

## The Politics of Breastfeeding: An Advocacy Update\*

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### Introduction

Politics may be defined as the practice of prudent, shrewd and judicious policy. Politics is about power. How, then, can politics have anything to do with breastfeeding? When health, profits, and the empowerment of women are at stake, how could politics not be involved? Extraordinary changes in the way power is allocated in the world would be necessary for breastfeeding to flourish in this world. Many people believe such changes are impossible to make, that we have “advanced” too far into industrial capitalism to ever retreat into natural infant feeding regimes not based on profits. But even state policies influencing infant feeding practices can change, particularly when people begin to ask some very basic questions about child survival.

Advocacy on behalf of breastfeeding is incomplete and probably ineffective unless accompanied by a politically informed analysis of the obstacles to breastfeeding. These obstacles include the marketing practices of infant formula manufacturers, physician dominated medical systems, and the relationship between industry and health professionals. This relationship has resulted in widespread misinformation about breastfeeding, including false claims of the equivalence between breastmilk and artificial substitutes, and the devaluing of women’s knowledge about the management of breastfeeding.

The purpose of this paper is to trace the development of infant feeding as a public policy issue over the last few decades, to examine the role of non-governmental groups (NGOs) in influencing public policy, and to place breastfeeding within the advocacy debates on the promotion of commercial breastmilk substitutes, with the modest goal of putting the voices of industry critics more directly into discussions of the politics of breastfeeding. The paper concludes with a call for anthropologists to include advocacy discourses as a valid addition to other modes of understanding and interpretation.

### The Development of the Controversy

Women have always had choices about infant feeding methods. Throughout history, women have substituted animal milks or wetnursing for maternal breastfeeding.

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This is, however, the first time in history when many infants lived through these experiments long enough for others to measure the impacts on their health. This is also the first time that huge industries have promoted certain options for women, and profited from mothers’ decisions not to breastfeed or to supplement breastmilk with a commercial product. It is this historical and economic fact that requires us to place breastfeeding in a broad political context.

An early presentation on the problem of bottle feeding may be traced to a Rotary Club address made by Dr. Cicely Williams in Singapore in 1939 entitled “Milk and Murder”. She argued that the increased morbidity and mortality seen in Singapore infants was directly attributable to the increase in bottle feeding with inappropriate breastmilk substitutes, and the decline of breastfeeding. And she dared to call this murder—not something that happens to poor people over there, but murder. Her words were:

If you are legal purists, you may wish me to change the title of this address to *Milk and Manslaughter*. But if your lives were embittered as mine is, by seeing day after day this massacre of the innocents by unsuitable feeding, then I believe you would feel as I do that misguided propaganda on infant feeding should be punished as the most criminal form of sedition, and that these deaths should be regarded as murder. (Williams, 1986:70)

Although conditions in other cities in the developing world may have been similar or worse than in Singapore, the voices of warning and reproach were hesitant, isolated, and easily ignored. Conditions in many inner city and Native communities in North America today may be little improved over the conditions Williams found in Singapore in 1939.

Occasionally, reports from missionaries and health workers would confirm the devastating effects of bottle feeding on infant morbidity and mortality. But these were single voices and never stimulated a social movement. And it was easy to assume that the “problem” was “over there” and thus was irrelevant to promotional practices of infant food manufacturers in developed industrial countries. Only recently has the full extent of the dangers of commercial infant formula been acknowledged or publicized (Cunningham, Jelliffe, and Jelliffe, 1991; Palmer, 1993:306–312; Walker, 1993).

From the 1930s, the promotion of breastmilk substitutes steadily increased, particularly in developed countries. In North America, competition between American pharmaceutical companies and the depression reduced the number of companies producing infant formula to three large firms—Abbott (Ross), Bristol-Myers (Mead-Johnson) and American Home Products (Wyeth) (cf. Apple, 1980). Food companies like Nestlé were already producing baby foods before the turn of the century. Both food- and drug-based companies producing infant formula expanded their markets during the post-World War II baby boom, as breastfeeding halved between 1946 and 1956 in America, dropping to 25% at hospital discharge in 1967 (Minchin, 1985:216). By that time, the birth rate in industrialized countries had dropped, and companies sought new markets in the rapidly modernizing cities of developing countries. As industry magazines reported “Bad News in Babyland” as births declined in the sixties in North America, their sales in developing countries increased, with only isolated and occasional protests from health professionals and consumer groups.

Other points of resistance to the increasing collaboration between infant formula manufacturers and health professions in North America came from mothers who

wanted to breastfeed their infants and met with resistance or lack of support from the medical profession. These voices of resistance were not raised against the infant formula industry nor against the medical profession *per se*. Rather, they took the form of mother-to-mother support groups. The prime example is La Leche League, a group founded in 1956 in Chicago by breastfeeding mothers. The founding of La Leche League represented women's growing dissatisfaction with physician-directed bottle feeding regimes. While mother to mother support groups in some countries have lent support to infant food industry critics, it is important to remember that since its inception, La Leche League never directed its energies outward against infant formula companies, but rather inward toward the nursing couple. Only in recent years has the linkage been made between advocacy groups oriented towards consumer protests and mother support groups.

One phrase in a speech in 1968 by Dr. Derrick Jelliffe caught the attention of a much wider audience. He labelled the results of the commercial promotion of artificial infant feeding as "commerciogenic malnutrition." Like "Milk and Murder," this phrase grabbed headlines and became the focus for advocacy writing. By the mid-1970s, publications like the *New Internationalist* (1973) were bringing the problem to public attention. Reports such as Muller's *The Baby Killer* (1974) and the version by a Swiss group called *Nestlé Totet Babys* (Nestlé Kills Babies) prompted responses from Nestlé. In 1974, Nestlé filed libel charges in a Swiss court for five million dollars against the Third World Action Group for their publication *Nestlé Kills Babies*, leading to a widely publicized trial. The judge found the members of the group guilty of libel and fined members a nominal sum, but clearly recognized publicly the immoral and unethical conduct of Nestlé in the promotion of their infant feeding products. The libel suit and these popular publications provided focal points around which public opinion gradually developed, strengthening the efforts of advocacy groups in two complementary directions, the organization of a consumer boycott and drafting a code to regulate the promotion of baby foods (bottles, teats, and all breastmilk substitutes, not just infant formula).

