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INDIA

— March 27 - 31, 1984 —

Visit to India to give keynote address and to participate in the Indian National Seminar on Implementation of Strategies for Promoting Infant Feeding

by

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INTRODUCTION

In December 1983, India officially approved a National Code for the Protection and Promotion of Breastfeeding. As a follow-up to the approval of the Code the National Institute of Public Cooperation and Child Development (NIPCCD) organized, on behalf of the Ministry of Social Welfare, a national seminar on the implementation of strategies for the promotion of improved infant feeding practices. Among its objectives, the NIPCCD sought to open a forum for discussion of the various issues that relate to infant feeding--including further discussions on the role of breastfeeding and breastmilk substitutes.

As a result of the seminar, specific goals were outlined by several small working groups regarding changes in institutional practices in lactation management and the need for further legislation and monitoring of the Indian Breastfeeding Code. Recommendations were also made regarding a stronger emphasis on maternal health and weaning foods as well as strategies for improved communication, education and training.

INCS strongly supports the NIPCCD in its efforts to establish guidelines for improved infant feeding practices. If appropriate, INCS would be willing to share further experience with the NIPCCD in lactation management and breastfeeding communication strategies.

Ronald C. Israel
Director, INCS

July, 1984

Report on Visit to India by Professor M. C. Latham

Purpose of the Visit

To deliver the Keynote Address on the opening day of the Indian National Seminar on Implementation of Strategies for Promotion of Infant Feeding.

To participate in the Seminar and discussion on strategies for promotion of better infant feeding.

To participate in the working group on the Role of the Health Sector in Promoting Infant Feeding and Implementation of the Indian National Code for Protection and Promotion of Breastfeeding.

Seminar Organizers

The Seminar was organized by the National Institute of Public Cooperation and Child Development (NIPCCD) which is a Government of India Institute working under the aegis of the Ministry of Social Welfare. The Institute undertakes research and training in the fields of Public Cooperation and Child Development.

Itinerary and Timetable

Saturday, March 24, 1984 - Left Ithaca 4:15 PM

Monday, March 26, 1984 - Arrived New Delhi 5 AM

Afternoon meeting at National Institute of Public Cooperation and Child Development (NIPCCD). Discussions with Dr. D. Paul Chowdhry, Director of NIPCCD; Dr. Santinder Bajaj, Deputy Director, Child Development; and Mrs. Rajni Khanna, Specialist on Nutrition at NIPCCD. I was told of the organization and activities of NIPCCD; I visited their facilities; and held a discussion concerning the seminar program and the seminar objectives.

Tuesday, March 27, 1984

In the morning I was taken to visit two different centres which

form part of the Integrated Child Development Services. These centres were in a slum area of Old Delhi. I was accompanied by Mrs. Meera Shekar, Nutritionist, and Dr. Paul, a physician, both of NIPCCD.

In the afternoon a long formal meeting was held with most of the senior staff of NIPCCD each of whom reviewed their work including their current research. I was asked to inform them about our nutrition research projects at Cornell, particularly those dealing with infant feeding, and to lead a discussion on nutritional surveillance.

Wednesday, March 28

Met by Ms. Mary Ann Anderson of USAID and held discussion with her on my assignment and work of USAID.

All day attendance at Seminar.

Separate discussions held with Mr. Haxton, Regional Director of UNICEF; Mr. Kim Atkinson of FAO in Rome; Dr. G. Clugston, Regional Nutrition Adviser of WHO; Mr. G. Levine of Ford Foundation; Dr. Bagchi of the Indian National Council for Medical Research; and Dr. K. K. Sharma, Executive Director, Food and Nutrition Division of Ministry of Agriculture; and Dr. Suroj Puchori of the Ford Foundation.

Thursday, March 29

All day attendance at Workshop including participation in Working Group on Health.

Separate discussions with Dr. Pralhad Rao, National Institute of Nutrition, Hyderabad; Dr. Indira Narayaran, Pediatrician at Kalavati Saran Hospital; and Dr. Shanti Ghosh, WHO, New Delhi.

Dinner at home of Ms. Mary Ann Anderson, U.S.A.I.D.

Friday, March 30

Attended Workshop in morning and afternoon. Two hour lunch meeting

with Dr. C. Gopalan, Director of Nutrition Foundation of India. He asked me to write a paper for the Nutrition Foundation of India quarterly publication.

Separate discussions with Mr. M. S. Dayal, Joint Secretary, Ministry of Social Services; Dr. G. G. Rao, Ministry of Rural Development; Dr. Monica Sharma, National Institute of Health; Ms. Manisha Awasthi, Foundation for Research in Community Health, Bombay.

A final meeting was held with Dr. Paul Chowdhry, Dr. Bajaj, Ms. Khanna of NIPCCD and Ms. Mary Ann Anderson of USAID.

Dinner and discussion on research with Dr. Indira Narayanan at Lady Hardinge Medical College.

Saturday, March 31

3 AM left for airport. Flight left 9 AM (5½ hours late!).

Overnight delay of 14 hours at Frankfurt.

Sunday, April 1 - Arrived New York 1:30 PM

Monday, April 2 - Arrived Ithaca 2 PM.

National Seminar on Implementation of Strategies for Promotion of Infant Feeding

Objectives

The main objectives of the Seminar were stated to be:

(1) To promote an exchange of experiences on issues related to infant feeding

(2) To formulate recommendations for action on the National Code to be applied to different sectors

(3) To plan for a concerted follow-up of the Code in order to achieve improved infant feeding practices.

Participants (See Appendix 1)

The participants represented a broad range of disciplines and institutions including many senior government officials from several ministries and national institutes; many university faculty, senior nutritionists, food scientists, social scientists and other experts; representatives from industry; representatives of a number of international agencies (UNICEF, WHO, FAO, U.S.A.I.D.); foundations (Ford etc.) and non-government organizations both Indian and international. Some mass media representatives attended especially on the opening day. The total number of participants was about 60, of whom some 40 attended most sessions.

