



**HOW THE MARKETING OF FORMULA MILK
INFLUENCES OUR DECISIONS ON INFANT FEEDING:
REPORT – SOUTH AFRICA**



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How the marketing of formula milk influences our decisions on infant feeding: report - South Africa



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Introduction

In 1981, the Thirty-fourth World Health Assembly adopted the International Code of Marketing of Breast-milk Substitutes (the Code) to regulate the marketing of breast-milk substitutes. Yet more than forty years on, formula product marketing still represents one of the most underappreciated risks to infants' and children's health. Scaling up breastfeeding could prevent upwards of an estimated 800 000 deaths of children under five and 20 000 breast cancer deaths among mothers each year (2). But despite the Code and subsequent resolutions by the World Health Assembly, formula companies continue to violate principles established by these international agreements, putting sales and shareholder interests before infant and population health.

Marketing is part of everyday life, experienced by virtually everyone. Yet, marketing of formula products is different from the marketing of everyday items like shampoo, shoes, or fridges. Feeding practices of children in the first three years of life profoundly affect their survival, health, and development throughout their lives. Deciding how we feed our infants and children should therefore be based on the very best information and truthful evidence that is influenced only by what is best for the child and parents and free of commercial interests.

This report presents findings from **South Africa**. The study was implemented from February 2020 – February 2021, and ethics approvals were granted by the World Health Organization (WHO) Ethics Review Committee and by the South African Human Sciences Research Council (SAHSRC).

The study is part of a multi-country study commissioned by WHO and the United Nations Children's Fund (UNICEF). The study sought to hear directly from women, and those who influence them – health professionals, partners, family members and friends – about their exposure to and experience of formula product marketing. Eight countries were included – Bangladesh, China, Mexico, Morocco, Nigeria, **South Africa** (Cape Town and Johannesburg), the United Kingdom, and Viet Nam – representative of countries in their regions yet diverse in their income levels, exclusive breastfeeding rates, and implementation of the Code. It was conducted in urban populations where trends and values about infant feeding practices are established and spread to other communities.

Study methods including the sampling strategy were designed by a team with commercial marketing, communications and behaviour change expertise with the aim of collecting data and insights as if to inform development of a commercial marketing plan. Study participants and data collected were not intended to be representative of national populations but were sampled from groups considered to be trendsetters, those who would diffuse messages and practices to a wider population. A comprehensive marketing analysis was conducted in advance to assess the volume and dynamics of formula product marketing and to map various types of advertisements, messages, content and forms of dissemination. This information informed the design of focus group discussions and ethnographic interviews, and the terminology used in surveys.

In **South Africa**, over 1050 pregnant women and mothers of young children (aged 0–18 months) and 40 health professionals were surveyed, with 10 focus group discussions and 10 in-depth interviews conducted.

Women's attitudes and practices around infant feeding are shaped by multiple factors including formal and informal work environments, health systems' support, maternity protection, preference, and societal norms and values. While recognizing the critical importance of these factors, this research focuses on the scale, nature, and impact of formula product marketing.

Overall, the study sought to answer the following questions:

- What is the current formula product marketing landscape in South Africa?
- What are the views of health professionals in South Africa on the marketing of formula products?
- What are the attitudes of women in South Africa towards and engagement with marketing of formula products?



Key messages

- Formula companies use a myriad of channels – both mass and highly personalized – to maximize the number of women they reach and the number of times they reach them.
- Formula companies use sophisticated techniques and misleading messaging to market their products, including scientific language and imagery, pain points, and emotional and aspirational appeals. They also assume a friendly, supportive role to pregnant women and mothers, exploiting vulnerabilities to gain access and increase sales.
- Health professionals have personal access to pregnant women and parents of young children, and a trusted role in providing evidence based, independent, impartial advice. Systematic marketing by formula companies seeks to influence health professionals' understanding of breastfeeding, to convince them of the need for formula products, and to use them as channels for marketing.
- Women are exposed to a level of marketing of formula products which begins early in pregnancy, is targeted, and is delivered through multiple channels – including health professional recommendations. Marketing influences women's attitudes towards formula feeding.





Highlights

Women’s attitudes towards infant feeding.