#### Strategy for Change: Consumer Boycotts

Since the mid-1970s, a broad range of people from all walks of life, in many different parts of the world, have participated in a public debate known as the breast-bottle controversy or the baby food scandal. Changes in infant feeding practices do not occur spontaneously, nor as a result of health promotion campaigns. In North America, one catalyst for the "back to the breast" movement and a resurgence of interest in breastfeeding was a consumer movement organized by grass roots advocacy groups that drew attention to how the existence and advertising of commercial infant formula affected women's perceptions of their breasts, breastmilk, and breastfeeding. They demonstrated that there was a direct and specifiable link between changes in infant feeding practices and the promotion of commercial infant formula in developing countries. The participation of ordinary people in North America in this debate was mostly through the direct action of a consumer boycott. Without the

social mobilization of the consumer boycott, the work to promote a code for the marketing of breastmilk substitutes would not have been as effective.

Both boycott groups and promoters of a code to regulate the way infant formula was being promoted and marketed argued that the decline in initiation rates and the duration of breastfeeding could be linked to the expanding promotion of breastmilk substitutes, usually by multinational food and drug corporations, and to bottle feeding generally. The boycott against Nestlé's products, and eventually those of other infant formula manufacturers generated the largest support of any grass roots consumer movement in North America, and its impact is still being felt in industry, governments, and citizen's action groups around the world. Women were the primary supporters of the boycott against Nestlé and other manufacturers of infant formula, although the movement in North America was strongly male dominated. Nevertheless, many women gained experience in analyzing the relations between corporate power and public health through their experience of working on the boycott campaign.

The groups that took on the task of challenging the infant formula companies were for the most part small, underfunded and in many cases ran on voluntary labor. While they were not the only people to recognize the problems of bottle feeding, they were the first to effectively mobilize to challenge the industries promoting it. Their success against the forces ranged against them, including powerful governments and multinational corporations, is a study in the power of co-operative networking. The importance of these small, non-governmental groups cannot be overstressed.

IBFAN (the International Baby Food Action Network) is a single-issue network of extraordinarily dedicated people—flexible, non-hierarchical, decentralized, and international in organization (Allain, 1991). IBFAN works to promote breastfeeding worldwide, eliminate irresponsible marketing of infant foods, bottles and teats, advocate implementation of the WHO/UNICEF International Code of Marketing of Breastmilk Substitutes, and monitor company compliance with the Code.

In North America and Europe, advocacy groups also formed around the issue—most notably the Interfaith Centre for Corporate Responsibility (ICCR), the Infant Formula Action Coalition (INFACT) in Canada and formerly in the United States, the Baby Milk Action Group in Britain, the Geneva Infant Feeding Association (GIFA), and the many groups in developing countries that formed part of the IBFAN network. Throughout the late 1970s and early 1980s, these groups provided evidence of the unethical marketing of infant formula in their communities. This evidence was critically important in convincing delegates to the World Health Assembly (WHA, the meetings of the World Health Organization) that a regulatory code of industry practices was necessary.

The New York based ICCR, formed in 1974, monitored multinational corporations, provided information to church groups on responsible corporate investments, and publicized cases such as the lawsuit filed by the Sisters of the Precious Blood against Bristol-Myers in 1976 for misleading stockholders about their infant formula marketing practices. Although the lawsuit was dismissed, information about the marketing of breastmilk substitutes circulated in church basements among groups interested in Third World development and justice issues, bringing a new constituency into the movement. Public education on the promotion of breastmilk substitutes

often featured the 1975 film, *Bottle Babies*, a vivid portrayal of the tragic effects of bottle feeding in Kenya.

In 1977, several action networks began the campaign to boycott Nestlé products in North America. The American INFACT (later called Action for Corporate Accountability) grew out of a student group at the University of Minnesota, while the Canadian INFACT groups developed around justice ministries of the Anglican and United Churches, first in Victoria, British Columbia. These groups were linked together through IBFAN to represent the views of coalition members at international health policy meetings such as the World Health Assembly.

It was through these groups that the general public in North America was made aware of the infant formula controversy (or the breast-bottle controversy) through an increasingly sophisticated campaign involving public debates, newsletters, radio and TV shows, petitions, demonstrations, posters, buttons, and the first consumer boycott of Nestlé's products, which ended in 1984.

The advocacy position as defined by the boycott groups is quite straightforward. It argues that the makers of infant formula should not be promoting infant formula and bottle feeding in developing countries where breastfeeding is prevalent and the technology for adequate use of infant formula is absent. Advocacy groups claim that multinational corporations (like Nestlé), in their search for new markets, launched massive and unethical campaigns directed toward medical personnel and consumers that encouraged mothers in developing countries to abandon breastfeeding for a more expensive, inconvenient, technologically complex, and potentially dangerous method of infant feeding—infant formula from bottles. For poor women who have insufficient cash for infant formula, bottles, sterilization equipment, fuel, or refrigerators; who have no regular access to safe, pure drinking water; and who may be unable to read and comprehend instructions for infant formula preparation, the results are tragic. Misuse of infant formula is a major cause of malnutrition and the cycles of gastroenteritis, diarrhoea, and dehydration that lead eventually to death. Advocacy groups place part of the blame for this "commerciogenic malnutrition" on the multinational companies promoting infant formula.

The boycott groups have never advocated a ban on the sale of infant formula, although some have advocated its "demarketing" (Post, 1985). Nor were women to be pressured to breastfeed against their will, although critics of breastfeeding advocacy groups represented their aims in this light. "Better to bottle feed with love than breastfeed with reluctance" is a cliché cited by many different people convinced that protecting mothers from feelings of guilt for not breastfeeding is more important than removing obstacles to breastfeeding. The intentions of INFACT and other boycott groups are clearly stated in their demands:

1. An immediate halt to all promotion of infant formula.
2. An end to direct product promotion to the consumer, including mass media promotion and direct promotion through posters, calendars, baby care literature, baby shows, wrist bands, baby bottles, and other inducements.
3. An end to the use of company "milk nurses."
4. An end to the distribution of free samples and supplies of infant formula to hospitals, clinics, and homes of new mothers.

5. An end to promotion of infant formula to the health professions and through health care institutions.

The infant formula companies responded to the boycott groups by modifying their advertising to the public, but they were slow to meet all demands and certainly never met the spirit of the demands, namely, to stop promoting their products. They simply promoted new products such as follow-on milks for toddlers, developed new marketing strategies, and hired public relations firms to answer their critics and to improve their corporate image.

