
View Points

A Balanced View

I was interested to read "Why the Act?", view point of Dr. Kumta (1) and a letter from Dr. Nair related to infant feeding(2). An editorial on the same subject was published in the Journal last year (3). The opinions expressed by these eminent pediatricians need to be viewed in a proper perspective.

Dr. Kumta's statement that 4000 babies die every day in India due to adverse effects of bottle feeding should be supported by authoritative data, in the absence of which he could himself be blamed for indulging in sensationalism.

Dr. Kumta alleges that financial support and sponsoring of medical conferences and other activities by the Infant Milk Substitute (IMS) Industry puts the beneficiaries under obligation and makes them "manufacturer friendly". Does he have clear evidence to support that statement? All of us are aware that for several years the Indian Academy of Pediatrics (IAP) took very substantial help from the IMS makers for its conferences, its official journal and other activities such as organizing countrywide Pediatric Quiz. Did the IAP become IMS Industry friendly? In fact the opposite seems to have happened. Similarly, the activities of the National Neonatology Forum (NNF) were heavily supported by the manufacturers of IMS. Is there any evidence that members of the NNF have prescribed their products in an inappropriate manner?

There can be no denial that bottle feeding is very hazardous in situations where it cannot be practised with strict precautions and adherence to instructions, which could well apply to about 70% of our population. However, at least 60 million of our population have a standard of living comparable to that in European countries. In this group bottle feeding can be as safe as in the affluent population in developed countries.

The superiority of breastmilk has been extensively documented and there is no doubt that for full-term neonates breastmilk is the ideal form of nutrition. However, all questions about the adequacy of pre-term breastmilk for the premature infant have not been answered. For example, poor bone mineralization has been recognized in preterm infants fed breastmilk alone (4) and mineral supplementation has been recommended in such situations. It is also clear that most infants thrive on a cow's milk based formula. If knowledge and resources are adequate, bottle feeding is sufficient and satisfactory. Clinical experience supports the suitability of the commercially available formulas for infants who cannot be breastfed(5). Specialized formulas may also offer significant treatment options for infants with atopic disease or malabsorption(6).

The IMS, Feeding Bottles and Infants Food Act of our country has rightly prohibited advertisement and promotion of feeding bottles and breastmilk substitutes. The act also prohibits making payments or giving directly or indirectly any financial inducements or gifts to a

health worker or to any member of his family for the purpose of promoting the use of IMS or bottles or foods. The Act does not stop acceptance of support by institutions (such as the IAP), provided it is not meant for the purpose of promoting IMS, bottles or foods. The law must be followed. Unfortunately, over-zealous and incorrect interpretation of the Act has led to the extreme view that IMS manufacturers should be treated as pariah and the IAP must not accept any support from them for any purpose.

As more women join the work force (I am not referring to women in agricultural, construction or manual work) there is bound to be an increasing demand for bottle feeding, based on many personal and practical considerations and problems for which an immediate solution may not be possible. These mothers can use appropriate methods for family planning, and they need not worry about breastfed babies having higher IQ! Those who decide to bottle feed have a right to information, as they have a right to choose;- Pediatricians (or general physicians) also have a right to that information. They must first possess detailed knowledge of the subject so that they can adequately instruct the mothers. Such information should be available in standard texts and from other sources. In that context I draw attention to the recent Supreme Court Ruling that "Commercial Speech is a Fundamental Right under Article 19(1) (a) of the Constitution". I quote from an Editorial in the Times of India of August 9,1995, "At issue here is not just the legitimacy of what is called "commercial speech", a euphemism for advertising, but the citizen's right to listen, to read and to receive such communication" (7). It would

seem that pediatricians would be within their rights to receive information about IMS.

Pediatricians now fully understand the importance of breastfeeding. Nevertheless we must respect the decision of the mother. The physician may inform, educate and instruct but not cajole or coerce. A mother (educated and capable) who chooses to bottle feed does not commit a crime and should not be made to feel guilty. She need not feel any concern for the survival of her baby, nor a sense of inadequacy over her inability to breastfeed. Pediatricians should give emotional support to mothers in whatever method of infant feeding they themselves choose after having received detailed information.