Most women were extremely positive about breastfeeding and its benefits. Almost all breastfeeding women agreed that ‘breastfeeding is best for my baby’ (96%), and ‘I feel I am doing the right thing by breastfeeding my baby’ (96%). Overall, 80% of all women agreed that breastfeeding ‘encourages better bonding between mother and baby’, and 79% agreed that ‘it is best for your baby’ (Figure 1).

The majority of pregnant women and mothers (72%) felt that women should be supported to breastfeed for at least six months. While women were positive about the benefits of breastfeeding, many were not clear on the benefits of breast-milk over formula products. More than half (53%) of women agreed that ‘breastfeeding and formula feeding provides a baby with the same health benefits’, and 49% agreed that ‘formula is very like breast-milk’. A third (32%) of women chose a brand of formula product because they thought it was the closest to breast-milk.

Overall, **80%** of all women agreed that breastfeeding ‘encourages better bonding between mother and baby’, and **79%** agreed that ‘it is best for your baby’.

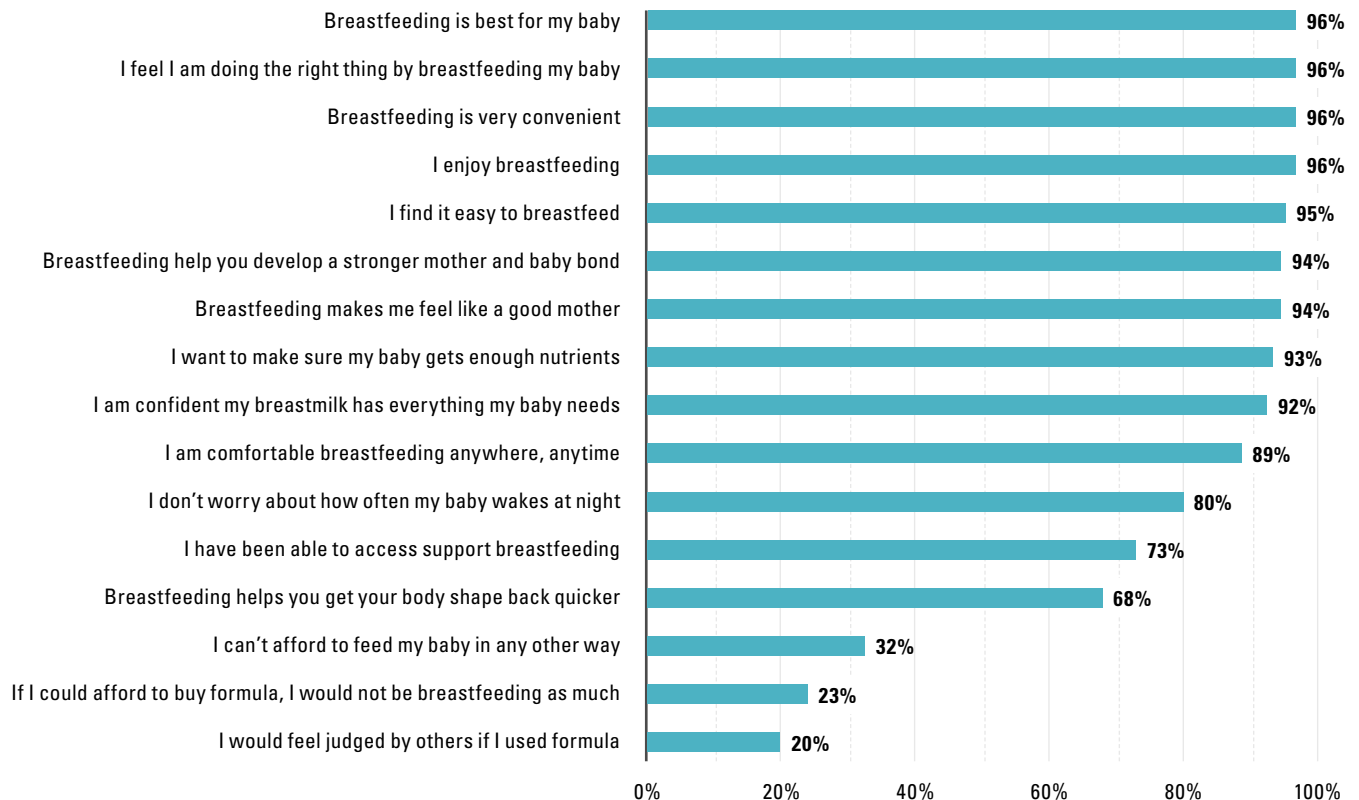