Nestlé's efforts were concentrated on trying to improve their tarnished public image by hiring a prestigious public relations firm, sending clergy glossy publications about Nestlé's contributions to infant health, and generally discrediting their critics as being merely uninformed opponents of the free enterprise system (Chetley, 1986:46, 53). Companies such as Nestlé continue their efforts to buy social respectability by sponsoring events at international medical and nutrition conferences, in addition to funding research on infant feeding.

Food boycotts have been a successful tool for social mobilization. Like all mass action social movements, the rhetoric used by advocacy groups oversimplifies the issue and seldom provides all the statistically significant evidence that both the infant formula industry and medical journals call for (cf. Gerlach, 1980). But that is the nature of advocacy communication used by all social mobilization groups. At one level of analysis, the issue is both clear and simple; it is made more complex by the many obstacles ranged against breastfeeding. Nevertheless, the words and sentiments voiced in the original advocacy documents still ring clear today.

#### Strategy for Change: Code Work

Another parallel stream of activities for advocacy groups concerned lobbying and attending drafting sessions on the development of a code to regulate the marketing of breastmilk substitutes. Health professionals called for establishing policy guidelines on infant feeding through United Nations groups such as the Protein-Calorie Advisory Group. In 1979, WHO and UNICEF hosted an international meeting to develop an international code regulating the marketing of breastmilk substitutes. That meeting enabled nine infant formula companies to form the International Council for Infant Food Industries (ICIFI) (Palmer, 1993:237), and to lobby UN agencies for guidelines least damaging to their profits. The code was drafted with the cooperation and consent of the infant formula industry and is very much a compromise, a minimal standard rather than the ideal.

North American advocacy groups in IBFAN "... had to divide their very scarce resources and energy between running a boycott of Nestlé and the expensive periodic visits to Geneva for the Code drafting sessions" (Allain, 1991:10). Work in the United States to document abusive marketing practices of infant formula companies was brought to a head in 1978 by the Congressional Hearings on the Marketing and Promotion of Infant Formula in the Developing Nations chaired by Edward Kennedy. During the hearings, Ballarin, a manager of Nestlé's Brazilian operations,

claimed—to the amazement of the hearing—that the boycott and the campaign against the infant formula companies was really an “attack on the free world’s economic system,” led by “a worldwide church organization with the stated purpose of undermining the free enterprise system” (United State Congress, 1978:127).

In May of 1981, the World Health Assembly adopted a non-binding recommendation in the form of the WHO/UNICEF Code for the Marketing of Breastmilk Substitutes with a vote of 118 for, 3 abstentions, and one negative vote. The negative vote was cast by the United States, in spite of the fact that the members of the United States Senate proposed the idea of a Marketing Code and had actively participated in the drafting process. The American delegate to the WHA had been an enthusiast for the Marketing Code until shortly before the vote, when his government gave him direct orders to vote against its adoption. The Reagan White House had responded to direct lobbying from the infant formula industry (Chetley, 1986). The delegate who was ordered to reverse his nation’s stance did so, and then resigned his post.

The Marketing Code is not a code of ethics but a set of rules for industry, health workers, and governments to regulate the promotion of baby foods through marketing. It covers bottles, teats, and all breastmilk substitutes, not just infant formula.

The code includes these provisions:

- 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 idealizing 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.

Since then, subsequent WHA resolutions extended the ban on distribution of free and low-cost supplies to all parts of the health care system, addressed promotion to the general public, and spelled out the responsibilities of different groups in implementing the Code.

#### After the Code

Following the establishment of the Code, Nestlé and other infant formula companies publicly released special instructions to their marketing personnel to comply with the

Code, and asked the International Boycott Committee, a subgroup of IBFAN groups who were working on the boycott, to call it off. However, the boycott continued until 1984 when some means of monitoring company compliance with the Code could be established, and WHO member countries could draft national codes.

The advocacy groups, in the absence of national machinery, continued their monitoring role, recording and publicizing non-compliance with the Code (IBFAN, 1991). WHO and UNICEF have never monitored Code compliance, although they occasionally have taken individual companies to task. UNICEF’s executive board extracted a promise that manufacturers would end all free supplies of infant formula to hospitals by the end of 1992. They did not comply. In the Philippines, for example, a law banning free supplies was passed, but was evaded by the company tactic of invoicing for milk supplies and not bothering to collect payment. In the face of this and other flagrant violations, a second boycott against Nestlé and American Home Products in the United States, and Nestlé and Milupa in Germany was launched in 1988 by groups who were part of the IBFAN network. Today, Nestlé remains under boycott because the company continues to violate the Code. However, in this era of internet communication, the boycott is more a global movement to draw attention to obstacles to breastfeeding than national campaigns.

In 1986, a World Health Resolution was adopted that acknowledged the detrimental effect of free or low-cost supplies and clarified the relevant Articles in the Code by banning such supplies. According to the resolution, free or low-cost supplies of infant formula were not to be given to hospitals. If supplies were donated to an infant, they were to be continued for as long as the infant required the milk. Hospitals that needed small quantities of infant formula for exceptional cases could buy them through the normal procurement channels. Thus, free supplies could no longer be used as sales inducements. Most of the major companies who were giving free supplies ignored the resolution, arguing that they would only stop distributing free supplies if governments brought in laws against them. However, the Code states that “Independently of other measures” manufacturers and distributors should take steps to ensure their conduct at every level conforms to the principles and aims of the Code.

At the World Health Assembly meeting in May of 1994, advocacy groups’ successful lobbying reminded delegates that free and low-cost supplies of infant formula are marketing devices pure and simple, and not charity, a point made in 1989 by the Nigerian Minister of Health during the WHA. A few European countries including Ireland and Italy, and most forcefully, the United States delegation tried to defeat the resolution to end free supplies. But their efforts were thwarted by a block of African delegates and a very effective Iranian delegate who made it clear that the American position was the industry position as advocated by the International Association of Infant Food Manufacturers (IFM, the successor to ICIFI). The meeting ended with a consensus to withdraw all amendments and support the original text proposed by WHO’s Executive Board to end donations of infant formula to all parts of the health care system worldwide. The question still remains how the Code and WHA resolutions can be implemented and monitored. Advocacy groups have continued to take up the challenge, and ensure that the issue does not quietly disappear from the world’s conscience.

Allain refers to the “unholy alliance” (1991:15) between the medical profession and the baby food companies. Certainly the medical profession and medical associations

followed rather than led the advocacy groups in their criticism of industry. Although there was resistance by some doctors to the promotion of commercial baby foods, only occasional voices of protest were heard from health professionals in the 1950s and 1960s, as infant feeding became more completely medicalized.

