2005, Victora et al 1989). “At the same age, non exclusive rather than exclusive breastfeeding results in a two fold increased risk of dying from diarrhoea and pneumonia” (Lancet 2005, Arifeen et al 2001). The World Health Organization (WHO) has again confirmed that an estimated 1.5 million infants who die each year could have been saved if they had been breast-fed (WHO-AFRO 2005). For babies everywhere, the benefits of breastfeeding are undisputed but, for infants in developing countries, breastfeeding is imperative.

In spite of the benefits of breast-feeding, and all the interventions and provisions initiated to promote, support and protect breastfeeding, the rate of breast feeding in many countries is still generally low. This has partly been attributed to socio-economic and demographic trends, lactation problems as well as the fact that breast feeding is still not as protected as it should be twenty-five years after the adoption of the International Code (IBFAN 2006, RNCOS 2006, and Walker 2003). In Sierra Leone, poor Infant and Young Child feeding practices are predominant, with only 32% of children being exclusively breastfed and 42% appropriately fed with complementary foods (solid/semi solid/soft foods) at 6-23 months (MICS 4, 2010).

Only 32% of children in Sierra Leone are exclusively breastfed for the first 6 months.

The Baby Food market has been reported to be growing consistently, however it is said to have experienced phenomenal growth since the year 2003. This growth has led to the transformation of the baby food industry across the globe. The RNCOS Research report indicated that new markets for the baby foods are emerging fast and are stretching beyond the traditional strongholds like North America and Europe. Studies have shown that the complexity of factors that affect breastfeeding include the aggressive marketing of breast milk substitutes, practices at health facility levels that have the potential to undermine breastfeeding, cultural feeding practices, economics of feeding, convenience, socio economic and demographic factors, availability as well as employment concerns (Sokol 2003, Walker and Adam, 2003, RNCOS 2006). Of all these, two key factors that have been identified to contribute largely to the decline in breastfeeding and the entrenchment of bottle feeding are commercial promotion of infant food products and health care practices that encourage the use of these products (Sokol 2003).

2. Justification

Given that Sierra Leone is yet to pass the International Code of Marketing of Breastmilk Substitutes into law, this survey was intended to assess the impact of marketing of breast milk substitutes on infant and young child feeding practices. The findings of this report will be featured in a global breastfeeding report to be produced by Save the Children toward the end of 2012. The report will highlight the priority areas which need addressing in order to save infants' lives.

3. Objectives

The main objective of this survey was to find out the factors that influence breast feeding options of lactating mothers.

4. Methodology

4.1. Main components of the survey

This study included a review of relevant documents, as well as the collection of primary data via focus group discussions and questionnaires with health workers, including Traditional Birth Attendants (TBAs), post-natal mothers in their households, mothers at ante-natal clinics, and mother-to-mother support groups in various communities. Interviews were also held with local shops and pharmacies.

4.2. Sampling procedure and sample size

Sierra Leone has an estimated population of 5.7 million with more than 20 ethnic groups. Administratively, the country is divided into four regions, Northern, Southern and Eastern and one area, Western Area where the capital city is located. Each province is divided into districts (14 in total) and each district is subdivided into chiefdoms (150 in total). The four regions were purposively sampled: the north, south, east and western area.

The study was carried out in one provincial head quarter town (urban) and one rural community in each selected region. The urban and rural locations were selected on a random basis. In addition to this, various health facilities, local shops, and pharmacies, were contacted for information on the sale of breast milk substitutes. . The sample units for every selected site whether rural or urban were made up of:

- ❖ 10 Health Facilities where 10 Health workers OR Traditional Birth Assistants (TBAs) were interviewed.
- ❖ 10 pharmacies/local shops.
- ❖ 30 households (15 from urban and 15 from rural areas) with nursing mothers having children aged 0 to 24 months.

The total sample size was 50×4 (regions) = 200 respondents.

The qualitative sampling included 12 to 24 respondents in the focus group discussions.

4.3. Data Analysis

Data collected was entered into Epi Info version 7, as recommended by IGBM.