Figure 1. Attitudes towards infant feeding

Women refer to a range of sources for information on infant feeding. The most frequently cited sources were friends, family members or other mothers (54%) health professionals (45%), and leaflets or printed information from health centres or clinics (30%) (Figure 2).

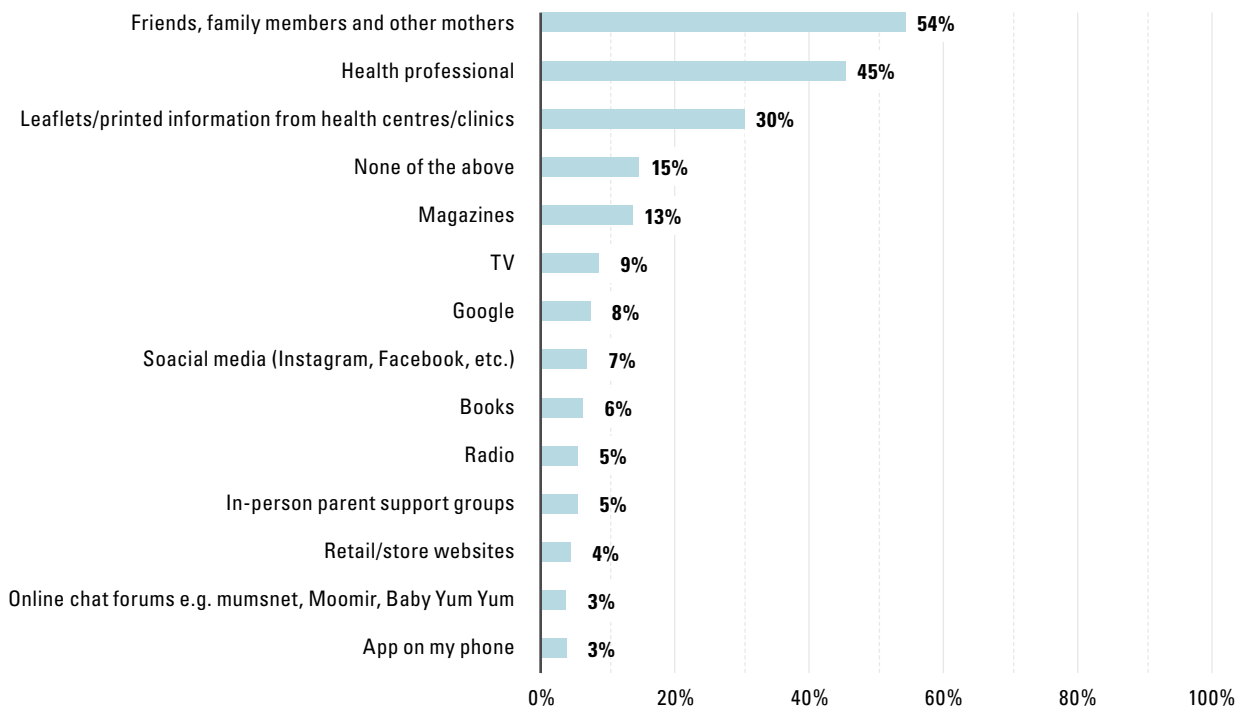


Figure 2. Sources of information on infant feeding

Online resources such as Google, Facebook mother and baby groups like Mamahood South Africa, Instagram, forums, WhatsApp groups, and apps such as BabyCentre¹ were cited as sources of information for mothers.



"I'm on a Facebook group, Mamahood there you can ask lots of questions, anything from breastfeeding to what kind of pains I'm experiencing, cramps and all that, which is quite helpful. So, it's my first go-to."

Pregnant women, Cape Town

Many women identified the important role that family members (particularly mothers, sisters, and grandmothers) play in providing advice to women and shaping their feeding choices. It seemed that female family members were often the first point of contact for advice for many women.

