



NIGERIA CODE ADVOCACY

Briefs (for Religious & Community leaders)



Preambles

Following the increasing ill health and death of over a million children per year due to lack of breastfeeding, the World Health Assembly(WHA) in 1981 adopted a resolution for countries to implement a Code of marketing of breastmilk substitutes. The Code is aimed at promoting, protecting and supporting optimal infant and young child feeding and protection from the uncontrolled marketing of breastmilk substitutes by baby food manufacturers. Nigeria was one of the countries that adopted the Code in 1981 and implemented in Nigeria by first domesticating it in 1986 and made into law in 1990 and amended in 1999 and 2004 with interim NAFDAC Regulations 2005 to make it more effective.

The provisions of the CODE are:

- No advertising of any of these products to the public.
- No free samples to mothers.
- No promotion of products in health care facilities, including the distribution of free or low-cost supplies.
- No company sales representatives to advise mothers.
- No gifts or personal samples to health workers.
- No words or pictures idealising artificial feeding, or pictures of infants on labels of infant milk containers.
- Information to health workers should be scientific and factual.
- All information on artificial infant feeding, including that on labels, should explain the benefits of breastfeeding and the costs and hazards associated with artificial feeding.
- Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.
- Manufacturers and distributors should comply with the Code's provisions even if countries have not adopted laws or other measures.

Existing National Laws:

- Marketing (Breast Milk Substitutes) Act 41 of 1990
- 1999: Amended Act 22 of 1999 "Marketing (Breastmilk Substitutes)
- "Marketing of Infant and Young Children Food and other Designated Products (Registration, Sales, etc.) 2005

Article 24 of the Convention on the Rights of the Child is concerned with the child's right to the highest attainable standard of health breastfeeding as an important component of achieving this right.

OPTIMAL INFANT AND YOUNG CHILD FEEDING PRACTICES

Exclusive breastfeeding for six months, followed with complementary feeding from the age of 6 completed months (180 days) with continued breastfeeding till the child is aged 36 months

Benefits of breastfeeding



Benefits to the baby

Nutritional: Breastmilk is perfect easily digested and utilised by the baby; prevents malnutrition.
Psychosocial: encourages maternal and child bonding.
Protection against infections: e.g. diarrhoea, respiratory and urinary tract infections, ear infection;
Protection against other disease conditions: protects against systemic diseases e.g. cancer, diabetes mellitus, obesity,
Other benefits: optimal intellectual development, improved vision, protects against dental caries and dental malocclusion.

Benefits to the Mother:

Physiological: prevents postpartum haemorrhage
Psychosocial: encourages bonding with child;
Child spacing: prevents new pregnancy from occurring too early; **Diseases Protection: iron** deficiency anaemia, cancers (breast and ovarian) and osteoporosis;

Benefits to the Communities & Nation Happy, healthy, intelligent and peaceful children Clean environment, **economic, environmental, healthy citizens, National development**

Country Profile (NDHS 2013)

Population (2016)	180 million
Infant Mortality	69/1000
Under-five mortality	128/1000
Under weight (<5)	35%
Stunting (< 5)	29%
Exclusive Breastfeeding	17%
Timely complementary feeding	67%
Bottle feeding rate	16%
Baby-friendly hospitals	1149 in1999
BF initiation first hour of birth	33%
Human Development Index	152/186

SOME MAJOR OBSTACLES TO BREASTFEEDING IN NIGERIA

- Some cultural practices and tradition
- Lack of community support for breastfeeding mothers
- Low awareness of the importance of CODE in protecting breastfeeding
- Misleading and aggressive marketing of breastmilk substitutes and foods for infants below 3 years
- No community CODE monitoring and reporting

Your Role in Code monitoring and Breastfeeding Protecting

- Protect breastfeeding from the marketing activities of Infant food manufacturers.
- Do not allow the advertising of BMS in your community, churches and mosque.
- Encourage mothers in your communities to practice exclusive breastfeeding for 6months; then continue with locally sourced additional food (Complementary Foods) till 3years
- Support breastfeeding mothers by removing taboos and harmful traditional practices that hinder breastfeeding.
- Establish breastfeeding Support Groups in the communities and sensitize them in IYCF activities (e.g. Annual World Breastfeeding Week celebration).
- Builds the confidence of mothers to adopt best Infant and Young Children Feeding (IYCF) practices.
- Ensure that fathers and older persons in your communities provide support to breastfeeding.
- Watch out for CODE violation in your communities, churches and mosques and report detection violations to NAFDAC .
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Infants fed with artificial milk & with bottle are more likely to suffer from:

- Respiratory disease.
- Diminished response to immunization
- Early onset diabetes.
- More dental caries and malocclusion.
- Cancers - leukaemia & lymphoma Ear infection.
- Less cognitive and mental development
- Sudden infant death syndrome (cot death).
- Urinary tract infection
- Asthma and wheezing

EXAMPLES OF VIOLATIONS

Gifts e.g. clock, pen, brochure, posters to health workers and the public

Company donation of artificial milk and foods products to health facilities

Promotion of Mom's milk & follow-on formula .

Baby picture, phone contact on infant formula

Article 5 of the CODE: The general public and mothers

- 5.1 There should be no advertising or other form of promotion to the general public of products within the scope of this Code.
- 5.2 Baby food manufacturers and distributors (M&D) should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products within the scope of this Code.
- 5.3 No point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level
- 5.4 M&D should not distribute to pregnant women or mothers or infants and young children any gifts of articles or utensils which may promote the use of breast-milk substitutes or bottle-feeding.
- 5.4 Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children

WHA Resolution 2010 prohibits donations of breastmilk substitutes for social welfare purposes to institutions and organisations such as orphanages or for other social and welfare reasons.

The Government of Nigeria is a signatory to these international treaties as such no donation of breastmilk substitutes is allowed in all settings in Nigeria. Support CODE implementation in Nigeria.

Report ALL violations to NAFDAC HQ or nearest office in the States:

Plot 2032 Olusegun Obasanjo Way, Zone 7, Wuse Abuja. website: www.nafdac.gov.ng

E.mail: foodsafety.nutrition@nafdac.gov.ng Hotlines: 01.....,