We need to examine all issues dispassionately. Any mention of bottle feeding^ must not be equated with blasphemy. Adoption of "holier than thou" or extreme attitudes ("bottle feeding pollutes our air, water and land"; "good bye to bottle feeding"; "keep the killers out") and threatening postures (a document entitled "insist for breastfeeding or face prosecution" was widely circulated at the IAP National Conference at Indore in December 1994) are likely to hurt the very cause they advance. Over-enthusiasm and activism can be counterproductive and need to be avoided. A balanced and pragmatic view must be taken.

For several years the IAP has been actively involved in the promotion of breastfeeding, to the neglect of many other vital issues concerning children. The prevalence of malnutrition in children has remained very high and seems to be increasing. There are serious problems of child labor, and exploitation and abuse of children. There are 50 million

homeless, street children who survive from day to day (through begging, petty thefts and doing odd jobs), two million blind children and several million with serious handicaps. The vast majority of our children live in extremely poor hygienic conditions and suffer from diseases and deprivation and a lack of stimulation, all of which adversely affect their physical and mental development. We seem to have become immune to these problems.

Now there are "several 'individuals and organizations that are totally committed to the protection, promotion and support of breastfeeding". A much greater commitment is needed to tackle the many gigantic problems that affect the quality and dignity of the child's life and his optimal development. The IAP has adopted "comprehensive child care" as its motto. We must devote ourselves to total welfare of children.

Lastly, I refer to a report in the Newsweek magazine of August 7, 1995, entitled "Boys Soldiers". It vividly describes how children have been drafted to fight in conflicts and wars in many countries of the world (Afghanistan, Armenia, Liberia, Uganda, *etc.*, and, closer to home, Tamil fighters in Sri Lanka). Those who should be carrying school-books are loaded with lethal weapons. A large number of them along with civilian population have been killed or maimed. Why is there no "world outcry against such atrocities? Should not Academies and Associations of Pediatrics and International agencies for children be concerned?

R.N. Srivastava,

*Professor, Department of Pediatrics,
All India Institute of Medical Sciences,
New Delhi 110 029*

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Responses

Declining breastfeeding rates and aggressive marketing of breastmilk substitutes has blurred the distinction between breastmilk and formula. Infant formula is unsafe, uneconomical, not easy to use, nutritionally incomplete and non-ecofriendly (1). The following is my response to the various issues raised by Dr. Srivastava:

Issue 1: Nearly 4000 babies die everyday. Quoting Audrey Naylor—"Breastfeeding and 2 million infant lives"-"40000 children die each day, 28 every minute in developing countries, the victims of mal-

nutrition and frequent illnesses made worse by malnutrition. Exclusively breastfed infants have two and half times fewer episodes of illness and are 25 times less likely to die of diarrhea than those fed substitutes. An additional 2 million infant lives could be saved each year if more women were to breastfeed optimally as recommended(2).

The death certificate in the case of a child dying of diarrhea or a respiratory illness does not mention the real though "invisible" cause, namely, failure of breastfeeding. I give in *Table I* the logic behind my statement based on figures quoted in *State of World's Children*(3).

Therefore, nearly 4000 deaths per day is actually an under estimate. Malnutrition-infection-interaction results in death (*Table I*). Failure of breastfeeding and starting of bottlefeeds is unsafe in the Indian context for reasons already given in my viewpoint. "In a developing country to take the child off the mother's breast is equivalent to signing the death sentence" writes Morley(4).

TABLE I—Basic Indicators (India)

Child mortality estimates	Figures
Infant mortality rate under 1 year (1993)	81
Number of deaths under 1 year (1993)	2085040
Number of under 1 year deaths per day	5712
Number of under 5 deaths (1993)	3167000
Number of under 5 deaths per day	8676

(1993, Annual number of births in India: 26063000)

Issue 2 : Did IAP become manufacturer friendly? Can any business house spend any money on any organization without expecting direct or indirect profit? They are good at finding the vulnerable organizations in need of material or financial help and offer them help with the expectation of receiving their support in the matter of the sale of their products.

A medical detailing officer of an IMS company has given in writing to say that "tongue depressors which were given as gifts were refused by nursery doctors of SSKN Hospital, Calcutta"(5). Baby Milk Action "Update" of March 1994 (Supplement page 1) was entitled "Doctors refuse a quarter of a million dollars". Dr. Shanker Dayal Sharma, President of India, at the inaugural meeting of the 8th Asian Congress of Pediatrics said "I am very happy that doctors have decided to stand alone". The Hindustan Times later quoted the President of the IAP and Conference organizers, as saying that they had refused to accept a donation from one infant formula company which was enough to fund the whole conference (estimated to be in excess of \$250,000)(6). These gestures on the part of some pediatricians are praise worthy and salutary and have brought up the image of the IAP in the international forum.