"I would say my mom and my sister. Ok my sister is older than me right, so when I see her doing things... My mom will tell me do this, especially with breastfeeding."

Pregnant women, Johannesburg

¹ A pregnancy tracker app which features tips and foetal development videos.



Formula product marketing is pervasive, personalized, and powerful.

Women are the primary targets of formula product marketing and have been for decades. Approaches aim to engage women early in their pregnancies to create brand loyalty from then through their children's infancy, the toddler years and beyond.

Women who were exposed to formula product marketing were more positive about advertisements for formula products and were more likely to state that the information they provided was accurate, reassuring, and helped them to make decisions about how they will feed their baby. One in five (21%) survey respondents reported that they had seen or heard some form of marketing of formula products in the past year. This is likely an underestimate of the true number, as it relies on self-reporting and only reflects advertisements and does not include other messaging such as through social media. Amongst those exposed to advertising, television achieved the greatest reach at 78%.

The majority of women who were exposed to formula product marketing recalled advertising for stage 3 formula (26%) or stage 3–4 formula products (49%). Findings highlighted a relationship between exposure to marketing and awareness and perceived need of stage 2 to stage 4 formula products. The perceived need for the different stages of formula was high – 89% of those aware of stage 2/follow on formula products

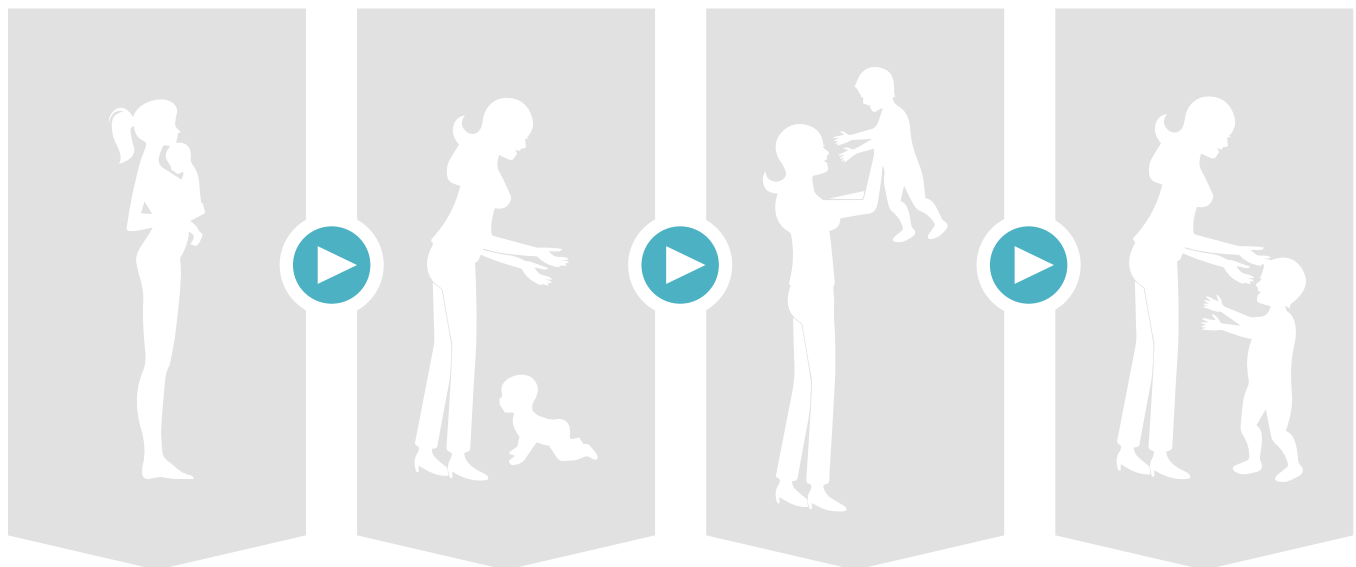
thought that it was needed, and 85% of those aware of stage 3 thought that it was necessary.