Sponsors of the Visit

The invitation for me to India came from the National Institute of Public Cooperation and Child Development (NIPCCD) of the Government of India. NIPCCD contacted USAID in New Delhi regarding sponsorship of my visit, and AID/Washington agreed to this, using the International Nutrition Communication Service (INCS), a part of the Education Development Center in Newton, Massachusetts, to arrange travel arrangements and cover the costs of the visit.

Themes of the Seminar

The major stated themes included in the seminar program were:

(1) Implementation of the national code for promotion and protection of breastfeeding

(2) Infant feeding practices and trends

(3) Maternal nutrition and child development

(4) Promotion and support of appropriate and timely supplementation

(5) Strengthening of nutrition education

(6) Supportive services to women in relation to infant feeding

(7) Appropriate marketing and distribution of breast milk substitutes.

In fact, one plenary session was devoted to each of these 7 themes. This consisted of one or two papers on the subject, and a variable time for discussion and questions. These presentations and discussions were meant to set the scene for the four working groups which then met, and formulated recommendations.

Working Groups

Small working groups were set up to consider each of the following, in relation to strategies for promotion of infant feeding:

(1) Role of the health sector

(2) Role of social welfare and other sectors

(3) Role of NGO's/Women's Groups/consumer organizations

(4) Role of communication and mass media for dissemination of information on infant feeding.

I participated in small working group (1) on the role of the health sector. It met on the afternoon of Thursday, March 29 from approximately 2:30 to 5 PM. Recommendations were produced; these were finalized at a half morning session on Friday, March 30 and presented to a plenary session later that morning.

The other 3 working groups functioned in a similar manner.

Recommendations of the Workshop

At a plenary session the recommendations from the 4 working groups were discussed and amended. There was a great deal of participation from many of those attending this session, and much discussion. The recommendations were then amended and at the final plenary session on the afternoon of Friday, March 30, they were accepted. These recommendations are included as Attachment 3.

In the valedictory address Mr. M. S. Dayal, Joint Secretary of the Ministry of Social Welfare, pledged his Ministry's support and his own personal help in implementing the recommendations of the Workshop and in seeing that the Indian Code was effective.

Conclusions

India has now reached a stage where she is more or less self sufficient in terms of grain and legume production, which means that few basic foods need to be imported. She has many well trained nutritionists, educators, health personnel, communications experts and other professionals involved in training, in research and in projects. But despite this, India still has a major problem of malnutrition especially among her children and other vulnerable groups of the population. Based on weight for age data from the National Nutrition Monetary Bureau Report 75% of pre-school children had a weight for age below 75% of the standard, and 23% of them had severe malnutrition with a weight for age below 60%; 10-15% had evidence of vitamin A deficiency; and over 50% of pregnant women had evidence of anemia. These data are consistent with findings from many other studies.

Breastfeeding is still by far the most prevalent form of infant feeding for most infants but an erosion of breastfeeding is occurring especially in the urban areas. This is not so much an abandonment of breastfeeding

(which of course is occurring) but the unnecessary and often dangerous introduction of breastmilk substitutes in infants under 4 months of age. India is a very large and diverse country, and practices differ in different states, in different ethnic groups and according to social class. But it seems that in many groups breastfeeding is not traditionally initiated soon after birth, and many women do not consider colostrum as being a suitable food for the infant. A common problem is also that a significant proportion of women provide only breastmilk and no other foods to infants beyond 6 months of age. This too can be a cause of malnutrition.

The Ministry of Social Welfare is now implementing on a wide scale their Integrated Child Development Services (ICDS). I visited two ICDS Centres in the slums of old Delhi, and was impressed with what is being attempted. At a very practical level and using appropriate technology at rather low cost, an integrated service is being provided including monitoring the growth and development of pre-school age children in the community; immunizations; simple health care; feeding of needy children; pre-school age mental stimulation; health and nutrition education for mothers; family planning; early detection and prevention of childhood disabilities; and other activities. NIPCCD is involved in training of Child Development Project officers for the integrated services (ICDS). It has helped with the 20 training centres in different parts of India where 3000 supervisers have been trained; and it provides guidance and support for the training of thousands of "Anganwadi workers" who are the "functionaries" responsible for providing the package of services to children and mothers in the villages or urban communities being served.

This huge undertaking of integrated child development services does include attempts to protect, support and promote optimum infant feeding including breastfeeding. Although a project of the Ministry of Social

Welfare, the work is performed in close collaboration with the health services.

There is a recognized need to move ahead with legislation relating to some aspects of the Indian Code;* to set up procedures for monitoring the Code; to see that certain institutional changes are made (universal hospital rooming in; placing the baby on the breast very soon after delivery in all hospitals, etc.); and for a greater use of communications to protect breastfeeding and to promote improved infant feeding practices.

The officials at NIPCCD and others were informed about the work of INCS, and about the possibilities of collaboration and funding with communications and training activities related to infant feeding. There seemed to be real interest in this. The USAID Nutrition Adviser (Mary Ann Anderson) is fully aware of these possibilities and will follow up on these possibilities.

Discussion was held regarding Indian paediatricians or others attending a short course on lactation in San Diego. There was some feeling that with so many well trained people in India, and with the large numbers that could benefit from such training, that it might be preferable if one or more short training courses could be held in India. Perhaps the San Diego center could assist with this or Dr. Audrey Naylor could come to India to assist with the first course. If it were agreed that such a course be held in India, I would recommend that Dr. Indira Narayan be asked to supervise the course, and that it be held under the auspices of the Kalavati Saran Children's Hospital of the Lady Hardinge Medical College in New Delhi. Dr. Narayan who is a Pediatrician, has done good work on infant feeding; she is very knowledgeable and well respected; and is fully committed to all aspects of the protection and support of breastfeeding. I am convinced that she could do an excellent job.

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* See Attachment 4, Indian Code for Protection and Promotion of Breastfeeding.

NIPCCD seems keen to work closely with U.S. and other international organizations. They have a good relationship with U.S.A.I.D. and with UNICEF. The Director and other staff of NIPCCD expressed a desire to collaborate with Cornell University and the Consortium. I stated that we would be willing to provide assistance if asked to provide this.

APPENDIX A

List of Participants for the seminar on 'Implementation of Strategies for Promotion of Infant Feeding.

