**Marketing of breast-milk substitutes**

**Recommendations for inclusion in DHS-8 (2018-2023)**

# **Section I. Information about the requesting party**

**1. Is this request being submitted on behalf of a group? If so, please provide the name of the group and the participating parties.**

This recommendation originated in the September 2018 [Technical Consultation on Measuring Nutrition in Population-Based Household Surveys and Associated Facility Assessments](https://datadent.org/resources-nutrition-household-facility-survey-consultation-meeting-report/)—a 2-day working meeting convened by the Bill & Melinda Gates Foundation and United States Agency for International Development in collaboration with the World Health Organization (WHO) and United Nations Children's Fund (UNICEF), and coordinated by [Data for Decisions to Expand Nutrition Transformation (DataDENT)](https://datadent.org/). The consultation included more than 60 technical experts, survey program representatives from DHS, MICS, LSMS and SMART, country data stakeholders, and donors from the nutrition measurement community.

This recommendation was authored by Larry Grummer-Strawn (WHO) and reviewed by Marcus Stahlhofer (WHO), David Clark (WHO), Purnima Menon (Institute for Food Policy Research Institute (IFPRI)), Sunny Kim (IFPRI), Chessa Lutter (RTI), and Monica Kothari (PATH).

This recommendation is endorsed by the WHO-UNICEF Technical Expert Advisory Group on Nutrition Monitoring (TEAM). Out of the 10 sets of recommendations endorsed by TEAM, this recommendation was prioritized as Tier 2 of 3 (high priority data need).

This recommendation is also endorsed by Countdown to 2030, Alive & Thrive, Global Alliance for Improved Nutrition (GAIN), the nutrition team at the Bill & Melinda Gates Foundation, and the Department of International Health at the Johns Hopkins Bloomberg School of Public Health.

# **Section II. Indicator definition and rationale**

**2. Please define the indicator or indicators you are requesting The DHS Program to incorporate. *Multiple indicators derived from a single set of questions should be included in the same submission.* (Response required)**

We propose one indicator that can be tabulated from the two questions listed in Section III. Please refer to Section IV for details on how each indicator would be calculated.

1. **Exposure to breast-milk substitute (BMS) promotion**

Definition: Proportion of mothers exposed to any promotion or advertising for infant formula or other milk targeted for babies

**3. What is the rationale for measuring this indicator (each of these indicators) in DHS surveys? (Response required)**

Widespread promotion of breast-milk substitutes (BMS) is well documented to reduce breastfeeding. The International Code of Marketing of Breast-milk Substitutes (Code) was endorsed by the World Health Assembly (WHA) in 1981.[[1]](#footnote-1) The Code prohibits the promotion of infant formula and other breast-milk substitutes. While the US initially opposed the Code, over the past two decades, the US strongly supported resolutions calling for Code implementation and monitoring. Fourteen times since 1981, the WHA has called on countries to implement the Code.

The WHA Global Nutrition Monitoring Framework (GNMF) includes Code implementation as one of its 21 indicators [[2]](#footnote-2). Every two years, the WHO reports on whether legislation relevant to the Code has been fully adopted. The indicator does not track actual marketing practices.

It is known that the Code is widely violated, although the extent of violation varies among countries. Over three-quarters of mothers of children 0-24 months report having seen promotions for breast-milk substitutes in Indonesia, Vietnam, and Cambodia but this percentage varies from 8% to 41% in Senegal, Tanzania, and Nepal.[[3]](#footnote-3)

Countries need data on the extent to which breast-milk substitutes are promoted. While the Code deals with a number of types of promotion, one of the most important provisions is Article 5.1, which states “There should be no advertising or promotion to the general public of products within the scope of this Code.” The proposed questions below focus on the extent to which mothers continue to be exposed to promotions of breast-milk substitutes that discourage them from breastfeeding.

DHS surveys are well suited for collection of this indicator as they: (1) are focused on key populations already sampled in the DHS; (2) complement the existing questions on infant and young child feeding practices; (3) are of priority to country decision makers who use the DHS; and (4) are justified by the WHA Code.

# **Section III. Proposed additions/revisions to the questionnaires or biomarkers**

**4. Please describe the requested addition or revision.**

***If the requested change is the addition of new questions to the DHS questionnaires or modules, complete questions 4.1 and 4.1.1. If the requested change is a revision to existing questions, complete question 4.2. If the change relates to anthropometry or a biomarker, please complete question 4.3.***

**4.1. For additions: If you have developed a question or set of questions to measure the indicator(s), please provide them in the space below or in a separate file attached with your submission.**

|  |  |  |
| --- | --- | --- |
| **Question** | **Responses** | **Description**  |
| **Q1.** In the past six months, have you heard or seen any promotion or advertising for infant formula or other milk targeted for babies?  | YES 1🡪Q2NO 2  | ADDITION. To be asked with other questions on SECTION 6. CHILD HEALTH AND NUTRITION, possibly after 652. |
| **Q2.** Where did you see or hear it?Anywhere else?RECORD ALL MENTIONED. | HOSPITAL A OTHER HEALTH FACILITY B TV/RADIO C MAGAZINE/NEWSPAPER DINTERNET/SOCIAL MEDIA E SHOP/PHARMACY FBILLBOARD/PUBLIC POSTER GOTHER \_\_\_\_\_\_\_(SPECIFY) X | ADDITION. |

**4.1.1 If requesting multiple questions, please specify the relative priority of each new question.**

Question 1 is higher priority than question 2. Question 1 allows us to document the magnitude of the problem, but question 2 would be helpful to illustrate what media platforms reach women.