5. Results and Discussions.

5.1. Distribution of sample units.

Table.1. Distribution of sample units interviewed.

| Region | Number of districts visited | Number of Mothers interviewed | Number of Health Facilities Visited | Number of shops/ pharmacies visited |
|-------------------|-----------------------------|-------------------------------|-------------------------------------|-------------------------------------|
| Western Area | 2 | 30 | 10 | 10 |
| Northern Province | 2 | 30 | 10 | 10 |
| Southern Province | 2 | 30 | 10 | 10 |
| Eastern Province | 2 | 30 | 10 | 10 |
| Total | 8 | 120 | 40 | 40 |

Table I shows the distribution of sample units visited during this survey. A total of 40 health facilities were visited to solicit information on the number and purpose of visits by representatives of companies that sell breast milk substitutes. Thirty (30) households were interviewed. Each region was divided into two: urban and rural where 15 women were interviewed about their choice to breast feed or to give breast milk substitutes to their babies aged below six months. Observations on labels and type of product promotion materials were made in 10 shops/ pharmacies in each of the 4 regions. Most labels did not specify age category.

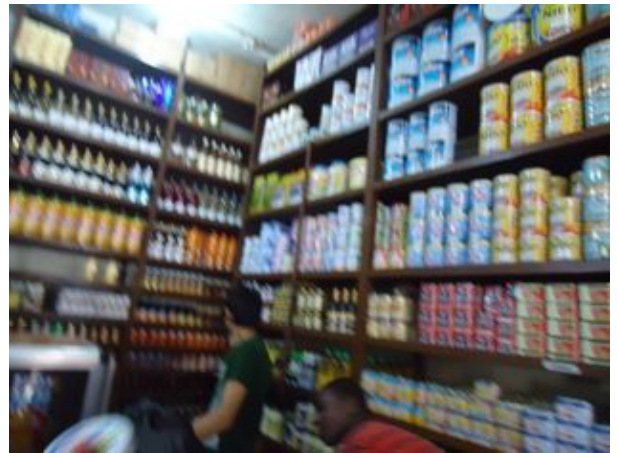
5.2. Breast milk Substitute Company Visits to Health Facilities.

As part of the survey, health workers were asked to state the number of visits by company representatives in the last six months. Out of the 10 health facilities visited in the Western Area, 80% had been visited by company representatives

80% of clinics surveyed in Western Area visited by formula milk representative once a week in the last 6 months

at least once a week in the last six months, but were not allowed to promote or give free samples of infant formula to mothers as this would undermine the Baby Friendly Hospital Initiative (BFHI). Similar visits had been made by company representatives to 75% of the health facilities surveyed in the 3 provincial head quarter towns of Makeni (North), Bo (South) and Kenema (East) on a monthly basis but no samples were given to mothers or health workers. Information on new products such as Nutrilac, improved Nido milk, Nan and sugar free cerelac were given but with caution that only those mothers whose children were of the appropriate age should use formula.

It was found that while messages on breast milk substitutes at the health facility level were modified, information on formula use outside facilities were full of claims that breast milk substitutes are low cost, highly nutritious, suitable for infants from birth, and can make babies grow healthy. Of the shops and pharmacies visited, 45% had brochure by Nestle. Health workers believed that visits by company representatives increased when new products are on the market.



Shop in PZ, Freetown, selling a range of breast-milk substitutes.

45% of shops and pharmacies visited had a Nestle brochure.

For example, in May and June this year, there were representatives of Nestle visiting at least five health facilities in each regional headquarter town every week to give information on new products. Such visits have stopped since September as promotion has now been limited to radio and TV.