1. Shri M.S. Dayal
Joint Secretary (CD)
Ministry of Social Welfare
'A' Wing, Shastri Bhawan
New Delhi.

2. Shri M.K. Miglani
Director (CD)
Nutrition and Child Development Wing
Ministry of Social Welfare
Shastri Bhavan
New Delhi-1.

3. Shri Lalit Sharma
Deputy Secretary
Ministry of Social Welfare
Shastri Bhavan
New Delhi-1.

4. Dr. Indra Bhargava
Dy. Commissemer (MCH)
Ministry of Health & Family Welfare, Nirman Bhavan
New Delhi - 1.

5. Mrs Avinash Pandit
Controller Mass -Media
Ministry of Health & Family Welfare
Nirman Bhavan
New Delhi - 1.

6. Ms Lily Madhok
Senior Dietitican
Director General of Health Services
Nirman Bhavan
New Delhi - 1.

7. Dr.(Mrs) K.K. Sharma,
Executive Director,
Food & Nutrition Division,
Ministry of Agriculture,
Krishi Bhavan,
Dr. Rajendra Prasad Marg,
New Delhi.

7.(a) Mrs. Shashi Prabha Gupta
Deputy Technical Advisor
Food & Nutrition Board,
Dept. of Food
Krishi Bhavan
New Delhi - 1.

8. Km. M. Govilkar
Jt. Director (WP)
Extension Training Unit
Director of Extension
Ministry of Agriculture
Shastri Bhavan
Nes Delhi-

9. Dr. G. Gopal Rao
Agricultural Marketing Advdser
Ministry of Rural Development
407-B 4th Floor
Shastri Bhavan
New Delhi - 1.

10. Shri S.K. Sud
Sr.Dy. Director
Agriculture and Food
Indian Standards Institution
Manak Bhawan
9 B. Shah Zafar Marg,
New Delhi - 2.

11. Dr. Michael Latham,
Prof. Inter-national Nutrition
Cornell University
ITHACA
New York,
USA.

12. Dr O N Bhakoo
Prof. of Pediatrics
PG.I
Chandigarh.

13. Dr. B.K. Mahajan
Senior Consultant ICDS
Deptt. of Gastroenterology
AIIMS, Ansari Nagar.
New Delhi - 29..

14. Dr. O.P. Ghai
Prof. of Pediatrics
AIIMS, Ansari Nagar
New Delhi - 110029.

15. Dr. Meharban Singh
Deptt. of Paediatrics
AIIMS
Ansari Nagar,
New Delhi - 29.

16. Smt. P. Kaushik
Head of Dietetics Department
AIIMS, Ansari Nagar,
New Delhi - 29.

17. Dr. Manmohan
Peadiatrician
Safdarjung Hospital
New Delhi.

18. Dr. Indira Narayaran
Associate Professor
Department of Paediatrics
Kalavati Saran Hospital
New Delhi.

19. Dr. Pralhad Rao
National Institute of Nutrition
Tarnaka
Hyderabad.

20 Dr. U Kapil
SRO, ICMR
New Delhi.

21. Dr. (Smt) Monica Sharma
Asstt. Prof. (Nutrition)
Deptt. of Community Health
Administration
National Institute of Health
and Family Welfare
New Mehrauli Road
New Delhi-67.

22. Dr. Sunder Lal
Reader,
Deptt. of Social & Prevention Medicine,
Medical College, Rohtak.

22. (a) Dr (Smt) Rekha Bhagat
Division of Agriculture Extension
IARI, Pusa,
New Delhi.

23. Mrs. S.K. Dastur
Scientist
Industiral Development
CFTRI,
Mysore.

24. Dr. K.N. Aggarwal
Prof. and Head,
Deptt. of Paediatrics
Banras Hindu University
Varanasi.

25. Dr. P. Pushpamma
Dean
A.P. Agricultural University
Rajendra Nagar,
Hyderabad -560030.

26. Ms Arvind Wadhwa
Lecturer,
Deptt. of Food & Nutrition
Lady Irwin College,
Sikandra Road,
New Delhi-110001.

27. Mrs. Thangamma Jacob
Lecturer,
Lady Irwin College,
Sikandra Road,
New Delhi-7.

28. Mrs. Usha Raina
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Lady Irwin College,
Sikandra Road,
New Delhi-7.

29. Dr. S. Malhan,
Director
Institute of Home Economics,
NDSE Part-I
New Delhi-49.

30. Mrs. Mohini Sethi
Lecturer,
Institute of Home Economics,
South Extension -I
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31. Dr. M.K. Premi
Centre for the Study of
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32. Dr. S.H. Dalal
Senior Programme Officer,
UNICEF,
73, Lodi Estate,
New Delhi-3.

33. Dr. Nancy Sadka
Programme Officer,
UNICEF
73, Lodi Estate,
New Delhi-3.

34. Dr. S. Gururaja
Project Officer (ICDS)
UNICEF, MNIO
L-18, Green Park
New Delhi.

35. Kum. Annamma Joseph
Programme Officer,UNICEF,
73, Lodi Estate,
New Delhi-3.

36. Dr. G. Clugston
Regional Nutrition Adviser, WHO
World Health House,
Indraprashta Estate,
New Delhi-2.

37. Dr. Shanti Ghosh
WHO , World Health House,
Indraprastha Estate,
New Delhi.

38. Km. Y. Gonzalez Coral
Project Officer
World Food Programme
55 Lodi Estate,
New Delhi-3.

39. Smt. Sneh Rewal
Programme Officer (CARE)
B-28, Greater Kailash
New Delhi-48.

40. Ms. Mary Ann Anderson
Nutrition Advisor
USAID
American Embassy
Chanakyapuri,
New Delhi - 21.

41. Dr. Kalyan Bagchi
R-18 Hauz Khas,
New Delhi - 16.

42. Shri G Chadha,
Project Leader,
Family Planning Association of
India, 10, Sector IV
R.K. Puram
New Delhi.

43. Dr. Satish Chawla
Indian Medical Association
IMA House,
Indraprashta Estate,
New Delhi -110002.

44. Smt K Chopra,
Project Leader,
Family Planning Association of
India, 10 Sector IV
R.K. Puram
New Delhi.

45. Dr. (Mrs) Verma
Indian Red Cross Society
1-Red Cross Road,
New Delhi-1.

46. Dr. G.S. Hathi
C/o Medical Committee,
Consumer Guidance,
Society of India,
Hutment J
Mahapaliha Marg,
Bombay.

47. Smt. Saroj Pachouri
Programme Officer,
Ford Foundation
55, Lodi Estate,
New Delhi-3.

48. Shri G Pal
Manager Medical Relations
M 5 A Connaught Circus
New Delhi.

49. Ms Hena Singh
Liaison Officer
Infant Nutrition Information Service
VHAI,
C-14 Community Centre,
Safdarjung Development Area,
New Delhi -110016.