In the United States, continuing efforts by health professionals, including the late Derrick and Patrice Jelliffe and Michael Latham, continually brought the issue of breastfeeding and promotional practices of industry to the attention of health organizations. Internationally, the advocacy groups turned a number of physicians into more outspoken public advocates for breastfeeding, stimulating a medical consensus on the value of breastfeeding. But many university and medical school research projects on infant nutrition are funded by industry money. Doctors are beginning to speak out against practices in their own hospitals, but they may be criticized by the medical establishment for doing so. As researchers are increasingly being warned (Margolis, 1991), there is no such thing as a free lunch, nor do people bite the hand that feeds them.

For all their rhetoric, and what some have decried their so-called confrontational tactics, the advocacy groups deserve great credit for bringing about what decades of clinical observations alone failed to accomplish: public awareness and concern about the dangers of breastmilk substitutes. This struggle for corporate accountability is often recounted in development education workshops as well as marketing classes (Post, 1985). For the first time, non-governmental organizations like INFACT, IBFAN, and ICCR had a direct role in the deliberations at WHO and UNICEF in 1979 and in subsequent meetings regarding infant feeding policy. Chetley points out that in spite of industry's concerns about the "scientific integrity" of allowing popular organizations, mother's groups and consumer groups to participate, delegates to the international meetings were impressed with the contributions of the non-governmental organizations (1986:65-69). It is the NGOs that keep alive the underlying concern about corporate responsibility, human rights, and infant feeding as a justice issue.

### Breastfeeding Advocacy Since the Nineties

In 1990, a global initiative sponsored by a number of bilateral and multilateral agencies resulted in the adoption of the Innocenti Declaration, which reads in part:

As a global goal for optimal maternal and child health and nutrition, all women should be enabled to practice exclusive breastfeeding and all infants should be fed exclusively on breast milk from birth to 4-6 months of age. Thereafter, children should continue to be breastfed, while receiving appropriate and adequate complementary foods, for up to two years of age or beyond. . . . Efforts should be made to increase women's confidence in their ability to breastfeed. Such empowerment involves the removal of constraints and influences that manipulate perceptions and behavior towards breastfeeding, often by subtle and indirect means. This requires sensitivity, continued vigilance, and a responsive and comprehensive communications strategy involving all media and addressed to all levels of society. Furthermore, obstacles to breastfeeding within the health system, the workplace and the community must be eliminated. (Innocenti Declaration, 1991:271-272)<sup>2</sup>

This carefully worded statement is nothing less than a challenge to change the priorities of the modern world. The language stresses the empowerment of women

rather than their duty to breastfeed, a change that should bring more advocates for women's health to support breastfeeding.<sup>3</sup>

Later in 1990, UNICEF convened a meeting to review progress on breastfeeding programs and concluded that if the Innocenti Declaration were ever to be implemented, work would have to be done by NGOs rather than governments alone. This led to the formation of an umbrella group called the World Alliance for Breastfeeding Action (WABA). WABA is a global network of organizations and individuals who are actively working to eliminate obstacles to breastfeeding and to act to implement the Innocenti Declaration. The groups include those who approach breastfeeding from different perspectives—from consumer advocates to mother support groups and lactation consultants.

As part of their social mobilization efforts to gain public support for implementing the Innocenti Declaration, WABA sponsors World Breastfeeding Week (WBW, August 1-7) to pull together the efforts of all breastfeeding advocates, governments, and the public. The first campaign, in 1992, focused on hospital practices, and was called the Baby Friendly Hospital Initiative (BFHI, 1994). This campaign established steps that hospitals should take to support breastfeeding and to implement the Innocenti Declaration, and was based on the WHO/UNICEF statement, Ten Steps to Successful Breastfeeding. By 2005, over 20,000 maternity facilities world-wide had been approved as baby-friendly (Van Esterik, 2006). The second campaign, in 1993, tackled the problem of developing Mother-Friendly Workplaces, where breastfeeding and work could be combined. The complexity of the integration of women's productive and reproductive work, and the relevant cultural and policy issues have been explored elsewhere (Van Esterik, 1992). Other WBW campaign themes have explored implementing the Code (1994), empowering women (1995), environmental linkages (1997), economic advantages of breastfeeding (1998), human rights (2000), exclusive breastfeeding (2005), complementary feeding (2006), and breastfeeding in the first hour (2007).

### New Millenium: New Challenges

The public appeal of the infant formula controversy was that it was presented as a simple, solvable problem. People in North America were attracted to the campaign because it put many of their unspoken concerns about the power of multinational corporations into a clear, concrete example of exploitative behavior that could be acted upon. For some boycott groups, the solution to the problem of bottle feeding with infant formula was for multinational infant formula manufacturers to stop promoting infant formula in developing countries. When the companies agreed to abide by the conditions of the WHO/UNICEF Code and the boycott was lifted, this marked the end of the campaign, a victory of small grass roots organizations over huge corporations. As with other social movements, it was hard to sustain interest in the issue after a "victory" had been declared. But the advocacy groups and most breastfeeding supporters recognized that infant feeding decisions are not related to marketing abuse alone; rather, the issue was embedded in a set of problems that require rethinking broader questions about the status of women, corporate power over the food supply, poverty, and environmental issues, among others.

For example, the implications of bottle feeding have not been explored from an environmental perspective with the exception of the position paper by Radford (1992). The ecology and environmental justice movements have been slow to recognize breastfeeding as part of sustainable development and breastmilk as a unique under-utilized natural resource. The report of the World Commission on the Environment and Development, *Our Common Future* (1987), made no reference to nurturance or infant feeding, although economy, population, human resources, food security, energy, and industry are all discussed as part of sustainable development.

Sustainability refers to courses of action that continue without damaging the environment and causing their own obsolescence. A sustainable infant feeding policy must consider the impact of decisions a number of years in the future, rather than simply examining conditions at the present. If we compare breastfeeding and bottle feeding as modes of infant feeding, each has very different implications for sustainability; breastmilk is a renewable resource, a living product that increases in supply as demand increases. It reinforces continuity with women's natural reproductive phases and is a highly individualized process, adapting itself to the needs of infant and mother. The infant is actively empowered and "controls" its food supply.