**4.2. For revisions to existing questions: Please specify the DHS-7 question number, the proposed revision to the question, and the rationale.**

N/A

**4.3. For anthropometry and biomarkers: Please describe the measurement procedures or specimen collection procedures, point-of-care or laboratory testing procedures (as relevant), and any recommendations for return of results.**

N/A

**5. Can any related questions be deleted from the questionnaire to make room for the proposed new content? If so, please specify which questions using the DHS-7 question numbers.**

No related questions

**6. What are the implications of these requested changes on measurement of trends using DHS data?**

BMS marketing is currently not part of the core DHS questionnaire, so there would be no impact on past comparability.

# **Section IV. Indicator calculation**

**7. Indicate how to calculate the indicator(s). Include detailed definitions of the numerator and denominator of each individual indicator. If you have developed a tabulation plan for the indicator(s), please attach a file including the suggested table(s) with your submission.**

1. **Exposure to breast-milk substitute (BMS) promotion**

Numerator: Number of last live births in the last 2 years where (Q1=YES)

Denominator: Total number of last live births in the last 2 years

**8. Is the indicator useful when measured at the national level, or is it useful only when disaggregated to specific subnational areas, such as endemicity zones or project intervention regions?**

***For each indicator, select one of the three options by clicking in the appropriate box.***

|  |  |  |  |
| --- | --- | --- | --- |
| Indicator | Useful only for subnational endemicity zones or project intervention regions. A single estimate at the national level is not meaningful. | Useful at both national and subnational regions, as sample size allows. | Useful only at the national level. Subnational estimates are not needed. |
| Exposure to breast-milk substitute (BMS) promotion |[ ] [x] [ ]

# **Section V. Prior testing of the proposed question(s)**

**9. Have the proposed questions undergone any formal validation; i.e., have the questions been tested against a “gold standard” to assess their accuracy? If yes, please describe how well or poorly the questions performed and/or provide a publication or report of the validation exercise (or a link).**

Uncertain. As noted below, the question comes from the WHO/UNICEF NetCode toolkit. The NetCode questionnaire itself was developed based on a prior monitoring protocol from the Interagency Group on Breastfeeding Monitoring (IGBM) and studies conducted by Helen Keller International. It is unclear what validation work may have been done by these organizations.

**10. Have the questions undergone any other kind of testing; e.g., cognitive testing, pilot testing. If so, please describe the results of the testing and/or provide a publication or report of the findings (or a link).**

In 2017, WHO and UNICEF launched a new toolkit to assist countries in monitoring adherence to the Code (NetCode). The toolkit includes a mother’s questionnaire to assess exposure to various types of promotion of BMS. The proposed question below is adapted from the NetCode toolkit.[[4]](#footnote-4) To date, seven countries have completed a NetCode study.

# **Section VI. Other considerations**

**11. Please provide information relevant to the kinds of questions below, and/or anything else you wish to share with us about this indicator (these indicators).**

* **Describe how the data for this indicator are being used (or will be used).**
	+ **Are the data produced by this indicator actionable?**

Yes, it is actionable and directly linked to the WHA GNMF and the WHO’s review of Code adoption every two years.

* + **Who will use the data?**

Country-level decision-makers and program implementers, non-governmental organizations, bilateral organizations, research universities, and advocacy bodies

* + **What kinds of decisions will be made using these data?**

National monitoring and evaluation

* **For what kinds of countries would the indicator(s) be most useful?**

This question should be asked in all country contexts. The Code was developed for application in all countries. As noted above, the data are useful regardless of whether a country has Code legislation in place or not.

* **Does the DHS survey offer any particular advantage over other available data sources for measuring this indicator? If so, what?**

Because the DHS is conducted in over 90 countries, collecting BMS advertising data in the DHS would provide needed country-level estimates. BMS advertising is related to many existing DHS indicators, and adding it to the DHS would make it possible to conduct additional analyses of BMS advertising by policy-relevant variables like urban/rural and wealth quintile. The DHS is also the most commonly reported data source used,[[5]](#footnote-5) and including BMS advertising in the DHS would allow these estimates to be used by a broad group of stakeholders.

1. [WHO. 1981. International Code of Marketing of Breast-milk Substitutes. Geneva.](https://www.who.int/nutrition/publications/code_english.pdf) [↑](#footnote-ref-1)
2. [World Health Organization (2017) Global nutrition monitoring framework: Operational guidance for tracking progress in meeting targets for 2025](https://www.who.int/nutrition/publications/operational-guidance-GNMF-indicators/en/) [↑](#footnote-ref-2)
3. [Shen Y. (2016) Monitoring the International Code of Marketing of Breast-Milk Substitutes A Comparative Analysis of Past Study Efforts.](https://www.who.int/nutrition/events/2nd_comparative_analysis_studies_netcode_june2016.pdf?ua=1) *Available at WHO website.* [↑](#footnote-ref-3)
4. [World Health Organization (2017) NetCode toolkit for ongoing monitoring and periodic assessment of the Code.](https://www.who.int/nutrition/netcode/toolkit/en/) [↑](#footnote-ref-4)
5. In an online survey conducted by DataDENT earlier this year, nutrition professionals were asked how they access and use data on nutrition. DHS was the most commonly reported data source used (73.8% of the 191 survey respondents). [↑](#footnote-ref-5)