However, the figures quoted by VHAI in 1991 substantiate the fact that the infant milk food market is certainly growing and infant foods in the form of branded cereals used by children of various age groups have penetrated the metros and non-metros(7). Several maternity homes are still giving prelacteal feeds of IMS through the bottles to newborns.

Issue 3: Bottle feeding safe in affluent population of 60 million. The incidence of all types of allergy, insulin dependent diabetes mellitus, lymphoma, obesity, sudden infant death syndrome, which are noninfective disorders are known to increase because of bottle feeding even in the elite and educated. Breastfeeding is ecofriendly and economical and is known to protect mothers from developing ovarian, breast cancer and anemia, etc. There is evidence to show that breastmilk feeding is associated with higher IQ in premature infants.

Issue 4A: Adequacy of preterm breastmilk for the premature infant. The milk of a mother who delivers prematurely (preterm milk) differs from that of a mother who delivers at term, which makes the mother's own milk better for her baby (whether preterm or full term) than donor milk.

Breastfeeding provides a premature baby with better health and survival(8):

1. Unlike the proteins in formulas, the proteins in human milk are completely broken down and absorbed by the baby's digestive system. Lactoglobulin present in animal milk is allergenic and it is absent in human milk.

2. Enzyme lipase in the human milk digests the milk fat more efficiently and milk fat forms a significant and important source of energy for growth.

3. Extra defences against infection, viz., antibodies in the breastmilk, gives the immature immune system protection from potentially serious bacterial infections, such as necrotizing enterocolitis, meningitis and viral infections (rotavirus and respiratory viruses). With an immature immune system, the premature

baby is unprotected and succumbs very often when reared on top feeds.

4. Human milk contains an array of hormones and enzymes including various growth factors for the baby's digestive and nervous systems(9).

5. Mother-premature baby bonding occurs even when her milk is given through the tube and the mother feels connected to him. Once the baby begins nursing at the breast, many mothers report that the closeness they experience helps them "make up" for their time apart.

6. Preterm milk is fresh with more live cells and antibodies to fight infections and complies with the unique nutritional needs of higher protein, sodium, iron and chloride than the milk of the mothers who deliver at term.

Issue 4B: Preterm breastmilk and poor bone mineralization. This can be treated with Vitamin D and calcium supplements, if and when required, instead of giving animal milk or IMS which are known to produce infective and noninfective disease conditions.

Issue 5: "Working women—their right to know and choose". Mothers have a right to know the scientific basis and complete and correct factual data regarding the advantages of breastfeeding and all the hazards of bottlefeeding at the right time, namely, the antenatal period or earlier or atleast after delivery with technical and emotional support. Then, the mother can choose between the two options.

Issue 6: Neglect of vital issues—malnutrition, child labor, exploitation, abuse of children and blindness. IAP has concen-

trated its attention on the 7 Child Survival Strategies and has *not* neglected the issue of child labor, child abuse and blindness. Our Past President, Dr. Indirabai, and many others have spent useful years for eradication of blindness due to Vitamin A deficiency. Dr. S.R. Banerjee of Calcutta and Dr. Meenakshi Mehta of Bombay have sensitized the IAP members on the issue of child labor and child abuse. Past Presidents and Executive Board Members have always taken up issues of importance but breastfeeding is the core of all the Child Survival Strategies.

I am happy that our President Elect has adopted "comprehensive child care" as his motto and I am sure IAP members will help him on the issues of boy soldiers, child labor, exploitation, homeless street children and children with handicaps mentioned by him and we all will help him on the issues decided by the executive board and general body members.

N.B. Kumta,
Chief Co-ordinator,

*Breastfeeding Promotion Network of India,
A 22, Kaveri Apartments, 63, Relief Road,
Malad (W), Bombay 400 064.*

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In short, Dr. Srivastava raises three issues: Should IAP accept support from the manufacturers of products covered by the IMS, Feeding Bottles and Infant Foods Act 1992 (IMS Act)? Is there a - need for such products? Should IAP address itself to issues other than breastfeeding?