50. Ms M Perera
Infant Nutrition Information Service
C-14 Community Development Area
New Delhi - 110016.

51. Mrs. Kamla Prasad
Plt 379,I -11 Anna Nagar,
Madras-600102.

52. Ms Manisha Gupte Awasthi,
Research Officer,
Foundation for Research in
Community Health
84 A.R.G. Thadani Marg,
Sea Face Corner Worli
Bombay -400018.

53. Mr. Claude Alvares
Journalist
Almeida Vaddo Paerra -403510,
Goa.

54. Dr. A.J. Dudani
C/35 Panchsheel Enclave
New Delhi.

55. Mr Kim Atkinson
Technical Editor
FAO
Food Policy and Nutrition Division.

56. Miss Usha Goel
Nutritionist
Catholic Relief Services,
2, CC East of Kailash
New Delhi.

57. Ms Bandana Bartaki
Research Associate,
NIPCCD
Regional Centre,
Lucknow.

58. Mrs. N Radha
Res. Associate,
NIPCCD. SR C
Bangalore.

OBSERVERS

1. Mr. S. Sengupta
   USAID
   US Embassy
   New Delhi.

2. Ms Renu Sobti
   Asst Research Officer
   NIHFW
   Munirka
   New Delhi - 27.

3. Ms Rita Saxena
   Asst Research Officer
   NIHFW
   Munirka
   New Delhi-27.

4. Mrs Seema Puri
   Lecturer
   Supervisor Training, Institute
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   South Extension I
   New Delhi.

5. Mr N C Sharda
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6. Dr(Mrs) Sushma Sharma
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   New Delhi.

7. Mr Yadav
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8. Dr Kunal Bagchi
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*Hansa
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APPENDIX B

-20-

SEMINAR ON

IMPLEMENTATION OF STRATEGIES FOR PROMOTION OF INFANT FEEDING

(MARCH 28-30, 1984)

- A REPORT

National Institute of Public Cooperation
and Child Development
5, Siri Institutional Area
Hauz Khas
New Delhi 110 016

NATIONAL INSTITUTE OF PUBLIC COOPERATION AND CHILD DEVELOPMENT

Report of the National Seminar on Implementation of Strategies for promoting infant feeding

(March 28-30, 1984)

INTRODUCTION

Infant and child malnutrition in India is a matter of great concern. Inspite of the efforts made by the different sectors of the Government and by various non-governmental and other agencies, the problem continues at alarming rate. This condition is not only restricted to India but to most other developing countries as well. In recent years, there has been a revival of interest in controlling the infant and child malnutrition problem in India.

In the international forum, the Infant and Young Child Feeding Conference convened by the WHO and the UNICEF in October, 1979 at Geneva highlighted the importance of breast feeding for the promotion of infant nutrition. It was noted that there is an alarming decline of breast feeding in most developing countries for various reasons and one of which is the aggressive sales promotion of infant foods. The Conference appropriately outlined measures which could be undertaken for the promotion of infant nutrition with the promotion and protection of breast feeding as the central thrust. At the same time, the desirability of restricting

the widespread promotion and use of baby foods was also highlighted. In 1981, the World Health Assembly passed almost unanimously the International code for the marketing of breast milk substitutes. This was followed later on by the adoption of national codes. In India, the national code for the promotion of infant nutrition was officially approved on 19 December, 1983.

It is in this context that the National Institute of Public Cooperation and Child Development convened the National Seminar on the Implementation of Strategies for Promoting Infant Nutrition. The seminar took up the problem of infant and child malnutrition in its totality not restricting the discussion on the use of baby foods.

OBJECTIVES :

The main objectives of the seminar were :-

i) To promote exchange of experience on issues related to infant feeding.

ii) To formulate recommendations for action to be taken up by different sectors in the promotion of infant feeding.

iii) To plan for concerted follow up of the Code in order to achieve improved infant feeding practices.

INAUGURAL :

The inaugural address was presented by Mr David P. Haxton, Regional Director, UNICEF South Central Asia, In his address, Mr Haxton suggested that the seminar may first envision the desired status of infant feeding practices in India five or ten years hence and then search for operational strategies to realize these goals. He professed that improved infant feeding can begin right now even in a poor family, given an inexpensive, self reliant and community approach towards secondary and tertiary prevention of malnutrition. Such preventive action could be initiated through :

- nutritional care through PHCs
- nutrition education
- fortification of foods, and
- nutritional surveillance

Mr Haxton expressed the hope that the Indian Code of marketing of breast-milk substitutes will soon acquire the status of law and the practical attribute of enforceability.

He also sought to draw the attention of the group to the need for a rational approach to weaning foods and their role in infant nutrition.

This was followed by an extremely informative key-note address by Dr Michael Latham, Director of Programme in International Nutrition at Cornell University, USA. Dr Latham discussed the problems of changing infant-feeding practices in an international perspective with illustrative examples from the studies conducted by him and his colleagues in four countries - Kenya, Columbia, Indonesia and Thailand. He drew the attention of the group to the magnitude of the crisis of infant feeding in the developing countries. Of nearly 110 million infants born in the world in

the last year, 15 million will not survive to reach their first birthday. Of the 15 million who die, 14.2 million will be infants from developing countries. He noted that while there was a resurgence of breast-feeding in the West, the developing world was still reeling under the effects of decreasing trends of breast-feeding.