In South Africa stage 1–3 formula products (from birth to 36 months - Figure 3) are covered by Regulations relating to foodstuff for infants and young children - R991, but stage 4 products (from 36 months plus) are not. Stage 4 formula products are commonly packaged, branded and labelled to closely resemble stage 1–3 formula products and thereby cross-promote products that do fall within the scope of R991.



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78%



Stage 1 formula products usually for infants aged 0–6 months, can be marketed for older infants, typically referred to as infant formula.

Stage 2 formula products usually for infants aged 6–12 months, can be marketed for younger or older infants, typically referred to as follow-on formula.

Stage 3 formula products usually for children aged 1–3 years, can be marketed for younger or older infants, also referred to as toddler formula.

Stage 4 formula products usually for children aged three years and up but can be marketed for younger infants. Also referred to as growing-up formula.

Figure 3. Stages 1–4 formula products definitions

Formula companies use marketing tactics that exploit parents' anxieties and aspirations.

Companies aim to 'relate' to women by offering support in relation to common difficulties, positioning themselves as compatriots of women, who understand the difficulties of feeding and mothering. Companies claim products can solve common problems. They use a variety of messaging approaches such as:

Nurturing doubt/questioning choices/appealing to aspirations:

- We are on your side/ partners
- Give mothers confidence
- Reflects your love for your child
- Improving future prospects/ a boost for life/ strong foundation
- Premium/ gold standard
- A smart choice

Many women commented that they thought expensive formula products – sometimes containing specific ingredients such as human milk oligosaccharides (HMOs) or polyunsaturated fatty acids (PUFA) were better than cheaper alternatives, and that price influenced their purchasing behaviours. Some women spoke of how price was important because they wanted to give their child 'the best' sometimes as a result of feeling guilt about not being able to breastfeed. This, despite systematic reviews reporting no health or brain development benefits from the addition of specific ingredients such as HMOs or PUFA.

"I know it sounds bad, but my mommy instinct took over and I wanted the most expensive, because I am making up for not breastfeeding her".

Mothers of infants 0–5 months who breastfed and then introduced formula, Johannesburg

"Somehow if I buy the most expensive one, I will feel better".

Mothers of infants 0–5 months who breastfed and then introduced formula, Johannesburg

'Premium' products were also thought to have 'superior' ingredients to cheaper products. Women were also influenced by the packaging and branding of 'premium' formula products – the term 'gold' was popular among women as it implied that the product was better quality.

Many women spoke of their preferences for a 'best brand' and attributed qualities such as being 'premium', helping babies to gain weight, and being the 'closest to breast-milk'.

"So, a lot of moms were like listen! try this one your baby will plump up and that was the only reason that they recommended it."

Mothers of infants 6–18 months, breastfeeding, Johannesburg



Women were also influenced by the packaging and branding of 'premium' formula products – the term 'gold' was popular among women as it implied that the product was better quality.



Formula companies distort science and medicine to legitimize their claims and push their product.

Companies use scientific development in order to communicate product benefits. False and incomplete scientific claims are made to position formula products as close to, equivalent or superior to breast-milk. The most seen messages were that formula products 'improves babies health' (27%), 'easy to digest' (20%) and 'contains essential nutrients' (20%).

Women also recalled formula product messages around cognitive development and healthy nutrition.

"So, when the advert comes a lady will come and be like – this is Brand X. Maybe stage 2 for kids' formula. It is good for your baby's brain."

Mothers of infants 0–5 months who breastfed and then introduced formula, Johannesburg

New products released in South Africa across 2018 include claims around Halal, Kosher, vitamin/mineral fortification, low lactose, reduced lactose and gluten-free. With the restrictions on marketing activity that exist in relation to both stage 1 and stage 2 formula products, new development focussed on the formula products aimed at 2 years and over. Consequently, the platform of superior nutrition has been leveraged in order to develop new formula products. Formula companies have endeavoured to build a trust with consumers, by helping parents select 'specialized formula products', incorporating probiotic yeasts and bacteria and 'addressing micronutrient deficiencies in infants' (3).

Industry systematically targets health professionals.

Most health professionals place a high value on breastfeeding and encouraged women to breastfeed their babies. However, whilst health professionals promoted breastfeeding to mothers, this was sometimes undermined by their contact with formula companies.