By contrast, the bottle feeding mode—most commonly associated with infant formula even in developing countries—is a prime example of using a non-renewable resource that uses even more non-renewable resources to produce and to prepare it. It puts demands on fuel supplies and produces solid wastes—for every 3 million bottle fed babies, 450 million tins are discarded. It is a standardized product that does not take into consideration individual needs (although in practice it is not really standardized; it is commonly adulterated in its industrial production with insect parts, rat hairs, iron filings and accidental excesses of chlorine and aluminum, or adjusted by the preparer to individualize it by the addition of herbs and sugar). The bottle fed infant is passive, controlled by others, and becomes a dependent consumer from birth.

Recently scientists have identified intrinsic contamination of powdered infant formula itself. "Pathogenic micro-organisms" have been found in unopened tins and packages of powdered infant formula. In 2003, the Codex Alimentarius Commission of the FAO identified the presence of harmful bacteria such as *Enterobacter sakazakii* in powdered infant formula as a "known public health risk." The risk of potentially fatal infections appears to be highest for neonates in hospital settings.

A sustainable development policy for infant feeding must take careful note of the fact that women's capacity to breastfeed successfully is often a gauge for judging when our capacity to adapt to environmental stresses—air and water pollution, environmental toxins, radiation—has been overstrained. But women are not canaries or cows or machines. Breastfeeding promotion that treats women as mere milk producers is bound to fail, and the issue itself will be rejected by women's groups. For this reason, breastfeeding advocacy groups have been working closely with environmental groups and women's groups to reposition breastfeeding in their agendas (cf. Van Esterik 1994, 2002). For example, by agreeing on common language among different movements, we see fewer phrases like "mother's milk poisons infants," and "contaminated breastmilk" in newspaper headlines.

With our increasing knowledge about HIV/AIDS, comes another challenge for breastfeeding advocacy. HIV can be transmitted during pregnancy, childbirth, and

breastfeeding by a mother who is HIV positive. Consequently in many parts of the world, women who tested positive for HIV were advised not to breastfeed, but instead to feed their newborns with artificial baby milks. But the risks of not breastfeeding were often greater than the risks of transmitting HIV; the risk that HIV can be passed through breastmilk should not undermine breastfeeding support for other mothers and infants. Combining breastfeeding and artificial baby milks appears to be the worst solution for infants. More recent evidence suggests that women who exclusively breastfeed can reduce the risk significantly, increasing HIV-free survival for their children (Iliff et al. 2005). Thus, breastfeeding advocates have to work closely with HIV/AIDS groups to ensure that policies around preventing mother to child transmission do not undermine local breastfeeding cultures.

### Advocacy and Anthropology

Food advocacy is tiring work, and many anthropologists working in academic settings are not full-time activists or breastfeeding counsellors. Yet many of us have been drawn to research on breastfeeding by our personal experiences of mothering or by witnessing the commercial exploitation of women in different countries. Advocacy lessons are personal lessons because they require each and every one of us to put our values on the line—even occasionally to suspend academic canons of reserve and non-involvement, and respond emotionally to things we feel strongly about. In the study of breastfeeding, there is a convergence of different ways of knowing—a convergence of scientific knowledge, experimental knowledge, and experiential knowledge of generations of women, with moral and emotional values that all encourage action to support, protect, and promote breastfeeding. Few areas of research in anthropology encourage such integration. Further, advocacy lessons are never far from us, as advocacy action permeates different parts of our lives and links diverse causes—from the women's movement to environmental concerns.

In this climate of reflexive anthropology, and the increasing responsibility that the profession as a whole is taking in human rights debates, it is important that we clarify our relation to advocacy discourse and action as professional anthropologists and as citizens. Anthropology has a long history of applied work, but more recent and more problematic is the commitment of individual anthropologists to advocacy work (cf. Harries-Jones, 1985). But advocacy anthropology is still suspect to some in the profession. Advocacy refers to the act of interceding for or speaking on behalf of another person or group (Van Esterik, 1986), or promoting one course of action over another. This takes us beyond presentations, analyses, and discussion of evidence to recommend particular alternatives. Advocacy work draws some anthropologists into taking action with regard to well-defined goals that may best be implemented outside of academic settings. What has made this position acceptable in anthropology? First, the increasing numbers of anthropologists who have become involved in "causes" such as the rights of indigenous peoples, famine, AIDS, and women's rights, have made such commitment more visible within the profession. At the same time, the increasing involvement of indigenous peoples and special interest groups in advocating on their own behalf has resulted in anthropologists working with or for these groups.

Second, these individual and collective initiatives occurred at the same time as theoretical work arguing that there is no such thing as "scientific objectivity," and that many past examples of applied anthropology were both paternalistic and supportive of the status quo.

Third, feminist anthropology's epistemological stance on the lack of separation between theory and action justifies and even requires advocacy stances. Feminist methodology calls for explicit statements of the positionality of the author. The feminist axiom "the personal is political" breaks down past opposition between "emotional advocacy action" and "cool, detached scientific reasoning," and accepts experience and emotion as valid guides to moral stands. This is particularly true of food activism, where the line between objective and participatory approaches to food is blurred. But as advocacy groups remind us, it is politics that determines whose truth is heard.

Finally, all branches of anthropology continue to be involved in human rights debates. These efforts have changed the way that advocacy is integrated into anthropology.

Advocacy for breastfeeding is one enormous anthropology lesson. Breastfeeding is simultaneously biologically and culturally constructed, deeply embedded in social relations, and yet cannot be understood without reference to varying levels of analysis including individual, household, community, institutional, and world industrial capitalism. As much a part of self and identity as political economy; as personal as skin and as impersonal as the audit sheets of international multinational corporations, breastfeeding research requires a synthesis of multiple methods and theoretical approaches. At a time when anthropology hovers on the brink of self-reflexive nihilism and fragmentation on the one hand, and greater involvement in studying global change, internationalism, and public policy on the other (cf. Givens and Tucker, 1994), breastfeeding provides a challenging focus for holistic, biocultural, interdisciplinary research.