5.3. Interviews with Mothers.

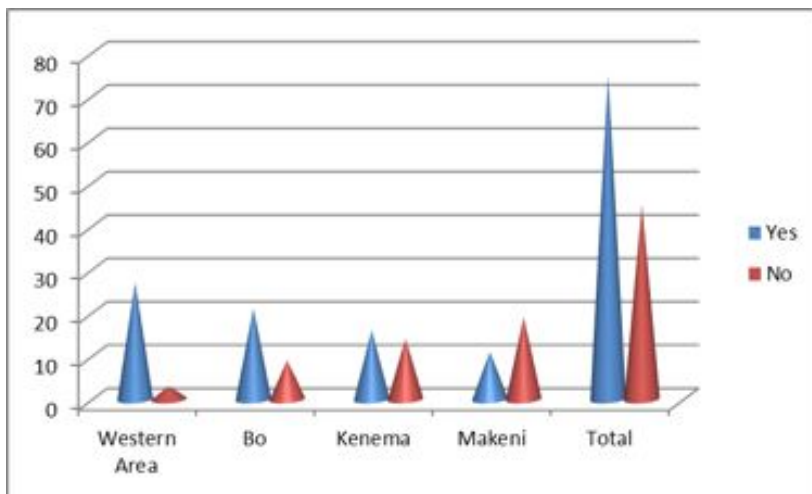


Figure I. Mothers using infant formula from week 4 by districts.

The survey found that overall, 62.5% of respondents were giving breast milk substitutes to their babies every day to complement breastfeeding. However, the use of the breast milk substitutes was lower in Makeni as there are fewer retail outlets for infant formula, a comparatively lower proportion of working mothers, and more limited access to information.

While there was no direct contact at the health facilities between mothers and companies, the main link between mothers and companies were found to be retail outlets - shops, pharmacies, street

pavements and some health workers who were treating patients at home. Of the women interviewed in Western Area, 60% claimed that they had heard promotions on both radio and television, while 40% were advised by relatives and/or friends on the use of a particular brand of infant formula as a way of promoting the growth of their babies. Of the women interviewed in the provincial headquarter towns, 35% accessed marketing information via radio or TV of which, 17% were in the south, while 11% were in the east, and 7% in the north, with the remaining 65% getting information from other sources such as friends and relatives.

60% of mothers using formula in Western Area influenced by formula milk promotions on TV & radio.

In the focus group discussions held in all the regions, reasons for giving breast milk substitutes to babies were similar –

- the need to return to work.
- imitation of role models in their communities and even within their families
- convenience and as a way of showing status among their peers.
- giving water to babies will help them stop crying, ease bowel discomfort and sleep longer - water is “life” and should be the first meal for a new born.
- water heals the umbilical cord.
- first milk (colostrum) is bad, mother needs to wait for the white milk before breast feeding.
- male children eat more, so breast milk is not enough.
- commercial infant formula is the same as breast milk -the baby will grow as healthy as the child on the label of the infant formula.
- women with sore nipples should not breast feed as the infected breast will produce bad milk.
- for the teenage mothers, breast feeding will make the breast sag.
- an orphaned child should not be breast fed by another woman (wet nursing). A taboo aimed at preventing incest.

A teenage mother said her relative had a baby whom every one in the community loved because he was fat and looked chubby. The mother proudly told everyone that the gained weight was due to the formula she was feeding her baby with.

In addition to this, 21% of all respondents surveyed stated that they felt compelled to use formula milk due to the need to return to work and work environments not being conducive to breastfeeding.

Despite the strong advocacy for exclusive breastfeeding throughout the country, some mothers felt that they have the right to choose the best feeding option for their babies given their particular circumstances. Consequently, in order to make a well-informed decision, they have the



Mother interviewed in Bo district, started feeding her baby formula milk at age 2 months.

right to receive information and resources about all infant feeding options. A working mother who was interviewed argued that “whatever a mother’s decision, she should be supported and counseled in her choice”

Need to return to work and school outweighs need to breastfeed.

Interviews with mothers showed that about 95% of them knew the importance of exclusive breastfeeding and its benefits, and were able to highlight some challenges associated with the use of infant formula as opposed to breast milk. Respondents in the urban settings indicated that while they generally preferred to breast feed as recommended during health talks at the clinics, they were faced with realities that made it impossible such as the need to return to work or school. It was observed that after 90 days when they had to return to work whether formerly employed or self employed, and in the case of teenage mothers who had to go back to school, they were compelled to give other foods to their babies. In most cases infant formula as well as hot water for babies less than six months, and commercial or homemade complementary foods for those above three months.



Shop in front of a pharmacy in PZ, Freetown, repackaging all purpose powdered milk for sale for babies.