Almost half (43%) of health professionals interviewed reported that they had been directly contacted by a formula company representative. This was more common among health professionals who worked in private hospitals and practices. Some health professionals had regular contact with representatives from formula companies to discuss formula products.

Nearly one in three (28%) of the health professionals interviewed stated that they had received information about from representatives. Others stated that their hospital was sponsored by a particular brand, so they recommended that formula product to women.

"(I) tend to recommend Brand X because know a lot about it, and work with reps from brand X. Brand X has also always been around so tend to trust it more."

Paediatric nurse, Private hospital, Johannesburg

"Brand X is being sponsored to the hospital. If it doesn't work, we will recommend another one within the brand X range. I trust the brand."

Doula, Private clinic, Johannesburg

More than a quarter of health professionals had been invited to and attended an event sponsored by formula product companies.

"I do attend road shows held in Cape Town... and there are formula companies at those events so I will listen to what they have to say because I think it's important to be informed about what is new in range or what has changed."

Midwife/Lactation Consultant, Private hospital, Cape Town

Almost half (43%) of health professionals interviewed reported that they had been directly contacted by a formula company representative.



Health professionals' recommendations are influential.

Health professionals are among the most respected and trusted members of society. The advice of health professionals is highly influential for pregnant women and parents of infants and young children, including around infant feeding decisions. Formula companies have sought to exploit this relationship of trust by actively targeting health professionals as part of their marketing campaigns.

One in five women (21%) had been advised to formula feed by a health professional, and (20%) had received a brand recommendation from a health professional. Women spoke of how a health professional had recommended a certain brand of formula product. Women also spoke of how they felt that the brands used in hospitals are more trustworthy and reliable than other brands, as they felt this was endorsed by health professionals.

"I asked the doctor and then she recommended Brand X, she said it was good and so far, we are using (this brand)."

Mothers of infants 0–6 months who started formula from birth, Johannesburg

"How she explained it to me as well is, she compared it to some other formula on the market and then she had certain key points that she pointed out, like the iron content, but also specifically the fat content and the type of fats and how the Brand X is really close to breast-milk and the fat formulation. Yeah, so there was a whole thing. I was panicking, because then he was 6 weeks old and nothing was working and it was terrible, and he had colic."

Mothers of infants 6–18, breastfeeding then formula, Johannesburg

One in five women (21%) had been advised to formula feed by a health professional, and (20%) had received a brand recommendation from a health professional.

Several health professionals stated that mothers had asked them about formula products due to marketing and many felt that mothers' feeding decisions were influenced by their exposure to formula marketing.

Return to work is a key reason for introducing formula.

Over half of pregnant women (51%) stated that they intended to breastfeed exclusively. More than three quarters (76%) of women agreed with the statement 'formula feeding is the better choice if the mother plans to go back to work'. Some women stated that the interval between birth and returning to work could be as short as two weeks, not allowing them time to bond with their baby and exclusively breastfeed. Those that did choose to continue to breastfeed often struggled to find comfortable, hygienic places to express breast-milk or to negotiate time off to breastfeed with their employers.

Health professionals also reported that some women plan to formula feed from birth or to switch to formula when they return to work.

"Others start giving their babies formula because they will be going back to work say in two months' time and they worry that their babies might not want formula if they are only introduced to it once they go back to work."

Mother, Cape Town

Women want more support with breastfeeding.

Both formula feeding and breastfeeding women wanted more advice and support on infant feeding. More than three quarters of survey respondents agreed that 'there should be much more support to breastfeed successfully' this was also echoed in interviews where it was emphasized that 'support and information on breastfeeding is not easily accessible'.

"There is no information on breastfeeding, the only thing I had was all from my aunt, my mother who didn't breastfeed, because I didn't want to latch. And friends, and nobody showed you how to do it, yes maybe the nurse at the hospital, she showed you something, yes there is the rugby one, then there is this one. That doesn't mean anything. Nobody showed me anything... Or there that there are support groups we can go to, nobody told you anything".

Pregnant women, Johannesburg



Opportunities for action

This research points to immediate and tangible opportunities for action that government, health professionals and their associations, academics, civil society, and individuals can and should take to put a stop to the unethical marketing of formula products, and to invest in the support that mothers and families want and need for infant feeding decisions.

