As part of the human interest section of the *Lincoln County Herald*, the editor wants to include this article on breastfeeding vs. formula in India. The editor has given it to Fenton Harcourt to edit for printing. Fenton was raised in Ruston, LA. He received his journalism degree from Louisiana Tech University. Fenton feels some of the language is a bit dramatic, and the spellings and sentence structures need to be Americanized. Also, some of the references need to be explained.

**The Impact of Bottle Feeding on Indian Children**

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 (World Health Organization) resolution, then hailed as a major Third World victory over mighty multinationals, is slowly turning out to be worthless. 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 human biological behavior since human beings emerged. While some change is beneficial, and other change is benign, this change is driven by profit. Private companies that benefit from breastfeeding engage in unethical marketing practices. But it has now proven to be a harmful form of modernization encouraged by the unethical marketing practices of private companies. These practices include sending sales representatives to maternity wards dressed as nurses to advise mothers that baby formula is best for their babies. Unlike here in the United States, clean water is not widely available in India. For this reason, bottle feeding, which requires mixing formula with
water, can carry added danger to infants, as they may be exposed to dirty or even toxic water supplies.

India presents probably the most dramatic case of a weakening in political will over the last year to control baby formula 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 baby formula even before the WHO meeting began in May 1981. The code stipulates not just a ban on advertising of baby formula but also of baby 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 yet to sign it. The government has not yet stopped advertising of baby formula on television, either.

The pressure on the Indian government has come from Amul, India's leading baby formula manufacturer. Its managers insist that a ban on advertising baby formula 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 advocate who was a member of the government's working group, strongly disputes these claims of baby formula 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 pediatric ward. Some 55 per cent of these infants were being bottle-fed. Over three-fourths of the parents earned less than Rs 150, or $3, per month. Nearly half the mothers bottle feeding were illiterate. Nine out of 10 bottle-fed babies came from homes without a continuous, clean 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 traveled across the country from one end to the other and have yet to find a rural chemist [pharmacist] who does not stock at least five brands of baby food.” Various voluntary organizations 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, and healthier, feeding habits. Use of baby formula is well recognized to be dangerous for the poor and, therefore, must be prevented from reaching them addressed. Poor families should certainly be given accurate information regarding baby formula. Also, it might be right to ask what the role of the rich population is in this issue. 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? In Indian culture, the answer seems to be “yes.”