To grasp the first issue, it is important to understand the related historical background(1). Way back in 1968, Dr. D.B. Jelliffe referred to the term "Commerciogenic Malnutrition" to illustrate the impact of industry's marketing practice on infant health. In 1979,

WHO/UNICEF hosted an international meet on infant and young child feeding. The infant food industry was also represented in this meeting when it was felt that an International Code of Marketing for infant formula was required to restrain the marketing practices of the manufacturers. As the draft WHO Code was being discussed by a Committee set up by the Government of India in 1980, Nestle offered a donation to IAP which was refused by the General Body of IAP in Hyderabad. The Code was finalized and passed by the World Health Assembly in 1981. IAP supported it. In 1992 the IMS Act was passed by our Government. The Law came into force from August 1, 1993. In the meanwhile, UNICEF took a firm stand that it shall not fund any activity which is supported by the manufacturers of the products covered by the IMS Act.

The whole world acclaimed the IAP-the hosts for the 8th Asian Congress of Pediatrics for refusing a huge donation from Nestle. The IAP then took legal opinion from its Medicolegal advisor and Convenor of the IAP Medicolegal Cell who felt that as per the IMS Act, IAP can not take support from IMS in any form. The issue was also discussed at length in the Executive Board Meeting of IAP under the chairmanship of Dr. U.G. Bodhankar. The Board passed a resolution that "IAP and its branches and chapters and committees and groups and members should not accept sponsorship in any form-advertisement, sponsoring the lectures or sessions, workshops, symposia, lunch, tea or in any other form from companies falling within the purview of the said Act. To be on the safer side, the Executive Board also felt that the sponsorship should not

be accepted from even those companies which have other divisions such as pharmaceutical" (2). Recently the Indian Medical Association took opinion of their legal consultants who also advised them against accepting any aid from IMS manufacturers.

According to Dr. Srivastava, IAP should not mind accepting support from IMS manufacturers provided it is not meant for the purpose of promoting IMS, Feeding Bottles or Infant Foods. To clarify this, Professor P.M. Bakshi, member of Law Commission of India and Fellow, Indian Council of Arbitration opines that a Medical Association which accepts financial assistance in any form from a manufacturer of infant milk food, *etc.* would be guilty of illegal and unethical practice by virtue of such acceptance. According to him the acceptance would, as a matter of ordinary common sense be construed as linked with the implicit object of promoting the product of the manufacturer who bears the expenses and it, therefore would be punishable as an abetment of that offence and that both the giver and the receiver are party to the offence (Personal Communication). According to Mr. Chander Uday Singh, advocate, High Court, Bombay, it is not only impermissible that such financial support or assistance be given, but it indeed is a criminal offence punishable with imprisonment or fine (Personal Communication).

Here it may be pertinent to quote two well known figures who understood human nature, Swami Vivekananda and Milton Friedman. The former in his book Raja Yoga says that when a man receives a gift from another, he loses his independence, becomes bound and attached.

The latter says, that there's no such thing as a free lunch. This is a well known quotation in all business circles. People like Dr. Srivastava who think that there is no harm in accepting help without strings attached, perhaps do not realize that a business house does not spend its shareholders' money without a profit motive and that profit for the formula industry means more and more babies being displaced from their mothers' breasts and hooked onto the formula.

The IMS Act allows free and low price sale of infant milk substitutes to orphanages. It may interest our colleagues to know that an orphanage tried to get such supplies from an Indian as well as a multinational company. The former refused to continue supplies after a short period of donation and the latter did not even care to reply to their request (Personal Communication).

The IMS Act and the IAP resolution makes it obligatory on the part of IAP not to accept money from industry even indirectly. If the industry and IAP is taken to the courts for violating the Act, it will be a sad day for all of us. But it can happen if companies succeed in pushing us to accept their money one way or another.

Regarding the other points raised by Dr. Srivastava, I agree that there is still a place for IMS and feeding bottles. However, most people committed to the promotion of breastfeeding have been able to markedly limit the use of such products and have thereby earned the gratitude of poor, rich as well as several employed mothers.

We support Dr. Srivastava for thinking of issues other than breastfeeding. Most of us who have been led by stal-

warts like Dr. P.M. Udani, Dr. Shanti Ghosh and Dr. P.N. Taneja in promoting breastfeeding, have also been involved in several such issues for years and have been playing our humble role in tackling the same. Dr. Srivastava can invite us to join him to do even better. For that, he need not treat us as pariah. Let us work together to promote breastfeeding as well as work on issues dear to his heart.