## Notes

1. The most comprehensive history of the controversy is Andrew Chetley's, *The Politics of Baby Foods* (1986) and *Baby Milk: Destruction of a World Resource* from the Catholic Institute for International Relations (1993). I also review the history in my book, *Beyond the Breast-Bottle Controversy* (1989), and am using this opportunity to update that discussion. This update has benefited from the views and writings of Gabrielle Palmer and Elizabeth Sterken.
2. "The Innocenti Declaration was produced and adopted by participants at the WHO/UNICEF policy-makers' meeting on 'Breastfeeding in the 1990s: A Global Initiative,' co-sponsored by the United States Agency for International Development (A.I.D.) and the Swedish International Development Authority (SIDA), held at the Ospedale degli Innocenti, Florence, Italy, on 30 July–1 August 1990. The Declaration reflects the content of the original background document for the meeting and the views expressed in group and plenary sessions." (Innocenti Declaration 1991)
3. The detailed reports on the infractions of the Marketing Code by infant formula companies used to be available only in "fugitive literature"—letters and brief reports in newsletters in many languages. The violations are most accurately recorded in the "SOCs," red and blue folders published by IBFAN since 1988, documenting the State of the Code, by country and by company. Breastfeeding advocacy groups in individual countries now trace and publicize the violations on line. See for example INFACT Canada ([www.infactcanada.ca](http://www.infactcanada.ca)), IBFAN ([www.ibfan.org](http://www.ibfan.org)), and the Baby Milk Action Group in Britain ([www.babymilkaction.org](http://www.babymilkaction.org)). WABA ([www.waba.org.my](http://www.waba.org.my)) has links to these and other relevant websites. The back files of the campaign over the last thirty years are treasure troves for studying this social movement, but are not easily made to conform to academic standards of citation.

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## Addendum 2012

According to the World Health Organization (WHO), UNICEF and other medical bodies, breastfeeding is the ideal way to feed an infant. This directive emerges from the best evidence-based research to date, and is regularly reviewed and updated; the research evidence is often questioned, but nothing to date challenges the importance

of breastmilk for optimal infant health. Babies should receive breastmilk exclusively for the first six months of life. After six months, they should be introduced to appropriate local complementary foods, with continued breastfeeding for two years and beyond. UNICEF's State of the World's Children report for 2011 estimates that among the 136.7 million babies born worldwide, only 32.6% are breastfeeding exclusively for the first six months of life, leaving 92 million babies who are not fed optimally.

Why are these 92 million babies not fed optimally? Why is the problem of breastfeeding still unresolved? There is no single intervention that could improve the health of more people in the world than extending or expanding exclusive breastfeeding. This is not expensive to implement; in fact it is among the most cost-effective interventions to end infant malnutrition (Jones et al. 2003).

Advocacy efforts to support breastfeeding continue, as outlined in the preceding paper. But this addendum documents the new obstacles that need to be overcome before women are fully supported to breastfeed. Even our language has to change. Advocates now avoid using the phrase, "breast is best," because it suggests that there is some other way of feeding that is almost as good as breastfeeding—much like saying that a bladder is best for storing urine, or ears are best for hearing.

The Nestlé boycott, started in 1976, remains the longest and most successful food boycott in North America. The campaigns to limit the promotion of commercial baby milks provide a clear example of how advocacy actions have moved beyond public awareness to actually change policies with regard to the role of the food industry. Breastfeeding advocates who monitor the baby food corporations have a long, successful history of engaging with the food industry. The boycott story is particularly relevant because it brought NGO players to UN policy meetings (FAO, WHO, UNICEF) and made industry participation in policy making and their strategies—particularly in relation to public-private partnerships to "solve" hunger problems—more visible. But in the 1970s and 80s, Nestlé was vulnerable to the threat to its brand image; it was relatively easy to demonize the unethical profit-driven promotional practices of the baby food industry. Today, the situation is more complex.

The Code of Marketing of Breast Milk Substitutes and subsequent World Health Assembly resolutions is still not legislated or implemented in many countries. IBFAN continues to monitor Code compliance. Advocates who lobbied for the protection of breastfeeding pressed for marketing codes rather than codes of ethics, on the assumption that industry codes of ethics in capitalist societies reflect corporate responsibility to stockholders. Codes of ethics assume that individuals in corporations are unethical if not outright evil in their intentions; instead many are trapped in conditions they cannot control. In the end, marketing codes helped corporations manage themselves better and improve their public relations work, guiding their efforts in the direction of corporate social responsibility (CSR).

The longevity of the Nestlé boycott campaign has strained NGO personnel. Groups recognize the need to educate the next generation, and have begun the process of replacing aging gray activists who got involved when they had babies many years ago, with younger people. Much of this work with youth is done on the internet.

Have direct action campaigns like boycotts and international legislation had any effects on breastfeeding rates? The food industry expects to make profits from the

food it produces and markets to the general population, and baby food is no exception. Although breastfeeding advocates argue that foods for infants and young children should be exempt from market forces, realistically, this is unlikely. Clearly, boycotts and advocacy work have done little damage to the baby food industry. Their products are still actively promoted, and they are perceived as solving a variety of problems for women (better integration with mothers' work schedules, sharing child care with others, more sleep for mothers, etc.). Boycotts, however, have pushed baby food manufacturers into taking on more public corporate social responsibility work to rehabilitate their image, after boycott campaigns exposed their promotional techniques.

Global conditions of food production and distribution have increased households' access to breastmilk substitutes and baby foods; in spite of breastfeeding protection, support and promotion efforts by governments and civil society, the promotion and marketing of breastmilk substitutes and other commercial baby foods has not changed substantially. In fact, the market has increased in value and expanded since the 2001 *Euromonitor* report forecasted that the World Market for Baby Food would increase to nearly twenty billion US dollars by 2005. The estimates were a bit off. By 2006, the market was well over 25 billion US dollars and by 2011, it had grown to over 42 billion US dollars (*Euromonitor International* 2011, accessed November 8, 2011). The market has expanded at a rate that surprised even the economic experts.

While the baby food market has thrived, the same cannot be said about the financial security of households and NGOs in many parts of the global north and global south. The increase in the value of the baby food market, including the development of new product lines such as special milk products for older babies, iron-enriched formula or special formula for pre-term infants is somewhat surprising, given the emphasis on breastfeeding promotion and the financial problems of the last decade. Advocates need to resituate the infant formula controversy in the context of the global recession of 2008, and the struggle households, institutions and NGOs face during uncertain financial times. How do advocates operate in the current economic environment under changed economic conditions?

Since the recession of 2008, NGOs that support breastfeeding have had increasing difficulties raising funds. Advocacy groups like WABA and IBFAN have seen their bilateral and multilateral funding decrease dramatically over the past decade. The donor environment has changed with the growth of deregulation and the increasing influence of corporations on multilateral agencies. Now the World Bank partners with coalitions of food corporations, not with small local NGOs to solve the problems of child malnutrition. The increasing numbers of Public Private Partnerships with food corporations have drawn funding away from local infant and young child feeding support programs, and encouraged medicalized solutions to the problem of malnutrition, while discouraging humanitarian interventions that address the underlying root causes of poverty and hunger. This shift to technical interventions has resulted in the neglect of other community-based and social interventions (People's Health Movement 2011:251).

