

POSITION STATEMENT

The use of Dairy Blends, Imitation Dairy Blends and Creamers in Infant and Child Feeding

A Statement for Health Workers by the Nutrition Society of Southern Africa and the Association for Dietetics in Southern Africa (ADSA)

From time to time the Nutrition Society of Southern Africa and ADSA receive reports from health workers that imitation dairy products are being fed to infants and young children. Market surveys^{1,2} have shown that the consumption of these products increased substantially during the early 1980s, being consumed by all population groups and all members of households, including young children. Concurrently, the consumption of primary dairy products declined substantially.

The term "imitation dairy product" refers to "... any product other than a dairy product or margarine, that is of animal or plant origin and in general appearance, presentation and intended use, corresponds to a dairy product".³ This class includes creamers and imitation milk blends, but should not be confused with the type of product termed "dairy powder blend" or "dairy liquid blend", which "has been derived or manufactured solely from milk...".³ Numel is the only example of such products in South Africa at present.

For many years the Nutrition Society and ADSA have voiced their concern to the food industry regarding the possible use of imitation dairy products for infant and young child feeding. It is gratifying that a new marketing act was introduced in 1986,³ which required the packaging of such products to be labelled "NOT FOR BABY FEEDING". However, a large proportion of South African consumers are illiterate or partially literate, and many of the literate do not read labels.

Furthermore, the meaning of "BABY" is not defined for the consumer, and the issue is confounded by the labelling of dairy powder and liquid blends, which states "NOT FORMULATED FOR INFANT FEEDING". (In terms of the Act "BABY" refers to a child under 3 years, while "INFANT" refers to a baby under 12 months of age).

As milk is an essential food for the growth and health of infants and young children, and its nutritional value cannot be supplanted by imitation products, the Nutrition Society and ADSA wish to make known to practitioners their standpoint regarding the use of such products:

- * *Breast-milk* is the most appropriate food for a baby and breast-feeding should be encouraged for at least the first 6 months of life, and longer if possible.
- * In the absence of breast-feeding, only recognised infant formulas should be allowed for at least the first 3 months.

Thereafter, full cream milk may be given, including commercial equivalents like UHT (Ultra High Temperature)/Ultra Pasteurised/Longlife milk, and reconstituted full cream milk powder or evaporated milk. These products have approximately the same nutrient composition as fresh full cream milk, but cost somewhat more.

- * Once a mixed diet is introduced (4-6 months of age) and throughout childhood, milk remains an essential food for growth, being the major dietary source of calcium, phosphorus, and riboflavin, and a valuable

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* Although they contain imitation substitutes, their composition differs from that of full cream and

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skim milk and the liquid blend differs from the reconstituted

powder blend (Figure 2). Note that the cost, kilojoule and butterfat content of dairy blends is between that of full cream and skim milk, while the protein content of dairy powder blend is only marginally less than that of milk.

The composition of dairy blends renders them unsuitable as a breast-milk substitute for infants and they are accordingly labelled "NOT FORMULATED FOR INFANT FEEDING". There is however, no contraindication to

the inclusion of dairy blends as part of a mixed diet from the age of about 7 months, for example added to

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porridge or cereal. Dairy powder blend in particular provides an

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- * economical, convenient and nutritionally satisfactory source of milk for low-income families.
- * Skim milk powder is unsuitable for the feeding of infants under 12 months of age, on account of its low fat and energy content. It may, however, be added to the mixed diet of toddlers and young children to supplement the protein and calcium intake (preferably stirred into the child's porridge). The health services distribute skim milk powder for the prevention of protein-energy malnutrition – two heaped tablespoons per day are

recommended for this purpose.

- * Education of the consumer is a prime responsibility of every health

Only recognised infant formulas should be allowed for at least the first 3 months

worker. The Nutrition Society and ADSA urge health workers to disseminate the above information, which is based on scientific nutritional principles.

References

1. Expenditure on, Uses of and Attitudes Towards Selected Dairy Substitutes. Report of the Bureau of Market Research, UNISA, 1983.
2. Qualitative and Quantitative Aspects of the Consumption of Dairy Products by Private Households. Report of the Bureau of Market Research, UNISA, 1987.
3. Government Gazette, 20 November 1987; No 11037: 14-51.
4. NRIND Food Composition Tables. Second Edition. 1986.