

Kenya puts in place tougher labelling for baby foods, bottles, teats and pacifiers

By Antonina Mutoro ^{14 Apr 2022}

The Kenyan government has provided [more stringent measures](#) for the labelling of feeding bottle, teat and paci packages. It wants the labels of these products to include a warning that their use can have negative effects on breastfeeding.



Image source: Sasha Kim from [Pexels](#)

The new regulations show the government's commitment to revisiting a [law](#) passed in Kenya in 2012 that laid the ground w for key regulations around the marketing of breast milk substitutes. These substitutes include infant formulas, follow-on formulas and any other food or drink, alongside feeding bottles and teats, intended for babies and young children.

The act was passed to regulate the promotion of the substitutes, which can [interfere](#) with breastfeeding. The law is aligned the World Health Organization's [International Code](#) of Marketing of Breast-milk Substitutes.

The act outlines the prohibitions on advertising of substitutes. It also covers the rules on education and informational materials, as well as the labelling of packages. For instance, it requires that any educational materials on substitutes be approved by the cabinet secretary in charge of the health ministry. Health workers and proprietors of health centres are additionally not allowed to accept breast milk substitutes as gifts or donations without the approval of the health ministry.

The act doesn't prohibit the sale of breast milk substitutes or the distribution of factual information. Rather, it aims to ensur parents make informed choices on infant feeding based on evidence, not biased, misleading claims.

The new regulations target bottles, teats and pacifiers. All can interfere with breastfeeding. The regulations introduce fresh labelling requirements for baby feeding bottles, teats and pacifiers. These products will include a warning in both Swahili a English [stating that](#) the use of bottles, teats and pacifiers can interfere with breastfeeding.

The updated act also includes prohibitions around labelling, marketing and donation of pre-packaged complementary baby foods, which are increasingly being consumed.

The implementation of infant and young child feeding strategies, such as legislation around breast milk substitutes as well as labelling of key products, has been associated with an increase in breastfeeding rates. In Kenya, implementation of the 2012 act was associated with an increase in exclusive breastfeeding in the country. A report released in 2014 found that there had been an [increase](#) in exclusive breastfeeding rates from 32% to 61% over a five-year period. Although the act only came into effect in 2012, it was deemed to have contributed to this rise.

The stringent measures included in the updated regulations are likely to further improve the exclusive breastfeeding rate in Kenya – at 61%, it is already higher than the global average of [44%](#). This will lead to further improvements in child health, growth and development.

The history

Since it was passed in 2012 the health ministry has updated the Breast Milk Substitutes act to improve its clarity and enforcement. The updated version was published as a legal notice in August 2021. It will be enforced on 30 May 2022. The amendments followed an increase in aggressive, inappropriate marketing by manufacturers of breast milk substitutes in Kenya.

As part of the process, the ministry conducted an [impact assessment](#) on the legislation with the aim of examining and measuring the likely benefits, costs and effects of the proposed regulations. [This is done to](#) support legislative change, regulation of markets, policy development and parliamentary decision making.

The impact assessment focused on the following sections of the Breast Milk Substitutes act:

- donations, labelling, and the interaction between health workers and manufacturers or distributors
- advertising and promotion
- demonstrations of the use of designated products
- publication of information, education and communication materials on substitutes
- penalties for failure to adhere to the Breast Milk Substitutes act and its regulations.

The science behind it

The World Health Organization [recommends](#) exclusive breastfeeding for the first six months of a child's life. It also recommends continued breastfeeding up to and beyond two years.

Breast milk has been found to have significant [health and nutrition benefits](#) for both the child and mother. These include protection against infant death and common childhood illnesses, such as diarrhoea and pneumonia. Breastfeeding also lowers the risk of breast and ovarian cancers, and diabetes. It additionally improves birth spacing.

For mothers to exclusively breastfeed, they need accurate information on the benefits of breast milk, the importance of breastfeeding and a supportive environment. However, there has been an increase in the [marketing](#) and [availability](#) of breast milk substitutes. This could [influence](#) some mothers to stop breastfeeding.

Promotion tactics, such as the use of health workers to endorse baby formulas, aggressive media advertising and point-of-sale marketing, have been widely used to advance the use of breast milk substitutes. This has created a [false sense of superiority](#) of substitutes over breast milk, hence the need for heightened regulations around the marketing of these products.

The impact

The importance of protecting and promoting breastfeeding is recognised across most of Africa. A recent report by the [World Health Organization](#) found that 32 of the 47 countries that fall under the WHO African Regional Office have implemented the International Code on Marketing of Breast-milk Substitutes. However, researchers found that adoption has happened at varying levels. For instance, Kenya is moderately aligned with the code, while South Africa is substantially aligned with it.

To complement the enactment of the code, countries must regularly monitor barriers and bottlenecks to exclusive breastfeeding. These can then be addressed and resolved through research, regulatory impact assessments and more effective legislation.

This article is republished from [The Conversation](#) under a Creative Commons license. Read the [original article](#).

ABOUT THE AUTHOR

Antonina Mutoro, African Population and Health Research Center

For more, visit: <https://www.bizcommunity.com>