Consider GAIN (the Global Alliance for Improved Nutrition), a Public Private Partnership alliance of mostly food companies (over 600) that promote processed, fortified and ready to eat foods for the poor in developing countries. Companies such



as Ajinomoto, Cargill, Coca Cola, Danone (the second largest baby food company), Kraft, Pepsico, and many others, offer "business solutions" and "enabling environments" for companies interested in nutrition for the poor. UNICEF has been particularly supportive of GAIN, lauding their "cost-effective food fortification initiatives that promise to improve the health and productivity of the poorest nations" (People's Health Movement 2011:256).

Other large coalitions between UN agencies, governments, donors, private industry, and academia such as Scaling Up Nutrition (SUN) offer even more technical solutions to the problem of malnutrition. The project, costing around 10 billion US dollars per year, is promoted through the World Bank. Of the 13 nutrition interventions in the package that national governments are encouraged to support, 10 involve commercial products such as vitamin and micronutrient supplements, and fortified foods (Horton et al. 2010:xx). These large well-funded coalitions are no longer accountable the way that a single corporation like Nestlé was. GAIN, SUN, and the UN agencies speak the same language; these business coalitions build new markets for "quick-fix" solutions such as micronutrient supplements; they also open the door to new and more complex conflicts of interest in the regulatory environment.

Many of the same food companies in GAIN and SUN have a significant influence on the Codex Alimentarius, a review committee of the UN's Food and Agriculture Organization (FAO) that sets food and infant food safety standards. At a meeting in November, 2011, 40% of meeting delegates were food industry, many representing BINGOs (business interest NGOs), and were part of (or heading) government delegations. For example, the Mexican delegation, which made many industry-friendly interventions, was 100% industry. GAIN lobbied the Codex Alimentarius to permit promotional health claims on infant food products. To curb well-documented abuses, advocates wanted more safeguards for baby foods, such as regulations that would prevent de-fatted cotton-seed flour or irradiated ingredients from being used in their manufacture; however, the industry-dominated meeting did not take up these suggestions (Press release, May 29, 2009, Baby Milk Action).

Breastfeeding advocates are becoming concerned about the increasing complexity of conflicts of interest obvious when pharmaceutical companies and food companies sit on regulatory bodies and participate in policy and research discussions. GAIN participates in UNICEF's policy making, although they have a clear conflict of interest in program implementation (People's Health Movement 2011:256). Industry funded articles, reviews of literature and ghost writing also have a strong impact on policy development. While consumer preferences for foods (not just baby foods) have always been shaped by commercial interests, breastfeeding advocates are concerned about the degree to which commercial interests are driving the marketing of new food products for infants.

Consider for example, the marketing of ready to feed therapeutic foods (RUTFs), like Plumpy'nut, a patented energy-dense peanut product made by Nutriset, a member of GAIN, for the treatment of severe acute malnutrition (SAM) of infants and young children. The products are very effective for the short-term clinic-based treatment of SAM. Advocates fear that these products are moving from therapeutic use to mass market products to prevent chronic malnutrition, before full consideration of how these products are likely to affect breastfeeding. There is evidence in

places in West Africa where these "quick-fix" targeted interventions to end child malnutrition have been used, that there has been a decrease in exclusive breastfeeding, since support for breastfeeding is a low priority (People's Health Movement 2011:257). In addition, food activists ask why a French company, Nutriset, a member of GAIN, brings groundnuts from African countries, processes them in France into Plumpy'nut, sells the product to UN agencies such as UNICEF who distribute it back to infants with SAM in Africa, reaping an enormous profit in the process, instead of encouraging the local subsistence farming of ground nuts and their use for child feeding. The current compromise is to have local factories in Africa and elsewhere make some of the products where the patent is not registered. In 2009, India refused a shipment of Plumpy'nut from UNICEF because it was not consulted on the matter; local food advocates argued that Nutrimix, a micronutrient supplement product prepared in the community by women's groups was found to be just as effective (People's Health Movement 2011:253). In the end, it is support for breastfeeding mothers that provides food security for infants throughout the world.

### Food Safety

In addition to UN regulatory bodies like Codex Alimentarius, every national government has agencies to advise on the risks associated with the national food supply. While we would like to think that these food safety regulations are based on objective science, there is growing evidence of the influence of the food industry on these regulatory bodies. The International Life Sciences Institute (ILSI), an industry lobbying group for the food, chemical and pharmaceutical industry has a substantial presence on the European Food Safety Authority (EFSA), where ILSI members have encouraged industry-friendly policies concerning pesticides residues, genetically modified crops, the sweetener aspartame (made by Ajinomoto) and the use of a known endocrine disruptor, BPA (bisphenol A), in food containers (Holland et al. 2012).

Pesticides, chemical additives, and persistent organic pollutants (POPs) occur in both the general food supply and baby foods. As everyone carries chemical residues in their bodies, they also exist in breastmilk. This continues to be a concern to breastfeeding advocates, but with more collaborative work on message integration with environmental activists who understand the complexity of the issue, there are fewer sensationalist headlines about breastfeeding mothers downloading toxins into their infants. Of course, when buying processed foods, including baby foods, consumers cannot always rely on appearance, taste or smell to assess food safety; as a result we are very dependent on the independence and integrity of those who protect our food supply (cf. Kjernes et al. 2007).

The cultural perception that artificial infant feeding carries no risks is maintained very effectively by commercial marketing strategies. These strategies are more effective than campaigns that say there are no risks to eating beef or unpasteurized cheese products, for example; media amplification of risk scares many consumers away from consuming these products after they are alerted to recognize and respond to these publicized risks. Why are the risks from unpasteurized cheese more believable than risks associated with infant formula?

This is all the more difficult to understand when mothers are so sensitive to the quality of their own milk; these long standing fears have made women so skeptical of their own diet and body that they may "think" their way into insufficient milk. But at the same time, mothers may be so accepting of the quality of what they use to substitute for their breastmilk that they react to media scares by choosing another brand of infant formula, confident that the regulatory system will protect them from obvious defects like melamine in milk-based infant formula or arsenic levels in organic formula (Codex Alimentarius 2011).

