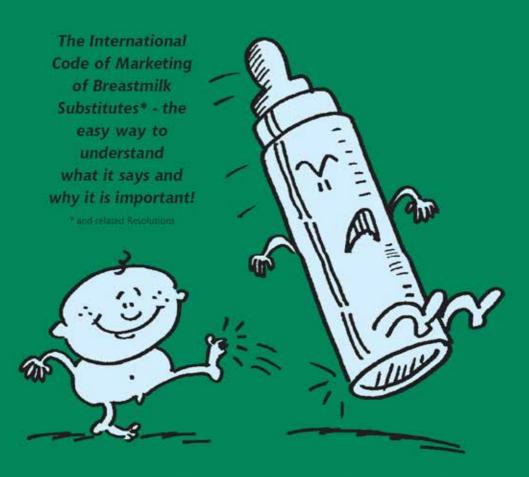
THE CODE IN CARTOONS



International Baby Food Action Network (IBFAN)

The Code in Cartoons (revised)

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The Code in Cartoons is also available in Arabic, Armenian, German, Hungarian, Italian, Japanese, Malay, Mandarin, Portuguese, Sinhalese, Tamil.

THE CODE IN CARTOONS

The International Code of Marketing of Breastmilk Substitutes* - the easy way to understand what it says and why it is important!

* and related Resolutions

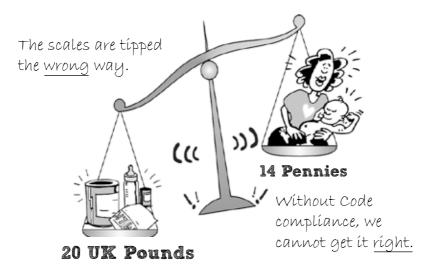




International Baby Food Action Network (IBFAN) (revised) 2014

Why is the Code important?

Breastfeeding promotion cannot compete with the millions spent on promotion of commercial products.



A study in the UK showed that companies spend £20 per baby on promoting products, while the government spends 14p promoting breastfeeding.

The Ecologist, April 2006

What's all the fuss about

breastfeeding?

Breastmilk contains all a baby needs for healthy growth and nutrition: proteins, vitamins, iron, calcium, and a thousand other substances that have not been discovered yet. What's more, breastmilk changes as baby grows.

Mother gives baby antibodies through her milk and this protects the baby from infections and diseases, such as diarrhoea.



Bottle-fed babies are less alert, less confident, less balanced and less intelligent than breastfed babies.

For all these and more reasons, babies should be breastfed.

More and better breastfeeding could save the lives of 2 million infants every year.

(WHO/UNICEF 2005)

So what is wrong with bottle-feeding?

Formula is made of cows' milk. That's good for calves but not for babies.

Even mothers who can read and write, make mistakes mixing too much powder with too little water or too little powder in a lot of water.

So, often the baby gets milk which is under-or over-diluted. Worse, the water used may be contaminated.

Making up a bottle of formula takes very careful mixing, very clean boiled water and sterilised bottles. And even then it has no antibodies.

Cleaning a bottle and the teat properly is difficult and takes a lot of time and care.

Bacteria love formula, they can

multiply very quickly and can make the baby sick.

No wonder then that bottle feeding causes malnutrition, diarrhoea, infections, dehydration and DFATH!

Many families cannot afford to buy enough formula milk for their baby. Bottles, teats, gas or electricity to prepare it also cost money.



Risks of <u>not</u> breastfeeding

Many studies have shown that bottle-fed babies get serious infections and are sick more often.

Babies bottle-fed in the first two months are 25 times more likely to die of diarrhoea than breastfed babies. After 18 months, the risk is still 14 times higher.

Allergies, skin diseases, earaches and asthma are much more common when baby is bottle-fed.

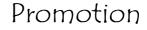
When baby gets only breastmilk and no other liquids or foods, it is protected against diarrhoea and many other diseases.

Mother and baby develop a strong bond through breastfeeding, which helps baby to feel safe and happy.

Breastfeeding helps mothers recover more quickly after the baby's birth.