Finally, a personal note. Eight years ago, Dr. Srivastava, who was the then editor of *Indian Pediatrics* had invited me to write an editorial. I had concluded the editorial by saying: "Once the target of almost hundred per cent breastfeeding is achieved, the attention of people working in this and related fields may shift to the much wider issues of halting the unethical practices of the pharmaceutical, tobacco, alcohol, pesticide and armament manufacturing companies. This is inevitable. Hence the efforts of the group of doctors who recently won the Nobel Prize for making us conscious of our responsibility to prevent nuclear war is something worth reflecting upon during our quiet moments" (3).

R.K. Anand,

*Department of Pediatrics and Neonatology,
Jaslok Hospital and Research Centre
Bombay 400 026.*

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diatrics). Bombay, Indian Academy of Pediatrics, July 1994, p 35.

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It is really sad that Dr. Srivastava has not taken the article(1) in the right spirit. We are not fighting the IMS Industry but only promoting breastfeeding. What we are trying to achieve is exclusive breastfeeding throughout India, which is only a natural thing. Breastfeeding the babies and if needed, giving expressed breastmilk with Gokarnam (Paladai) is something which most of our mothers were used to and is culturally acceptable(2). For the present culture, we the Pediatricians are to be partly blamed. Till yesterday, "how to assemble a feeding bottle" was one of the favorite questions for the undergraduate oral examination. We should be broad minded to correct our mistakes. What we are trying to achieve is for the 80% of the population who are in the villages and for whom bottle or formula feed is next to giving poison for the baby. I do agree that there are a few medical indications for giving supplements. This is well clarified in the "Acceptable Medical Reason's for Supplementation" in the Baby Friendly Hospital Initiative (BFHI) Programme. However, these are exceptions rather than the rule. The author himself states that "the vast majority of our children live in extremely poor hygienic conditions and suffer from diseases and deprivation and a lack of stimulation, all of which adversely affect their physical and mental development." It is for these very children that exclusive breastfeeding is going to pay high dividends by preventing infection, improv-

ing the general health and providing good mother - infant contact and stimulation and thereby better physical and mental development.

There can be no denial that bottle feeding is very hazardous and that breastmilk is the best milk whether term or preterm. The whole issue should be seen in the proper perspective.

P.M.C. Nair,

*Associate Professor of Pediatrics,
and Neonatologist, SAT Hospital Medical
College and District Co-ordinator BFHI,
Trivandrum.*

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Comments

The debate about breastfeeding versus bottle feeding should not be allowed to degenerate into dogmas and rhetoric, but we must take a balanced view. There is no doubt historically that the practice of breastfeeding declined the world over as the aggressive advertising of infant milk formula increased both to the public and to the medical profession. It was portrayed to be a simple option for a much harassed mother who wanted to see her baby looking like a Glaxo or Ostermilk baby (these were the two brands popular then). No one showed these mothers pictures of equally healthy babies fed on breastmilk. The Jelliffes and some others fought a relent-

less battle over the issue of breastfeeding and were not taken seriously to begin with. Over the years much research has gone into the properties of breastmilk and its advantages over formula or fresh animal milk and the evidence keeps mounting. So there is no point in repeating that here. The milk industry too has gone on modifying the product to bring it as close to the constituents of breastmilk as possible. That foremilk has more water to satisfy thirst and hind milk more fat to satisfy energy needs and that breastmilk for a preterm baby differs in quality to that for a term baby to make it more suitable for the baby's requirements and has higher content of vitamin A than term breastmilk, must surely be the highest sophistication of physiological mechanism which no formula can match. In most of the developed world, there has been an increasing prevalence of breastfeeding in recent years with better knowledge regarding the advantages of breastfeeding both among the health professionals and the community.

India has had a strong tradition of breastfeeding. Women learnt from each other and by and large no formal education was considered necessary, and the babies thrived for the first few months. However, till recently the commitment and knowledge of the health professionals regarding breastfeeding was lacking and even now there is a lackadaisical attitude of many. There is no doubt that formula feeding increases the risk of infection several fold because of the unhygienic environment, unsatisfactory water supply and lack of resources. Even among the well off, the environment may not be totally conducive to safe bottle feeding. Mothers often tend

to delegate these chores to domestic help. Besides, they act as trendsetters and others not so privileged, tend to follow. Weaning from the bottle too creates problems.