Dr Latham also discussed the WHO/UNICEF code for breast-milk substitutes, and the need for countries to draw up their own codes. He stressed upon the need to pass legislation and then implement and monitor adherence to the provisions of this code. He also expressed his concern about other issues including 1) products not adequately covered by the code 2) making certain that breast-milk substitutes are available to those few who need them 3) other problems of infant feeding like non-use of colostrum, prolonged breast-feeding without supplementation and 4) maternal nutrition and women's health.

He emphasised on the different approaches needed with regard to the protection, support and promotion of breast-feeding. Action is needed in terms of appropriate health practices, through adequate employment facilities and maternal benefits, and through a general improvement of women's status in society.

EXHIBITION :

An exhibition on the theme of infant feeding was put up by institute. Other organisations such as UNICEF, CFTRI, Consumer's guidance society had also displayed their exhibits.

PARTICIPANTS :

There were 59 participants and nine observers comprising of senior officials from the Ministries of Health and Family Welfare, Social Welfare, Food, Rural Development and Agriculture, paediatricians, nutritionists, food technologists, social scientists and experts in related disciplines who attended the seminar.

DELIBERATIONS :

The deliberations of the seminar were conducted in two phases. The first phase in plenary sessions consisted of seven technical sessions wherein presentations were made by experts on the following themes.

1) Infant feeding practices and trends.

2) Maternal nutrition and child development

3) Implementation of the National Code for Promotion and Protection of breast feeding.

4) Promotion and support of appropriate and timely supplementation.

5) Strengthening of nutrition education for promotion of sound infant feeding practices.

6) Supportive services to women in relation to infant feeding.

7) Appropriate marketing and distribution of breast milk substitutes.

An open session on the second day of the seminar provided an opportunity for some of the participants to air their views on the subject.

These techniques sessions provided a framework for discussion in small groups which formed the second phase. The participants worked in four sub groups and discussed the role of health, social welfare and other sectors, non-governmental organisations and women's groups and the role of communication and mass media in the feeding. The group reports were presented in the plenary session on the last day and the recommendations were finalised.

RECOMMENDATIONS

I. General Recommendations

1. There should be an effective and functional central and state-level nutrition committees for improved coordination of nutrition being implemented by different sectors.

2. All sectors which have an important bearing on the nutritional status of communities should be associated with the above committee. Some of the important sectors were identified as agriculture, rural development, literacy especially among women, improved food production, drinking water and sanitation, provision of better communication facilities, etc.

3. The group recommends the expansion of ICDS since it's main objective is improving maternal and child nutrition However, additional effort is necessary to cover more children in the 0-3 age group.

4. In view of the impact of the ICDS in the promotion of nutrition of mothers and children the group strongly recommended that all supplementary nutrition programme centres be upgraded to the ICDS level in all states.

5. The group also felt that child labour which is rampant in this country produces considerable health and nutritional adverse effects on female children thus producing deteterious effects on her reproductive abilities. This aspect should be carefully reviewed by the Ministry of Labour in consultation with health and nutrition scientists.

II. INFORMATION AND COMMUNICATION

1. Setting up of advisory committees at Central, State, district and block levels, to plan and coordinate the production of relevant communication materials, These committes should be represented by health professionals, social and extension workers, nutritionists, child development experts and professionals communicators.

2. Identify prevailing misconceptions about maternal and Child Care and address relevant material to remove each of these misconceptions.

3. Wider publicity of the purpose of the Indian National Code for the protection and promotion of breast feeding, soliciting support from all groups and individuals.

   Setting up of vigilant sub-groups to monitor and respond to violations of the Code.

4. In view of the fact that weaning foods are outside of the existing Code, all promotional and information materials diseminated by the manufacturers of weaning foods should be scrutinized and reviewed periodically for accuracy of information.

5. Agencies like NIPCCD, CHEB, Ministries should take the relevant lead role in formulating the advisory committees of in executing the recommendations.

6. Utilize the services of professional advertising agencies, to plan and prepare promotional campaigns at the national and regional levels for promotion of infant practices.

Extensive activities will have to be promoted for various aspects of nutrition education, particularly for women through various methods, including mass media. Some areas were identified. It was noted that messages should be consisent.

1. The community should be educated for better intra-family distribution of food, to ensure better nutrition of the mother.
2. Less physical work during the latter half of pregnancy should be advocated.
3. Improved personal hygiene of the mother, during pregnancy and lactation, dncluding care of the breasts.
4. Motivation for utilisation of existing services, including the anaemia prophylaxis programme and delivery by trained personnel, where existant.
5. Early initiation of breast-feeding and the advantages of colostrum
6. Avoidance of any kind of substances, such as pre-lacteal feeds.
7. Addition of semi-solids between four to six months.
8. Continuation of breast feeding for as long as feasible, and in this context, we must ensure that the mother gets adequate food, herself.
9. Continued feeding, especially breast-feeding during illness, including diarrhoea and measles.
10. Better cooking practices and food hygiene
11. Education on the importance of iodised salt for goitre endemic areas.
12. However Education for spacing and contraception supported normonal contraceptives during lactation should be avoided.

13. Include health and nutrition education in schools.

14. Finds a means to make certain that eduational material and messeges are consisent.

15. In all estension programme and training of activities Deptt. of Food and Diredtorate of Extension efforts should be made to intooduce nutrition of mothers infants and young children in a much more strengt ened and effective manner. The Deptt. of food through its mobile extension wing and publication wing can produce among

significant impact in creating nutrition awareness among the general pupulation and the group strongly recommended that this should be pursued in a more forceful manner.

16. Setting up of advisory Committees at Central, state,district and block levels, to plan and coordinate the producaion of relevant communication materials. These committees should be represented by health professionals, social and extension workers, nutritionists child development, experts and professionals communicators.

17. Agencies like NIPCCD,CHBB, Ministries should take the lead role in formulating the advisory committees of in excuting the recommened other villages.

18. The services of professional advertoming agencies to plan and prepare promotional compasing at the national and regional levels for providing of Infant practices

III. Education and Training

1) The group recommended considerable strengthening of the existing basic curricula for Medical nursing and other paramedical personnel, with emphasis on practical aspects of maternal and infant nutrition. They should be able to deal effectively with common problems, and questions asked by mothers.