A big part of the problem So why do mothers bottle-feed their babies? Because some people make a lot of money that way. The sale of artificial baby milks is a 42.5 billion US dollar business every year! The baby food industry's rush for profits has made people forget nature's biggest gift to babies: to be breastfed. Commercial baby food is one of the greatest success stories of marketing but it has resulted

in tragedy for millions of babies and their families.



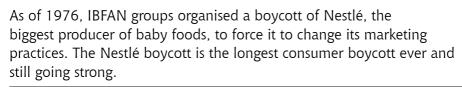
All kinds of dirty tricks are used to attract mothers: advertising, distribution of gifts and samples, lots of leaflets, booklets and biased studies given to doctors and mothers to show that artificial baby milks are better or "nearly as good as" mother's milk. Don't believe companies who say they promote breastfeeding - this is another marketing strategy!

The battle against the bottle

For a long time baby milk companies could do almost anything. But then people became aware.

Groups, individuals and organisations mobilised. Among them was IBFAN, the

International Baby Food Action Network, which now has 273 groups in 168 countries.



Doctors and nurses have been realising that the manufacturers were using them to promote baby foods.

Companies give them presents and pay for their conference travel.

Something had to be done.

There is also a public protest campaign against the second biggest producer:

Danone. It asks health workers to refuse sponsorship from the company.

DANONO

Say NO to Danone

Code adopted in 1981

To stop the promotion of baby food, the World Health Assembly and UNICEF adopted a Code in 1981.

The Code was approved by a vote of 118 countries against one: the USA.

Today, some 35 countries on all continents have made the entire Code part of their national legislation. This means it is legally binding on companies in those countries.

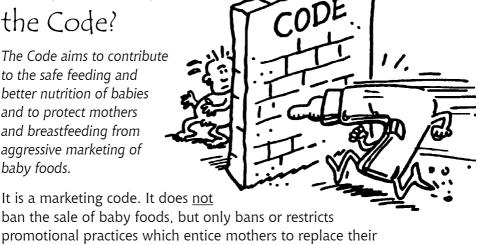
35 other countries put many of the Code's provisions into their laws. Some others have voluntary guidelines for industry and health workers to follow.

Despite the Code, despite the laws, companies are still pushing their products. Shame on them!



What is the aim of the Code?

The Code aims to contribute to the safe feeding and better nutrition of babies and to protect mothers and breastfeeding from aggressive marketing of baby foods.



ban the sale of baby foods, but only bans or restricts promotional practices which entice mothers to replace their breastmilk with commercial products. Mothers have a right to accurate, independent information.

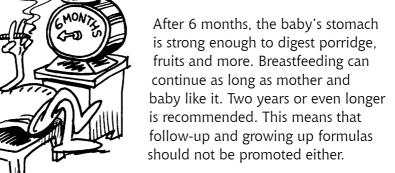
What products are covered?

The Code applies to the marketing of infant formula, follow-up formula, other milks and drinks or foods sold for babies, as well as to bottles and teats.

Doctors now know that babies grow best if they are exclusively breastfed for 6 months. That means that no other milk, juice, water or cereals are

needed until then and they should not

he advertised



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In short, any product that tries to replace breastfeeding is a "breastmilk substitute" and the Code says that no substitutes should be advertised. The Code also bans other types of promotion for these products, e.g. special sales, discounts, exhibits, samples, free milk to hospitals, etc.

What about hospitals and clinics?

Why would companies give free milk to clinics or hospitals? And why is that bad?

If there is lots of formula milk available, busy doctors and nurses will just use the formula rather than help the mother to breastfeed which takes time and teaching. If the mother does not breastfeed soon after birth, she will find it more and more difficult to start. Soon her breastmilk dries up and she will have to buy the companies' milk until her baby is one

or two years old. That way the company earns a lot more money.

Doctors must demonstrate the use of infant formula only to those few mothers who really need to use it, not to others. They must warn them about the health risks

of not using the right amount and not preparing the food correctly.

Hospitals and clinics may not allow any kind of commercial advertising: no posters, no calendars, no clocks, no pictures of baby foods, or idealising bottle feeding.

Consumer education

Companies should not push their products onto parents who don't need them. It is the government's job to make sure that everybody gets good information on infant feeding and that doctors and nurses are trained in helping with breastfeeding.