Whether the financial support of milk companies to conferences and seminars acts as advertisement for their products can be debated because there is no concrete data. All one would like to say is that no manufacturing company would spend lakhs of rupees without the hope of getting adequate return for it. That would not be good business!

I agree with Dr. Srivastava that if an educated well off mother, after fully understanding the pros and cons of breast versus formula feeding, decides not to breastfeed her baby, she should be given that freedom of choice and given all the necessary advice and support to be able to do it properly and safely. She should not be made to feel guilty. However, let her decision not be made because prelacteal feeds were given in the Nursing Home and in the absence of contrary advice the mother decided to continue with it. Of course formula or fresh animal milk can be given successfully without the use of a bottle also. Formula feeding and bottle are not synonymous. Now separate growth charts are considered necessary for babies fed on breastmilk. Their weight gain is a little less than formula fed babies. In other words formula fed babies are obese against which we must guard our children because of its future repercussions.

Along with an advocacy for breastfeeding we have to find ways and means of educating, enabling and empowering the women to do so. It can in-

deed be a dilemma for a mother determined to breastfeed as well as pursue her career.

Dr. Srivastava has mentioned several tragic aspects of disadvantaged children, child labor and their exploitation in wars and conflicts. Here not only pediatricians, but society has to raise its voice against it. However, all the advocacy for breastfeeding would not win the battle for better nutrition unless an equally strong advocacy is made for timely introduction of suitable semisolids to the child's diet from 4-6 months (while continuing with breastfeeding), and increasing these gradually till the child can take the family diet by one year or so. Again good hygiene is essential to prevent infection. We should enlarge the scope of the label of Baby Friendly Hospital to include several other essential ingredients such as resuscitation equipment, weighing scales, various elements of essential newborn care, and not only exclusive breastfeeding which of course remains an essential part of it and can be practiced anywhere.

Shanti Ghosh,
5, Sri Aurobindo Marg,
New Delhi 110 016.

Expand the Scope of the Act

The IMS, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 is very weak and has got many lacunae. Even after two years of its coming into force, it has yet to prove that 'The Act Has Teeth'(1). Though the act was formulated for the protection and promotion of breastfeeding and thereby improve infant nutrition and child survival, it does

not cover 'Fresh Animal Milk' which is consumed by 50 to 60% of the infants. Recently, a serious trend is evident wherein doctors including pediatricians recommend cow's milk by means of cup and spoon to small infants only because the young mother 'feels' her milk is not adequate for the baby who cries a lot. Thus infants can be deprived of 'exclusive breastfeeding' and proper complementary feeding leading to the usual tragedy without violating the existing 'IMS and Feeding Bottle Act' (No bottle feeding and no IMS).

In this context I have a few suggestions:

(a) All concerned should avoid the use of words 'Bottle Feeding' to mean feeding 'formula milk' or 'animal milk'. It creates misunderstanding since translation in regional Indian languages implies feeding through bottle. Therefore, when bottle feeding is condemned or discouraged, parents discard the bottle but continue feeding the same animal milk or IMS by mean of cup and spoon or some other vessel. Animal milk should be called 'animal milk' or 'non-human milk' to clarify its inferior status. So far as the bottles are concerned they should be broken and buried; better still is to prohibit manufacturing these items.

(b) It is important to stress that fresh cow's or buffalo's milk is as harmful and dangerous for small infant as any processed IMS when breastmilk is replaced or supplemented. The IMS Act should also cover fresh animal milk.

(c) There should be some restrictions or check imposed on customers (mostly the parents are actual offender) and the shop keeper (always eager to make profit) who can freely buy and sell IMS without attracting violation of the Act. This

will make them feel responsible to some extent.

(d) All concerned individuals, health workers, doctors, nurses, Government and Non-Government Organizations (NGOs) should follow one policy and uniform strategy which should be practical and effective in our peculiar socio-economic and cultural setting. The IAP Policy on 'Infant Feeding'(2) approved by the Government of India as 'National Guidelines on Infant Feeding'(3), is a complete and comprehensive document on the subject and should serve as guidelines for all of us.

(e) The most potent weapon to fight this malady, however, is awareness/education at all levels for which an aggressive campaign should be undertaken involving all the concerned departments of the Government, NGOs, professionals and general population.