2) For health personal and refresher courses, should be organised in the material and Infant nutrition. Supervisory practices should include on-the-job training of workers.

3) Continuing education of professionals in the field must be organised. In addition, suitable orientation of traditional birth attendents and practitioners of different systems of medicine at village level, must be initiated.

4) All teaching material which has been developed should have an extensive out-reach specially for periferal workers.

5) The group strongly recommended that steps should be taken to include growth monitoring of 0-3 years in all Anganwadies and for which necessary instructions and training should be given to the CDPO's, Supervisors and the Anganwadi workers.

6) Nutrition education is an important component of the Anganwadies of the group realised that there is considerable scope for strengthening this component to make it more realistic. It was noted that a training manual has recently been brought out by NIPCCD and that steps be taken with immediate affect to strengthen the training programmes of all AW to undertake this responsibility in a more realistic manner. It was

also suggested that these workers be supplied with suitable training material and educational aids for this purpose.

7. It eas suggested that in all training opportunities under the suspicious of the rural developmentprogrammes, efforts should be made to incorporate training on nutritional improvement of mothers and children.

The group recommended that orientation courses on the p ractical aspects of nutrition of mothers infants and children be organised in the educational institutions at universities level. Nutrition should be included as one of the vocational training course at 12 stage . The state resource Centre of the Directorate of adult education should also review their existing training material in the fields of nutrition and make nutrition component more realistic and forceful.

Education & terms

Since education at the sector level among children produces definite impact on their behaviour aspect in later years, the group strongly recommended that nutrition should be incroporated in t he training content of primary middle and high schools all over the country. It was noted that steps have already been taken in this direction and this should be forcefully pursued.

IV. ADDITIONAL FOODS FOR INFANTS

1. The code must also cover weaning foods in addition to breast milk substitutes, feeding bottles and teats.

2. Implementation of the anaemia prophylaxis programme.

3. Supplementation for high risk categories of mothers and children, wherever feasible, should be under taken governmental and non-governmental agencies.

4. Promoting the use of iron fortified salt in the community.

5. Addition to 500-700 calories and 20-30 grams of protein in later half of pregnancy and to nursing mothers, upto atleast six months through different feeding programmes, alongwith children. Wherever feasible.

6. It was strongly recommended that the social welfare ministry should ensure the provision of suitable foods for the 0-3 years in the feeding programmes at the Anganwadis.

7. The group noted that for the feeding programme in the Anganwadi, the same food which is used in the feeding of 3-6 years is also used for 0-3 years, which in most cases is unsuitable for very young infants.

8. It was realised that in the feeding of infants and young children there is need for low bulk high calorie foods. While it was felt that as far as possible efforts should be made to popularise the use of available foods in the family pot for such feeding, it was suggested that an important avenue for exploration is the production of such foods at the community level

This is an area in which the Department of food has already made some progress and it was recommended that this is to be explored further.

V. BREAST-FEEDING

1. Improved Hospital Practices - there should be mandatory at all hospitals, private and public.

2. Rooming in of infants.

3. Infant should be breast fed very soon after birth and the demand feeding.

4. Use of expressed breast-milk in an appropriate manner, for infants who cannot accept direct breast-feeding.

5. The companies manufacturing infant foods should have access to only qualified clinicians (not patients) in governmental and non-governmental health institutions.

Enforcement of the Code

Enforcement of the code should extend to private and voluntary hospitals, nursing homes and governmental hospitals.

Role of consumers movement/organisation in influencing and propagating the National Code and also proper feeding practices and nutrition education.

TABLE - "2"

VI. SUPPORTIVE SERVICES FOR WOMEN

1. The group felt that the working condition of women in employment both in the government and non-government sector and the industries should be carefully reviewed and the working conditions be significantly improved to improve their health and nutritional status and providing them for better infant and child care. In this connection it might be necessary to introduce legislation in various aspects of working conditions which specially refers to the problems of working women- Leave facilities, extension of leave, Part-time work facility in feeding the infant; leave condition to be relaxed to suit the working women so that she can pay more attention to the infant.

2. The group realised that millions of women in the rural areas have to undertake intensive work load both in an outside their home in addition to existing physical strain during pregnancy and lactation. It was also noted that malnutrition is extremely common among women in the vast rural population and that several development projects are now in operation in the country for the upliftment of the quality of life of rural women. The group strongly recommended that in all rural development projects concerning women due consideration should be given to the nutrition and health component.

3. In this connection, the group recommended that the Gramsevikas under the rural development sector be operationally linked with the Anganwadies in order to enable her to provide nutrition education more effectively in all rural development activities and programmes specially concerning women, infants and children.

4. In order to provide opportunities to rural working women to have their infants and young children taken care of properly and also adequately fed, the group recommended the establishment of creches with suitably trained additional workers attached to the Anganwadis.

INDIAN NATIONAL CODE
FOR
PROTECTION AND PROMOTION
OF
BREAST-FEEDING

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GOVERNMENT OF INDIA
MINISTRY OF SOCIAL WELFARE
NEW DELHI

[Copy of Ministry of Social Welfare,
Government of India,
Resolution No. 18-11/81-NT
dated 19 December 1983]