If companies do want to print booklets for mothers, they should clearly explain:

- The advantages and superiority of breastfeeding;
- How mothers can prepare to breastfeed and do it successfully;

All such booklets and other educational materials may not have pictures of doctors or nurses or any other pictures or text that could encourage mothers to bottle feed. There should be nothing that makes breastfeeding appear more complicated than it is.



What manufacturers and distributors should not do

Companies may not give mothers or health workers samples of their products. They may not advertise.

They may not give free or cheap supplies of products to hospitals and maternities, because those are used to promote bottle feeding.

They may not give health workers money or gifts of any kind, even small ones. The job of doctors and nurses is to help mothers breastfeed their babies.

The staff of manufacturers and distributors must not visit hospitals and maternities to talk to mothers.



They must not promote their products in shops through special displays, discounts and other gimmicks. Baby foods should just be there on the shelves for those very few mothers who need them.



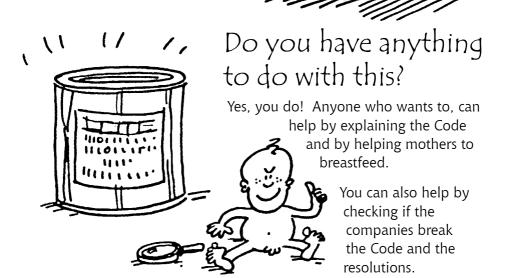


What about labels?

Labels of infant formula should not have pictures of babies, nor idealise bottle feeding.

This means they must not have pictures of toys or animals that create the impression that these foods are ideal for baby. They should say that breastmilk is the best food for babies and warn about health risks. Labels may not discourage breastfeeding and may not have 'claims'.

Labels should not indicate the products for use before they are needed. This means complementary foods such as cereals should only be labelled for use from 6 months, which is the recommended age when such foods can be given in addition to breastmilk.



More about the Code

Books and charts by IBFAN-ICDC, Penang, Malaysia. Please check www.ibfan-icdc.org for the latest.

Protecting Infant Health,

11th edition, A Health Workers' Guide to the International Code of Marketing of Breastmilk Substitutes, 64 pages.

(Older versions have been translated into 18 other languages)

Code Essentials,

Code Essentials 1 – Code provisions, annotated with interpretations and clarifications by subsequent WHA resolutions

Code Essentials 2– Code with guidelines for Policy Makers and Drafters

Code Essentials 3– Responsibilities of Health Workers under the Code Code Essentials 4– Guide for Regulators and Compliance Staff

The Code Handbook, 2nd edition, A Guide to Implementing the International Code of Marketing of Breastmilk Substitutes, 395 pages, 2005.

(1st edition also available in Spanish, French, Portuguese and Russian)

State of the Code by Country

2014, chart summarising the degree of implementation by 198 countries.

Breaking the Rules, Stretching the Rules 2014, Evidence of Violations of the International Code of Marketing of Breastmilk Substitutes and subsequent resolutions, violations by company, full colour, 238 pages.

BTR 2014: in Brief, Executive Summary and Code Summary, as well as selected violations by theme, full colour, 40 pages.

Standard IBFAN Monitoring (SIM) manual & forms, How to monitor compliance with the International Code, 31 pages.

Check these out!

ICDC's website offers you free downloads of handy standard 4-page documents:

- ICDC Focus centers on themes like Code and Infant Feeding in Emergencies; Outrageous Claims, or on companies like Nestlé, Fonterra.
- Look What They're Doing cover Code violations at country level: e.g. Armenia, Australia, Bolivia, China, Eqypt, Indonesia, UAE, UK, etc.
- Periodic reports on Code violations.

IBFAN-ICDC

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The International Baby Food Action Network (IBFAN) is a coalition of 273 citizen groups in 168 developing and industrialised nations. IBFAN works for better child health and nutrition through the promotion of breastfeeding and the elimination of irresponsible marketing of infant foods, bottles and teats. The Network helped to develop the WHO/UNICEF Code of Marketing of Breastmilk Substitutes and is determined to see marketing practices everywhere change accordingly.

About ICDC

The International Code
Documentation Centre (ICDC)
was established to focus on the
implementation and monitoring of
the International Code. ICDC keeps
track of Code measures worldwide.

IBFAN-ICDC

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