

Feeley AB, Ndeye Coly A, Sy Gueye NY, Diop EI, Pries AM, Champeny M, Zehner ER, Huffman SL.

Promotion and consumption of commercially produced foods among children: situation analysis in an urban setting in Senegal. *Matern Child Nutr* 2016;12 Suppl 2:64-76. doi: 10.1111/mcn.12304.

Vitta BS, Benjamin M, Pries AM, Champeny M, Zehner E, Huffman SL. **Infant and young child feeding practices among children under 2 years of age and maternal exposure to infant and young child feeding messages and promotions in Dar es Salaam, Tanzania.** *Matern Child Nutr* 2016;12 Suppl 2:77-90. doi: 10.1111/mcn.12292.

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Introduction:

Adequate nutrition during infancy and early childhood is critical for optimal health, growth and development. Exclusive breastfeeding until 6 months of age and continued breastfeeding until 24 months of age and beyond are recommended by the World Health Organization (1). Complementary feeding is defined as the process starting when breastmilk alone is no longer sufficient to meet the nutritional requirements of infants, and other foods and liquids are needed along with continued breastfeeding (2). However, complementary feeding needs to be promoted in a way that both protects breastfeeding and encourages the consumption of nutritious complementary foods (3). In 1981, the World Health Assembly adopted the International Code of Marketing of Breast-Milk Substitutes (BMS) to stop the promotion of breastmilk substitutes. Recognizing that promotion of some other types of commercial foods may also undermine optimal infant and young child feeding practices, including breastfeeding, the World Health Assembly has recently requested guidance on inappropriate promotion of foods for infants and young children (3).

This issue of NNA summarizes a supplement recently published in *Maternal and Child Nutrition* which reports on the Assessment and Research on Child Feeding (ARCH) Project implemented by Helen Keller International. The project assessed the promotion of commercially produced foods and their consumption by infants and young children in large urban settings of Cambodia, Nepal, Senegal and Tanzania (3). This NNA will focus on the findings in the two African countries reported by Feeley et al. (4) and Vitta et al. (5).

Methods:

In cross-sectional surveys in Senegal and Tanzania, multi-stage sampling was used to identify a representative sample of mothers of children <24 months of age attending health facilities associated with the Ministry of Health and Social Action in Dakar and urban health centers in Dar es Salaam (4, 5). Structured interviews were conducted with 293 mothers in Dakar and 305 mothers in Dar es Salaam. In both studies, information was collected on dietary intakes during the previous 24 hours, weekly food consumption, reasons for feeding and expenditure on commercially produced snacks to children <2 years of age. Mothers were also asked what foods they would like to feed and what promotions of foods for young children they experienced inside and outside the health facilities.

Results and Conclusions:

In Dakar, one out of 10 (10.7%) infants <6 months of age and 20.2% of 6-24 months old children had received BMS. About half (50.5%) of the 6-23 month old children had received homemade complementary foods and the rest (49.1%) had received commercially produced complementary foods (CPCF) on the previous day. More than half of the children (58.7%) ate a commercially produced snack food on the previous day (3, 4). Chips were the most commonly consumed snack foods. Three-fourths of the mothers reported that they would feed their children additional foods, if they could afford it. Commercial infant cereal was most often mentioned in this context, with the main reason cited as it, "makes babies smart."

Although the International Code of Marketing of BMS and an inter-ministerial decree in Senegal prohibit the promotion of BMS in health facilities, it is still a common practice. In Dakar, 21.2% of mothers reported that health staff had recommended that they use BMS. The recommendation of CPCF by health staff was less common (6.8%). Promotion of foods for infants and young children was very common outside the health facility in Dakar with 41.0%, 37.2% and 93.5% of women reporting to have been exposed to promotions of BMS, CPCF and commercially produced snack foods, respectively.

In Dar es Salaam, only 3.9% of infants <6 months of age and 4.8% of 6-23 months old children were reportedly fed BMS on the previous day (5). Similarly, consumption of CPCF on the previous day was not common among 6-23 months old children (3.1%). In contrast, homemade complementary foods, especially made for the young child, was reportedly fed on the previous day by the majority of interviewed mothers (85.2%). Commercially produced snack foods were less often consumed in Dar es Salaam than in Dakar, with 23.1% and 53.7% of mothers reporting that their child had consumed a snack on the previous day and in the previous week, respectively. Sugary snacks, such as candy, sweets, chocolate and cookies, were the preferred choice in Tanzania.

In Dar es Salaam, half of all mothers (50.5%) reported having received recommendations from health staff to exclusively breastfeed and only 9.2% reported that health staff recommended feeding BMS. Only 1.0% of women noted commercial promotion of CPCF outside the health facilities, but almost half (45.9%) had witnessed promotion of commercially produced snack foods.

Program and policy implications:

The exposure to BMS promotion inside and outside the health facilities differed greatly between the two sites, with a much higher proportion of Senegalese mothers experiencing the recommendation and commercial promotion of BMS. Tanzania has strict regulations limiting the promotion of BMS and all promotion of food products to infants and young children (5). In Senegal, however, the promotion of BMS is only prohibited within health facilities (4), as Senegal's national law is not as strict as the International Code of Marketing of BMS. There is also no control of commercial promotion of foods for infants and young children.

In both countries, the consumption of commercially produced snack foods was very common. This is problematic since savory and sugary snack foods are often high in calories, but low in essential micronutrients. Nutrition policies and behavior change communication strategies are needed to encourage healthy food choices and facilitate the replacement of unhealthy commercially produced snack foods with more nutritious affordable foods (3).

NNA Editors Comments*:

Exclusive breastfeeding among infants <6 months of age was low in both studies (34.7% in Dakar and 40.8% in Dar es Salaam), which was mostly due to the introduction of plain water and semi-solid foods before the age of 6 months (4, 5). Thus, the restriction of BMS marketing has to be accompanied with further efforts to promote exclusive breastfeeding from birth to 6 months of age. The frequent consumption of commercially produced snack foods was identified as a concern not only in the above summarized surveys implemented in Dakar and Dar es Salaam, but also in Kathmandu Valley, Nepal and in Phnom Penh, Cambodia (6, 7). Similarly, a previous analysis of Demographic and Health Surveys of 18 low- and middle-income countries found that 75% of Asian children and 46% of African children consumed sugary snack foods in their second year of life (8). In fact, the same analysis found that sugary snack foods were more commonly consumed than more nutritious foods such as eggs or vitamin A-rich fruits, or fortified infant cereals. Commercially processed snack foods are typically energy dense, and high in unhealthy types of dietary fat, free sugars and sodium and low in dietary fiber and micronutrients (9). As many countries struggle with the double burden of preventing malnutrition and micronutrient deficiencies and overweight and obesity the commonly reported consumption of commercially produced snack foods among young children is a concern. Thus, it is critically important for countries across Africa and the rest of the world to implement the consensus resolution on ending the inappropriate promotion of foods for infants and young children from the recent World Health Assembly. Further research is also needed to understand the associations between these snack foods and under- and overnutrition.

* These comments have been added by the editorial team and are not part of the cited publication.

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