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State of India's  
ENVIRONMENT



# THE FIRST CITIZENS' REPORT

CENTRE FOR SCIENCE AND ENVIRONMENT



## The killer still at large

A year ago, nations of the world angrily and almost unanimously called for a ban on the promotion of baby milk powder. Yet the WHO resolution, then hailed as a major Third World victory over mighty multinationals, is slowly turning out to be a damp squib. Hardly any government — from Bangladesh and India in Asia to Mexico in Latin America — has cared to translate the resolution into real action back home.

The switch from breast-feeding to bottle-feeding has been described by many scientists as the most dramatic change to have occurred in biological behaviour since human beings emerged. But it has now been proved to be a harmful form of modernisation encouraged by unethical marketing practices of private companies. These include sending sales representatives to maternity wards dressed as nurses to advise mothers that milk powder is best for their babies.

India presents probably the most dramatic case of a weakening in political will over the last year to control milk powder companies — notwithstanding Prime Minister Indira Gandhi's rousing speech in Geneva at the WHO. A working group of the ministry of social welfare had formulated a code for marketing of milk powder even before the WHO meeting began in May 1981. The code stipulates not just a ban on advertising of milk powder but also of weaning foods. But instead of becoming national legislation by now, the code still remains a confidential document. Even though 24 out of 25 members of the working group signed the final report nearly a year ago, the 25th member still has to sign it. The government has not yet stopped advertising of milk powder on television either.

The pressure on the Indian government has come from Amul, India's leading milk powder manufacturer. Its managers insist that a ban on advertising milk powder is unnecessary because only about two per cent of Indian babies are bottle-fed, and these are mainly rich children with access to clean water.

R K Anand, a leading breast-feeding campaigner who was a member of the government's working group, strongly disputes these claims of milk powder manufacturers. He points out that studies have shown that the incidence of bottle-feeding in urban areas across India varies from 10 to 28.6 per cent in poor families and 60 per cent in middle class families. In his own hospital — the Nair Charitable Hospital in



Bombay — Anand studied 200 consecutive infants admitted to the paediatric ward. Some 55 per cent of these infants were being bottle-fed. Over three-fourths of the parents earned less than Rs 150 per month. Nearly half the mothers bottle-feeding were illiterate. Nine out of 10 bottle-fed babies came from homes without continuous water supply. Out of these 200 babies, 13 eventually died. All of them were bottle-fed.

The problem is, therefore, increasing among the urban poor and is slowly spreading even to rural areas. Augustine Veliath of the Voluntary Health Agencies of India in New Delhi says, "I have travelled across the country from one end to the other and have yet to find a rural chemist who does not stock at least five brands of baby food." Various voluntary organisations recently set up the National Alliance for the Nutrition of Infants (NANI) to campaign for the implementation of the code formulated by the ministry of social welfare.

According to them, the ultimate question really is whether a poor society should allow commercial interests to distort popular feeding habits. Use of milk powder is well recognised to be dangerous for the poor and, therefore, must be prevented from reaching them. As the habits of the rich set the trends for the poor to imitate, it is only legitimate that the rich too must be disallowed from indulging in such socially harmful extravagance.

cooking purposes. The total quantity consumed varies according to the distance from the tap to the house. There is inadequate water to keep washing hands all the time in most poor households. If the nearest tap is 1,000 metres away (that is, in real situations, if a poor family is lucky), hardly any one will be committed enough to cleanliness to traverse that distance dozens of times each day.

A survey by the World Bank found that the highest

diarrhoeal infection rates were in households which are furthest away from their water sources. Those families with taps inside the house tend to have the lowest infection rates; those with water close to the house have the next lowest. Infants and small children, who generally have a high rate of diarrhoeas, can get infected frequently and repeatedly not by drinking unsafe water but by parents who do not practice good personal hygiene.



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