Despite the widespread use of breast milk substitutes, 88% of women in the rural areas visited for this survey claimed that they could not afford commercial infant formula in tins and therefore bought smaller sachets of milk to add to porridge for their babies. The retail outlets have repackaged these formulas as a marketing strategy to increase accessibility and affordability. This could be an advantage for both dealers and mothers but could be disadvantageous to the baby particularly given that poor personal hygiene has been a contributing factor to contaminated feeds and increased infant morbidity and mortality in Sierra Leone.

5.3.2. Brands of Formula Used by Mothers.

Several brands were seen in all the shops/ pharmacies visited. The most common ones includes Lactogen 1 &2, Cerelac (wheat, banana flavor), Guigoz 1 &2, SMA (gold, premium), NAN, Bennimix and Nutrilac. Guigoz and Bennimix were the most popular in the rural areas while Cerelac, SMA, Nutrilac and NAN are more popular in the urban areas. The reason for this difference is directly related to the cost of these brands. SMA is the most expensive.

6. Conclusions.

The aggressive marketing of formula milk substitutes by companies is threatening the nutritional status of Sierra Leone's children, and undermining the progress made by Government and partners in the promotion of exclusive breastfeeding.

The survey by Save the Children International revealed that 80% of facilities surveyed in Western Area had been visited by representatives of formula milk companies at least once per week in the last 6 months, and 75% of facilities in the three other regions. It is clear, that formula milk companies are rapidly expanding their presence in Sierra Leone, putting significant pressure on healthworkers to use and promote their products.

While there has not yet been any direct contact at the health facilities between mothers and formula milk companies because of the Baby Friendly Hospital Initiative (BFHI), use of formula milk is on the rise. Of all the mothers surveyed, 62.5% had started using infant formula from 4 weeks, with it as high as 90% in the Western Area. Most mothers choose to use infant formula as a result of promotions seen on TV and heard on radio. Of the mothers in Western Area who reported using infant formula, 60% had heard promotions on both radio and TV. Promotion messages do not indicate the suitable age for consumption, particularly the repackaged dry formula with no labels.

In a country such as Sierra Leone where exclusive breastfeeding remains low at 32% of the population, and infant mortality figures still cause for concern, it is critical that Government regulate the promotion of breast milk substitutes, creating a conducive environment for mothers to make the best feeding choices for their babies. To regulate the breast milk substitute industry, it is imperative that Parliament adopt the International Code of Marketing of Breast-milk Substitutes into national legislation to protect and promote breastfeeding. The code stipulates that there should be absolutely no promotion of breastmilk substitutes, bottles and teats to the general public; that neither health facilities nor health professionals should have a role in promoting breastmilk substitutes; and that free samples should not be provided to pregnant women, new mothers or families.

Recommendations:

1. GoSL must adopt the International Code of Marketing of Breast-milk Substitutes into law;
2. GoSL must ensure that the Code is properly implemented and supported by enforcement, dissemination and monitoring;
3. GoSL must consider how work conditions for women can be made more conducive to exclusive breastfeeding, and maternity leave further extended;
4. GoSL must consider regulation of the repackaging and sale of breast milk substitutes.
5. The issue of mixed feeding should be investigated and discouraged through sensitization programmes at community level.

References.

1. Sierra Leone Demographic HEALTH Survey Report, Government of Sierra Leone, 2008.
2. Gabrielle Palmer, 2009, The politics of Breastfeeding: When Breasts are Bad for Business
3. Black S.reducing Child Mortality, Can Public Health Deliver?-THE Lancet 2003.
4. WHO/UNICEF,1990 Innocenti Declaration- Breast feeding in the 1990s: A Global Initiative.
5. Walker A.RP and Adam F,2000,Breast feeding in Sub- Saharan Africa: Outlook for m2000, Journal 0of Public Health 3(3),285-292.
6. Stallon.DD AND Jacobson MF,2003 CSPI Reports- Cheating Babies: Nutritional Quality and Cost of Commercial Baby Food.
7. Sokol E,2005, The Code Handbook: A guide to Implementing The International Code of marketing Breast milk Substitutes. ICDC-IBFAN, Penang: Malaysia, pp 1-22.
8. Sierra Leone SMART Survey, 2010.
9. Sierra Leone MICS 2010, Statistics Sierra Leone / UNICEF.