Recall the bacteria, *Enterobacter sakazakii*, a pathogenic micro-organism found in unopened tins of powdered infant formula. It has not gone away, but in 2008, it was renamed *Cronobacter sakazakii*, named after Cronus, the king of the titans of Greek mythology who swallowed his own children. Recent outbreaks of infection have confirmed that the problem is not always in the mode of preparing and filling bottles, but may be intrinsic to the industrial processing of powdered infant formula itself. Infections caused by *Cronobacter sakazakii* bacteria can be fatal for newborns and young infants. In 2011, the Centers for Disease Control (CDC) were informed of 12 cases in the United States; in late November and early December, 2011, four cases were reported in four different states, resulting in two deaths and two illnesses. To date, the number of cases worldwide is unknown, since not all incidents are reported or attributed to *Cronobacter sakazakii*. The bacteria might enter infants by three routes: first, from the raw materials used in the production of the infant formula; second, from contamination following pasteurization; and third, during reconstitution. CDC laboratory tests of samples provided by the Missouri Department of Health and Senior Services found *Cronobacter* bacteria in an opened container of infant formula, an opened bottle of nursery water, and prepared infant formula. It is unclear how the contamination occurred, nor how many cases have been unrecognized or unreported. Walmart voluntarily recalled batches of Enfamil newborn powdered formula from 3000 stores in the United States, but as of January, 2011, the FDA had not ordered a recall. Mead Johnson Nutrition, the manufacturer, refused to disclose whether the lot was distributed to other stores. The company claims to test for *Cronobacter* in every batch. When the bacteria is found in unopened tins it is considered intrinsic contamination; when it is found in opened tins it is considered extrinsic contamination (FDA update 2011).

Testing the safety of infant formula is an ongoing process. Advocates are seeking strategies to address this problem. These include mandatory labels warning that powdered infant formula is not a sterile product; explaining how to prepare infant formula more safely by raising the temperature of water mixed with powdered infant formula; and making the dangers more widely known. Critics of breastfeeding advocacy claim that the risks of using infant formula are overblown; *Cronobacter sakazakii* and related bacteria are evidence that this criticism is unwarranted; there is no way to ensure safe formula feeding, only safer formula feeding.

Advocates for breastfeeding continue to face challenges in spite of the near universal policy support for breastfeeding in the global north and global south. In addition to lack of financial support for NGOs and health care facilities that support breastfeeding mothers, advocates must guard against creating additional pressure on mothers or make them feel guilty if they fail to breastfeed in the way they wanted, or in the

manner WHO advised. This is not the intention of breastfeeding advocates who put as much attention on obtaining full maternity entitlements for women as on monitoring food companies.

### Cyberactivism

What new activist strategies fit with these contemporary problems and new products? Are boycotts still effective? What is the best way to expose and reduce industry control over the marketing of baby foods? Advocacy is an ongoing process, and most work now occurs on the internet, with almost instant communication between activists in different parts of the world. Over the last decade, more advocacy work as well as breastfeeding support takes place in cyberspace. While list-serves, chat rooms, mommy blogs, and on-line journals make it easier for breastfeeding practitioners to keep in touch with each other and keep up to date with new research, material posted on-line may be unverified. Often infant formula ads and links to food companies pop up on screen while readers are searching for breastfeeding information.

Mommy blogs provide a means for sharing infant feeding experiences, as have social media sites such as Facebook. However, these sites are often full of complaints about problems faced by breastfeeding mothers. In addition, Facebook regularly removes breastfeeding photographs that women have posted of themselves, claiming the photos violate their strict nudity policy. They consider a fully exposed breast, which is rarely visible during breastfeeding, constitutes nudity. However, photos of tattooing a vagina have been spread all over the web and Facebook with no reports of warnings or removal. Following the removal of a Facebook photograph of a mother breastfeeding her two year old, breastfeeding supporters arranged a nurse-in at Facebook offices around the world in February, 2012. They argued that Facebook should be held accountable to the same community standards that allow women to breastfeed in public.

Many North American women consider breastfeeding in public to be a sensitive personal issue, and not all breastfeeding supporters care to fight for public breastfeeding or breastfeeding photographs on Facebook as a women's right. The issue underlined on-going efforts to create a breastfeeding friendly on-line community. The idea of covering up is a North American preoccupation, not one shared in other parts of the world. As one blogger suggested, "... if breastfeeding on-line offends you, put a blanket over your head".

### Moving Forward with Breastfeeding Advocacy

Current advocacy work is much broader than boycotts, and includes developing the expertise to analyze and critique the broad economic conditions that underlie the food system. More young people need to commit their careers to solving the problems related to infant feeding through research as well as advocacy. Breastfeeding advocacy does not sound radical when it is treated as a personal lifestyle choice, deeply embedded in (western) maternal values. But improving conditions for mothers and

infants requires altering priorities and shifting gender hierarchies in order to remove economic and social barriers to new mothers, and overturning entrenched capitalist corporate strategies that undermine breastfeeding and other nurturing relations. Denying parents the time to nurture their children, and then offering them expensive convenience foods to replace time-intensive caring practices like breastfeeding and child feeding does not "save time" for families. Breastmilk is the ultimate slow food, as local and sustainable as it gets. But sustaining breastfeeding requires radical change to the food system and the support system provided to new mothers. This is the ongoing challenge for the politics of breastfeeding advocacy.

### Final Note

The following websites are regularly updated and provide the latest information on infant and young child feeding, as well as the efforts of international advocacy groups to address the newest corporate marketing techniques.

WABA, [www.waba.org.my](http://www.waba.org.my)

IBFAN, [www.ibfan.org](http://www.ibfan.org)

Baby Milk Action, <http://info.babymilkaction.org>

[www.stakeholderforum.org](http://www.stakeholderforum.org)

[www.gainhealth.org](http://www.gainhealth.org)

[www.unicef.org](http://www.unicef.org)

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## 36

### The Political Economy of an Era of Agricultural Jennifer Clapp

In 2002 the U.S. sent significant maize, to southern Africa in response. It soon became apparent that the recipient countries (GMOs), though the recipient being sent. Many southern Africa aid, partly as a health precaution, their own crops, thus hurting poor countries eventually accepted the continued to refuse even the mill non-genetically modified (GM) food. U.S. then blamed Europe's model contributing to hunger in southern

This incident highlights a new international movement of GMO analysis of this question with respect regarding the adoption of the bioscience up with these new developments. It attention to the question of GMOs. motivations for donating food aid. argued that while economic and political the motivation for giving food aid regime that aims primarily to promote as a means to serve donor countries

In light of the changes in global economy of the U.S. as a major producer of food aid. There appears to pursue the food aid policy designed addressed by the earlier food aid legislation. Europe has not followed the path of the policies of the EU and politics in the years to come in the

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