

# NIGERIA CODE ADVOCACY Briefs (for Policy makers)





# **Preamble**

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 protecting and promoting optimal infant and young child feeding from the uncontrolled marketing of breastmilk substitutes by baby food manufacturers. This code was adopted by Nigeria in 1981 and made into law in 1986, further amended in 1990,1999, 2005 to make it more effective.

## SUMMARY OF ARTICLES OF THE CODE

Article 1: Aim of the Code

Article 2: Scope of the Code

Article 3: Definitions

Article 4: Information and education

Article 5: The general public and mothers

Article 6: Health care systems

Article 7: Health workers

Article 8: Persons employed by manufacturers & distributors

Article 9: Labelling

Article 10: Quality

Article 11: Implementation and monitoring

#### The provisions 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

# The Role of the Policy Makers on the Code in Nigeria

provide an enabling environment for the effective implementation of the NAFDAC Regulations 2017.

 Provide adequate budgeting allocation and timely releases for the monitoring of the Act.

 Support extension of Nigeria's maternity leave to 6 months to promote exclusive breastfeeding.

 Support Paternity leave for men for 2 weeks to support breastfeeding mothers.

 Establishing crèches in workplaces to support mothers' ability to breastfeed when they return to work,

## **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 Healthy, intelligent and peaceful children, clean environment, economic, environmental, healthy citizens, National development

# Country Profile – NDHS 2013

Country Profile – NDHS 2013	
Population (2016) 180 million	
Infant Mortality	69/1000
Under-five mortality	128/1000
Under weight	35% (<5)
Stunting	29%(< 5)
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 Inc	lex 152/186

Article 1: Aim of the Code: The aim of this Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

Article 2: Scope of the Code: The Code applies to the marketing, and practices related thereto, of the following products: breastmilk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breastmilk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use.



# 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
- -Early onset of allergies.
- Less visual acuity
- Sudden infant death syndrome (cot death).
- Urinary tract infection
- Asthma and wheezing

# EXAMPLES OF VIOLATONS

Gifts, sponsorship and Research grants to Health professionals/health w

Company Reps advising mothers

Mom's milk & follow-on formula ad.

Baby picture, phone contact on infant formula

Even in Special situations including Emergency situations and infants of HIV infected women the International Code of Marketing of Breastmilk Substitutes and the subsequent relevant World Health Assembly resolutions remain crucial to ensuring optimal infant and young child nutrition and the survival and optimal growth and development of children.

The Subsequent 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 as a signatory to these international treaties agrees that no donation of breastmilk substitutes occurs in all settings in Nigeria and by this tool, seeks your support for its implementation and enforcement

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

Plot 2032 Olusegun Obasanjo Way, Zone 7, Wuse Abuja

E.mail: nafdac@nafdac.gov.ng; info@nafdac.gov.ng

website: www.nafdac.gov.ng

Hotlines: Hotlines: 08037024035, 08023021457, 08053235501