Indian National Code for Protection and Promotion of Breast-feeding

The Government of India affirms the right of every child to be adequately nourished as a means of attaining and maintaining health. Infant malnutrition is a major contributory cause of high incidence of infant mortality and physical and mental handicaps. The health of infants and young children cannot be isolated from the health and nutrition of women. The mother and her infant form a biological unit. Breast-feeding is an integral part of the reproductive process. It is the natural and ideal way of feeding the infant and provides a unique biological and emotional basis for healthy child development. The anti-infective properties of breast-milk protect infants against disease. The effect of breast-feeding on child-spacing, on the health and well-being of the mother, on family health, on family and national economy and on food production is well-recognised. Breast-feeding is, therefore, a key aspect of self-reliance and primary health care. It is the nation's responsibility to encourage and protect breast-feeding, and to protect pregnant women and lactating mothers from any influence that could disrupt it. Inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in our children. Promotion of breast-milk substitutes and related products like feeding bottles and teats do constitute a health hazard. Promotion of breast-milk substitutes and related products has been more extensive and pervasive than the promotion of

information concerning the advantages of breast-milk and breast-feeding, and contributes to decline in breast-feeding. In the absence of strong interventions designed to protect, promote and support breast-feeding, it can be anticipated that this decline will continue, and that even larger numbers of infants and young children will be placed at risk of infections, malnutrition and death. Only when young infants cannot be breast-fed, and when other sources of human milk are unavailable, other food becomes necessary. It is important for infants to receive appropriate complementary foods, usually when the infant reaches four to six months of age, and the emphasis should be placed on local foods and traditional practices, complemented only when necessary, and under proper guidance, by industrially processed products. Government appreciates that, guided by the highest considerations for the proper nutrition and health of the World's children, the World Health Assembly adopted in May 1981, an International Code of Marketing of Breast-Milk Substitutes. Government recognises that this code, although an important measure to regulate production and marketing of products which interfere with breast-feeding, is only one aspect of the measures government should undertake to protect and promote the healthy growth and development of infants and young children.

Educational systems, social services, families, communities, women's organisations and other non-governmental organisations should be involved in the protection and promotion of breast-feeding and other activities aimed at the improvement of maternal, infant and young child health and nutrition. In the light of the foregoing considerations, and in view of the vulnerability of infants in the early months of life and the risks involved in the inappropriate feeding practices, including the unnecessary and improper use of breast-milk substitutes and feeding accessories, it is necessary to regulate the marketing of such products. Government, therefore, resolves to adopt the following Code:

Article 1. Aim of the Code

The aim of this Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breast-feeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

Article 2. Scope of the Code

The Code applies to the marketing, and practices related thereto, of the following products: breast-milk substitutes, including infant formula; other milk products, foods and beverages, including bottlefed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast-milk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use.

Article 3. Definitions

For the purposes of this Code:

"Breast-milk substitute"	means	any food being marketed or otherwise represented as a partial or total replacement for breast-milk, whether or not suitable for that purpose.
"Complementary food"	means	any food, whether manufactured or locally prepared, suitable as a complement to breast-milk or to infant formula, when either becomes insufficient to satisfy the nutritional requirements of the infant. Such food is also commonly called "weaning food" or "breast-milk supplement".

"Container"	means	any form of packaging of products for sale as a normal retail unit, including wrappers.
"Distributor"	means	a person, corporation or any other entity in the public or private sector engaged in the business (whether directly or indirectly) of marketing at the wholesale or retail level a product within the scope of this Code. A "primary distributer" is a manufacturer's sales agent, representative, national distributor or broker.
"Health care system"	means	governmental, non-governmental or private institutions or organisations engaged, directly or indirectly, in health care for mothers, infants and pregnant women; and nurseries or child-care institutions. It also includes health workers in private practice. For the purpose of this Code, the health care system does not include pharmacies or other established sales outlets.
"Health worker"	means	a person working in a component of such a health care system, whether professional or non-professional, including voluntary, unpaid workers.
"Infant formula"	means	a breast-milk substitute formulated industrially in accordance with applicable ISI standards, to satisfy the normal nutritional requirements of infants up to between four and six months of age, and adapted to their physiological characteristics. Infant formula may also be prepared at home, in which case it is described as "home prepared".
"Label"	means	any tag, brand, mark, pictorial or other descriptive matter, written, printed, stencilled, marked, embossed or impressed on, or attached to, a container (see above) of any products within the scope of this Code.
"Manufacturer"	means	a corporation or other entity in the public or private sector engaged in the business or function (whether directly or through an agent or through an entity controlled by or under contract with it) of manufacturing a product within the scope of this Code.
"Marketing"	means	product promotion, distribution, selling, advertising, product public relations, and information services.
"Marketing personnel"	means	Any persons whose functions involve the marketing of a product or products coming within the scope of this Code.
"Samples"	means	single or small quantities of a product provided without cost.
"Supplies"	means	quantities of a product provided for use over an extended period, free or at a low price, for special purposes, including those provided to families in need.

Article 4. Information and education

4.1 Government shall ensure that objective and consistent information is provided on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition. This responsibility shall cover the planning, provision, design and dissemination of information and their control.

4.2 Informational and educational materials, whether written, audio, or visual, dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, should include clear information on all the following points: (a) the benefits and superiority of breast-feeding; (b) maternal nutrition, and the preparation for and maintenance of breast-feeding; (c) the negative effect on breast-feeding of introducing partial bottle-feeding; (d) the difficulty of reversing the decision not to breast-feed; and (e) where needed, the proper use of infant formula, whether manufactured industrially or home-prepared. When such materials contain information about the use of infant formula, they should include the social and financial implications of its use; the health hazards of inappropriate foods or feeding methods; and, in particular, the health hazards of unnecessary or improper use of infant formula and other breast-milk substitutes. Such materials should not use any pictures or text which may idealize the use of breast-milk substitutes.

4.3 Donations of informational or educational equipment or materials by manufacturers or distributors should be made only at the request and with the written approval of the appropriate government authority or within guidelines given by government for this purpose. Such equipment or materials may bear the donating company's name or logo, but should not refer to a proprietary product that is within the scope of this Code, and should be distributed only through the health care system.

Article 5. The general public and mothers

5.1 There shall be no advertising or other form of promotion to the general public of products within the scope of this Code.

5.2 Manufacturers and distributors should not provide, directly or indirectly, to anybody, samples of products within the scope of this Code.

5.3 In conformity with paragraphs 1 and 2 of this Article, there should be no point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in-sales, for products within the scope of this Code. This provision should not restrict the establishment of pricing policies and practices intended to provide products at lower prices on a long-term basis.

5.4 Manufacturers and distributors should not distribute to pregnant women or mothers of infants and young children any gifts of articles or utensils which may promote the use of breast-milk substitutes or bottle-feeding.

5.5 Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.

Article 6. Health care systems

6.1 The health authorities in the country should take appropriate measures to encourage and protect breast-feeding and promote the principles of this Code, and should give appropriate information and advice to health workers in regard to their responsibilities, including the information specified in Article 4.2.