Recognize the scale and urgency of the problem.

Political leaders at the highest level, public health institutions, health professionals and their associations, and civil society should fully recognize and expose the pervasive and invasive nature of formula product marketing, and the harm it causes for child and maternal health and human rights, for societies, for economies, and for the environment.

Legislate, regulate, enforce.

South Africa enacts the International Code of Marketing of Breast-milk Substitutes through Regulation R991. This addresses formula products aimed at infants and children from birth to 36 months of age. While the Infant and Young Child Feeding Policy (4) encompasses several global initiatives in infant and young feeding with the aim to improve the nutritional status, growth, development and health of infants and young children by protecting, promoting, and supporting optimal safe infant feeding practices.

Yet, inadequate implementation, lack of awareness and low level of compliance with these laws and policy recommendations remain a challenge. South Africa should urgently strengthen comprehensive national mechanisms to prevent formula product marketing, including: – domestic legislation – health, trade and labour – in line with the Code, closing all loopholes; – robust enforcement and accountability mechanisms, including holding formula companies accountable for their practices and commitments; – regulatory measures, including plain packaging for formula products and higher standards of evidence for product development; – programmatic initiatives, such as strengthening and expanding the Mother- Baby Friendly Initiative (MBFI).

Protect the integrity of science and medicine.

Positive breastfeeding attitudes and practices among health professionals has the potential to be undermined by their contact with industry. Furthermore, health professionals may advertently or inadvertently undermine breastfeeding through recommendations for formula products. There may be evidence of a shift towards acceptance and belief that formula products are inevitable or necessary for all.

Health professionals and their associations and academics should adopt, publicize, and implement strong conflict-of-interest policies to impede corporate interests from influencing critical health guidance and training on infant and young child feeding; and government should invest in training and building the skills of health professionals in this area. Health professionals, academics and government should actively counter commercially driven messages on infant feeding and provide accurate, impartial information to women and parents.

Safeguard children's health on digital platforms.

The entire digital ecosystem – including data capture, data brokering and content dissemination – should be comprehensively reviewed using a public health lens, and governments and international authorities should develop enforceable regulations that protect child health and development from harmful commercial marketing.

Invest in mothers and families.

R991 and the code of good practice are infrequently used to assert women's rights in the workplace during pregnancy and after the birth of a child (5). As a result, breastfeeding often decreases or stops when women return to work (6). Maternity protection is urgently needed for all mothers as there is limited maternity leave (specifically in the private sectors and informal employment) in South Africa and provisions for breastfeeding mothers are limited.

Women want more support with breastfeeding, but formula companies are positioning products as solutions with inference - not clear facts (exploiting hopes and fears) - and are taking on the role of support, but with a vested interest. This form of promotion must be clearly branded and identifiable. Quality support and investment in resources for breastfeeding should be provided by government and non-government organizations. This form of support is free from commercial interests.

Expand coalitions to drive action.

Stopping unethical formula marketing needs actions across society – not just those groups and individuals involved in infant feeding or child health. Marketing of formula is emblematic of marketing of other products such as tobacco or gambling that prioritize sales over health and well-being. Coalitions are needed to challenge commercially-driven practices and demand action and accountability.

Conclusion

This research shows that formula marketing knows no limits. It misuses and distorts information to influence decisions and practices. The consequences for the health and human rights of women and children are not new but often overlooked.

As described in this summary report, unrelenting and multi-faceted marketing aims to persuade families, health professionals and wider society of the need for formula products, undermining child health and development. Marketing practices exploit uncertainty when mothers and parents are at their most vulnerable, and aim to change the values, beliefs and practices of families and communities. The distortion of objective information and the misuse of science negatively impacts on access to accurate and impartial information – an essential human right as stated in the Convention on the Rights of the Child (7).

All sectors of governments including health, public service administration, labour and trade, health professionals and their associations, academics, investors, and those with economic leverage should fulfil their responsibilities and exert their influence to insist on practices that prioritize children and families over commercial interests.

WHO and UNICEF are committed to supporting all Members States to implement, monitor and enforce policies and measures to ensure every woman and child has the highest attainable standard of health – as a human right.



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