Depriving an infant of his/her due share of breastmilk is the worst kind of child abuse inflicted at the very beginning of life. We must follow a very clear and appropriate strategy to improve the present uninspiring situation. What we require is a 'political will' and a concerted effort by all concerned.

N.C. De,

*MGM's Hospital, Kalamboli,
New Bombay 410 218.*

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Response

The 'act has teeth' and yet it needs to be strengthened. The Association for Consumers Action on Safety and Health has made written complaints against the manufacturers of IMS and Feeding Bottles (FB) and summons have already been issued to the companies. However, the act allows the advertising of infant foods also called Commercial Weaning Foods (CWF). A recent article(1) has shown that the use of milk based CWF has also infiltrated into the underprivileged section of the rural community. A quarter of mothers from amongst those who used CWF gave it through the bottle. The family members (75%) and Medical CWF functionaries (16%) were the major source of advice for initiating the use of CWF(1). By repeated aggressive advertisement on mass media like the television, a demand for CWF has now been created where none existed before and we fear that* this may lead to increase in the use of CWF. Hence, the act should be amended and the advertising of such products should also be banned. The inclusion of fresh animal milk under the purview of the IMS Act seems to be impractical as it is a rarely advertised commodity. I agree with Dr. De that the use of fresh animal milk is also dangerous. However, in the hands of the poor, powdered milk is more dangerous than fresh animal milk(2,3).

May I take this opportunity to request all health professionals in general and pediatricians in particular, to report all violations of the Act to the following organizations which have been empowered by the Government to make written complaints to a Court of Law?

1. Association for Consumers Action on Safety and Health (ACASH), Servants of India Society Building, 2nd Floor, 417 S.V.P. Road, Girgaon, Bombay 400 004 or ACASH P.O. Box 2498, Bombay 400 002.

2. Indian Council for Child Welfare (ICCW), 4, Deen dayal Upadhyaya Marg, New Delhi 110 002.

3. Central Social Welfare Board (CSWB), Samaj Kalyan Bhavan, B-12, Tara Crescent, Institutional Area, South of IIT, New Delhi 110 016.

4. Breastfeeding Promotion Network of India (BPNI), BP-33, Pitampura, Delhi 110 034.

N.B. Kumta,
Chief Coordinator,
Breastfeeding Promotion Network of India,
A 22, Kaveri Apartments, 63, Relief Road,
Malad (W), Bombay 400 064.

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Comments

There cannot be a law against fresh animal milk. It is a naturally occurring

food which nearly all children have. What is important is that it should not be a substitute for breastfeeding. This cannot be achieved by law but by increasing the knowledge and awareness of the health professionals and the community in favor of exclusive breastfeeding for 4-6 months, and helping the mother to overcome and deal with her perception of inadequacy of breastmilk.

Enough safeguard exist in law to support breastfeeding. It is a question of preventing infringement of law and education and awareness of the public, health professionals, ICDS workers and others who work with community.

Shanti Ghosh,
5, Sri Aurobindo Marg,
New Delhi 110 016.

Editorial Comments

There seems to be unanimity' regarding the scientific fact that breastmilk is the best food for the young infant and that this practice needs to be vigorously promoted in our country. However, the Academy has been witnessing an intense debate on the appropriate means to achieve this objective, particularly in the context of its relationship with the IMS Industry. This debate has gained further momentum with the adoption of the "Act" by the parliament and the decision of the IAP Executive to stop accepting sponsorship from the IMS Industry. Equally vociferous arguments have been expressed from both the sides. Undoubtedly due restraint and balance are desirable to ensure that the divergence of individual opinions does not infringe upon the hard earned image

of the Academy or its collective efforts to protect and promote breastfeeding.

Experience indicates that framing of laws and passage' of resolutions is a mere fragment of the process; *whole hearted involvement of all concerned* is the most vital step for successful implementation. An obvious illustration in this context is the Child Marriage Act.

The preceding views have updated us on the latest sentiments on this sensitive subject, particularly with reference to accepting sponsorship for Conferenc-

es. Our valued readers are discerning enough to adopt their best possible approach to promote breastfeeding within the framework of legislation and the collective wisdom of the Academy. Unless pressing reasons dictate otherwise, we intend to stop entertaining further correspondence on this topic in the near future.

H.P.S. Sachdev,
Editor-in-Chief,
Panna Choudhury,
Executive Editor