Breastfeeding provides the best possible start to life, a foundation for fulfilling the rights of the child. Breastfeeding provides ideal nutrition to the babies, protects them against infections, allergies and asthma. Exclusive breastfeeding during first six months and continued breastfeeding for two years or beyond along with adequate and appropriate complementary feeding promotes physical, psychological, motor, mental and psychosocial growth and development. Breastfeeding contributes to enhancement of cognitive development and better visual acuity. Breastfeeding gives a head start and prepares babies for better learning.

In India, for about 27 million children born each year, about 1.9 million die before they see their first birthday and around 2.5 million die by the time they are five years. India has the highest number of under-five child deaths in the world (Lancet-2003). According to the new estimates and modeling exercises, interventions that is exclusive breastfeeding during first six months and complementary feeding during 6-11 months, contribute to highest percentage reduction of deaths than any other intervention can offer.

Every fourth baby born in India is low birth weight baby, risk of death increases further in such babies if they are not exclusively breastfed. Two-thirds of infant deaths i.e. about 1.20 million infants die during first two months. It is now known that many of these deaths are attributed to inappropriate feeding practices. WHO and UNICEF estimate that 1.5 million infant lives could be saved in each year through increased breastfeeding.

The link of inappropriate feeding practices and malnutrition has been long recognized and is a matter of serious concern. In 1992, while introducing the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 (IMS Act) in the Parliament, the then Minister of Human Resource Development, Sh. Arjun Singh, made statement of Objects and Reasons of the Bill, “…………… Inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in our children. Promotion of infant milk substitutes and related products like feeding bottles and teats do constitute a health hazard. Promotion of infant milk substitutes and related products has been more extensive and pervasive than the dissemination of information concerning the advantages of mother’s milk and breastfeeding and contributes to decline in breastfeeding. In the absence of strong interventions designed to protect, promote and support breastfeeding, this decline can assume dangerous proportions subjecting millions of infants to greater risks of infections, malnutrition and death…………”

In order to control the marketing practices of baby food manufacturers, the Government of India enacted a law in 1992 that was further strengthened in June 2003. This is known as the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Amendment Act, 2003. It will be notified and effective very shortly.

The law controls marketing and promotion of following products:

1. Infant Milk Substitutes which means any food for consumption of children up to the age of six months which totally or partially replaces mother’s milk such as Lactogen-I, Lactogen-II, Nestogen-I, Nestogen-II, Lactodex-I, Lactodex-II, Amul Spray, Zerolac, Dexolac, ProSoyal, Simyl-MCT, Similac Nestum, Cerelac, Farex, Wenco, Velac, Infacare, First Food, Dexrice, Easum, Junior Horlicks, Growing up milk, health drinks any food products promoted for consumption of babies under the age two.

2. Feeding Bottles of any brand like Bonny Baby, Hello Baby, Wipro or any other brand.

3. Infant Foods which means any food for consumption of children after the age of six months and up to the age of two years such as Nestum, Cerecal, Farex, Wenco, Velac, Infacare, First Food, Dexrice, Easum, Junior Horlicks, Growing up milk, health drinks and any other food products promoted for consumption of babies under the age two.
The promotion including advertisements of all type of foods for consumption of children under the age of two years is prohibited.

Distributing free samples is prohibited.

Creating impression that these products are better than mother’s milk and encouraging the use of products is prohibited.

Donation and distribution of these products and any information or educational material related to them is prohibited.

Contacting any pregnant women and offering benefits of any kind are prohibited.

Pictures of mother and or baby on the labels, or other graphic material on the label are prohibited.

The labels should bear statements and warnings and other information in Hindi and other local languages as mandatory under the Act.

Use of Educational Material and Advertisements for promotion is prohibited.

Use of Healthcare system like hospital, clinic, private practitioners, association of health workers, pharmacy or chemist shop for display of posters, distribution of materials and any other promotion is prohibited.

Giving benefits, gifts or contribution to health workers or their associations including funding of seminars, meeting, conferences, educational course, contest fellowship, research work or sponsorship is by companies manufacturing these products is prohibited.

Fixing commission for employees of baby food manufacturers on the basis of volume of sale by them is prohibited.

Educating pregnant and lactating mothers by employees of baby food manufacturers is prohibited.

Action Ideas

- Disseminate the provisions of the IMS Amendment Act to your friends, family members, colleagues, and media as wide as possible.
- Prepare a press release and share this information with television, newspaper and any other form of media in your region.
- Hold seminars for public to make them aware of the hazards of using Infant Milk Substitutes, Feeding Bottles and Infant Foods.

Resources

The Law to protect and promote breastfeeding - The book provides very simply the details of the IMS Act, 1992 and Amendment Act 2003. Rs. 60.00 (Updated Edition 2003). Edited by Dr. Arun Gupta, Dr. Tarsem Jindal & Dr. J P Dadhich.

Analysis of the IMS Act, after amendment in 2003- Electronic copy available on request.

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