6.2 No facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope of this Code. This Code does not, however, preclude the dissemination of information to health professionals as provided in Article 7.2.

6.3 Facilities of health care systems should not be used for the display of products within the scope of this Code, for placards or posters concerning such products, or for the distribution of material provided by a manufacturer or distributor other than that specified in Article 4.3.

6.4 The use by the health care system of "professional service representatives", "mothercraft nurses" or similar personnel, provided or paid for by manufacturers or distributors, should not be permitted.

6.5 Feeding with infant formula, whether manufactured or home-prepared, should be demonstrated only by health workers, or other community workers if necessary; and only to the mothers or family members who need to use it; and the information given should include a clear explanation of the hazards of improper use.

6.6 Donations or low-price sales to institutions or organizations of supplies of infant formula or other products within the scope of this Code, whether for use in the institutions or for distribution outside them intended for the recuperation of malnourished children and other medical reasons or for the infants of mothers who cannot breast-feed and who cannot afford to purchase adequate amounts, may be made. If these supplies are distributed for use outside the institutions, this should be done only by the institutions or organisations concerned. Such donations or low-price sales should not be used by manufacturers or distributors as a sales inducement.

6.7 Where donated supplies of infant formula or other products within the scope of this Code are distributed outside

an institution, the institution or organization should take steps to ensure that supplies can be continued as long as the infants concerned need them. Donors, as well as institutions or organizations concerned, should bear in mind this responsibility.

6.8 Equipment and materials, in addition to those referred to in Article 4.3, donated to a health care system may bear a company's name or logo, but should not refer to any proprietary product within the scope of this Code.

Article 7. Health workers

7.1 Health workers should encourage and protect breast-feeding; and those who are concerned in particular with maternal and infant nutrition should make themselves familiar with their responsibilities under this Code, including the information specified in Article 4.2.

7.2 Information provided by manufacturers and distributors to health professionals regarding products within the scope of this Code should be restricted to scientific and factual matters, and such information should not imply or create a belief that bottle-feeding is equivalent or superior to breast-feeding. It should also include the information specified in Article 4.2.

7.3 No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers or members of their families, nor should these be accepted by health workers or members of their families.

7.4 Manufacturers and distributors of products within the scope of this Code should disclose to the institution to which a recipient health worker is affiliated any contribution made to him or on his behalf for fellowships, study tours, research grants, attendance at professional conferences, or the like. Similar disclosures should be made by the recipient.

Article 8. Persons employed by manufacturers and distributors

8.1 In systems of sales incentives for marketing personnel, the volume of sales of products within the scope of this Code should not be included in the calculation of bonuses, nor should quotas be set specifically for sales of these products. This should not be understood to prevent the payment of bonuses based on the overall sales by a company of other products marketed by it.

8.2 Personnel employed in marketing products within the scope of this Code should not, as part of their job responsibilities, perform educational functions in relation to pregnant women or mothers of infants and young children. This should not be understood as preventing such personnel from being used for other functions by the health care system at the request and with the written approval of the appropriate authority of the government concerned.

Article 9. Labelling

9.1 Labels should be designed to provide the necessary information about the appropriate use of the product, and so as not to discourage breast-feeding.

9.2 Manufacturers and distrubtors of infant formula should ensure that each container has a clear, conspicuous, and easily readable and understandable message printed on it, or on a label which cannot readily become separated from it, in an appropriate language, which includes all the following points:

(a) the words "Important Notice" or their equivalent;

(b) a statement of the superiority of breast-feeding;

(c) a statement that the product should be used only on the advice of a health worker as to the need for its use and the proper method of use;

(d) instructions for appropriate preparation, and a warning against the health hazards of inappropriate preparation. Neither the container nor the label should have pictures of infants, nor should they have other pictures or text which may idealize the use of infant forumla. They may, however, have graphics for illustrating methods of preparation. The terms "humanized", "maternalized" or similar terms should not be used. Inserts giving additional information about the product and its proper use, subject to the above conditions, may be included in the package or retail unit. When labels give instructions for modifying a product into infant formula, the above should apply.

9.3 Food products within the scope of this Code, marketed for infant feeding, which do not meet all the requirements of an infant formula, but which can be modified to do so, should carry on the label a warning that the unmodified product should not be the sole source of nourishment of an infant. Since sweetened condensed milk is not suitable for infant feeding, nor for use as a main ingredient of infant formula, its label should not contain purported instructions on how to modify it for that purpose.

9.4 The label of food products within the scope of this Code should also state all the following points: (a) the ingredients used; (b) the composition/analysis of the product; (c) the storage conditions required; and (d) the batch number and the date before which the product is to be consumed, taking into account the climatic and storage conditions of the country.

Article 10. Quality

10.1 The quality of products is an essential element for the protection of the health of infants and therefore should be of a high recognized standard.

10.2 Food products within the scope of this Code should,

when sold or otherwise distributed, meet applicable ISI standards.

Article 11. Implementation and monitoring

11.1 Government shall give effect to the principles and aim of this Code through legislation and other suitable measures. National policies and measures, including laws, which are adopted to give effect to the principles and aim of this Code, shall be publicly stated, and shall apply on the same basis to all those involved in the manufacture and marketing of products within the scope of this Code.

11.2 The manufacturers and distributors of products within the scope of this Code, and appropriate non-governmental organizations, professional groups, and consumer organisations are expected to collaborate with government in the implementation of this Code.

11.3 Independently of any other measures taken for implementation of this Code, manufacturers and distributors of products within the scope of this Code should regard themselves as responsible for monitoring their marketing practices according to the principles and aim of this Code, and for taking steps to ensure that their conduct at every level conforms to them.

11.4 Non-governmental organizations, professional groups, institutions, and individuals concerned should draw the attention of manufacturers or distributors to activities which are incompatible with the principles and aim of this Code, so that appropriate action can be taken. The appropriate governmental authority should also be informed.

11.5 Manufacturers and primary distributors of products within the scope of this Code should apprise each member of their marketing personnel of the Code and of their responsibilities under it.