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REVIEW

Marketing Strategies for the Promotion of Infant Formula in Pharmacies in the Autonomous City of Buenos Aires and Their Relationships to the International Code of Marketing of Breast-milk Substitutes: An Exploratory Study

Estrategias de comercialización para la promoción de la leche de fórmula para lactantes en las farmacias de la Ciudad Autónoma de Buenos Aires y su relación con el Código Internacional de Comercialización de Sucedáneos de la Leche Materna: un estudio exploratorio

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ABSTRACT

Introduction: human breastfeeding is universally recommended for its benefits to infant health. In the city of Buenos Aires, 53 % of infants under six months of age are not exclusively breastfed. The marketing of infant formula, through packaging, promotions, and persuasive messages, affects the continuation of breastfeeding. In Argentina, compliance with the International Code of Marketing of Breast Milk Substitutes is partial.
Objective: to describe the marketing strategies used to promote infant formula in pharmacies in the city of Buenos Aires and their relationship to the International Code of Marketing of Breast Milk Substitutes (ICMBS).
Method: this was an observational, descriptive, cross-sectional study with nonprobabilistic sampling. The study included chain and independent pharmacies that displayed infant formula on store shelves distributed across the 15 districts of the City of Buenos Aires (CABA). Variables related to in-store placement, promotions, signage, and compliance with the ICMF were assessed using a structured checklist. Data were reported using frequency distributions.
Results: a total of 30 pharmacies were included, one chain and one independent district. The majority (97,7 %) offered starter formula (0–6 months) and follow-up formula 1 (6–12 months). The formulas were located most frequently in the side sections of the store (66,7 %) and on eye-level shelves (40 %), as well as near other breast milk substitutes (83,3 %). Discount promotions were found in 76,7 % (n=23) of the points of sale, with discounts using a card or app being the most common, in violation of Article 5 of the CICSLM.
Conclusions: marketing practices in pharmacies can constitute barriers to breastfeeding, affecting the mother–child relationship. The persistence of noncompliance with the International Code of Marketing of Breastmilk Substitutes () reinforces the need to strengthen regulatory frameworks, enforcement mechanisms, and social awareness initiatives.

Keywords: International Code of Marketing of Breast-Milk Substitutes; Points of Sale; Promotions; Breastfeeding.

RESUMEN

Introducción: la lactancia humana es recomendada universalmente por sus beneficios para la salud infantil. En la Ciudad de Buenos Aires, el 53 % de los menores de seis meses no la recibe exclusivamente. El marketing de fórmulas infantiles, mediante envases, promociones y mensajes persuasivos, afecta su continuidad. En Argentina, el cumplimiento del Código Internacional de Sucedáneos de la Leche Materna es parcial.
Objetivo: describir las estrategias de marketing para la promoción de fórmulas lácteas infantiles en farmacias de CABA y su relación con el Código Internacional de Comercialización de Sucedáneos de la Leche Materna (CICSLM).
Método: estudio observacional, descriptivo y transversal con muestreo no probabilístico. Se incluyeron farmacias de cadena e independientes, que exhibían fórmulas infantiles en góndola, distribuidas en las 15 comunas de CABA. Se relevaron variables de ubicación en el local, promociones, cartelería y cumplimiento del CICSLM, mediante una lista de cotejo estructurada. Los datos se reportaron a través de distribuciones de frecuencias.
Resultados: se incluyó un total de 30 farmacias, una de cadena y una independiente por comuna. La mayoría (97,7 %), ofrecía fórmulas de inicio (0-6 meses) y de continuación 1 (6 – 12 meses). Las fórmulas se ubicaron en mayor porcentaje en los sectores laterales del local (66,7 %) y en estanterías a la altura de los ojos (40 %), como así también en cercanía de otros sucedáneos de la lactancia materna (83,3 %). Se hallaron promociones económicas en el 76,7 %

(n=23) de los puntos de venta, predominando el descuento con tarjeta o aplicación, incumpliendo con artículo 5 del CICSLM.

Conclusiones: las prácticas de mercadotecnia en farmacias pueden constituir barreras para la lactancia humana, afectando al binomio madre-niño. La persistencia de incumplimientos al CICSLM refuerza la necesidad de fortalecer marcos regulatorios, mecanismos de fiscalización y acciones de sensibilización social.

Palabras clave: Código Internacional de Comercialización de Sucedáneos de la Leche Materna; Puntos de Venta; Promociones; Lactancia Humana.

INTRODUCTION

Human breastfeeding is universally recommended for its effects on child health, nutrition, and development, as well as on the health of pregnant individuals. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend exclusive breastfeeding for the first six months and its continuation, along with appropriate complementary foods, until two years of age or older.[1,2] However, in urban settings such as the Autonomous City of Buenos Aires (CABA), rates of exclusive breastfeeding remain low: Only 53 % of infants under six months of age are exclusively breastfed.[3]

Among the many causes behind this early discontinuation, the marketing of breast milk substitutes is a central factor. Marketing strategies are defined as the set of actions through which an organization seeks to achieve its commercial objectives by making decisions regarding market segments, positioning, products, pricing, communication, and distribution.[4] In the field of public health, this concept has been adopted to analyze how commercial tactics targeting mothers, fathers, caregivers, and health professionals influence infant feeding decisions, especially in the early stages of life.[5]

Recent studies have shown that these strategies range from the use of children's characters, emotional messages, and attractive packaging to the use of digital interventions that seek to displace or replace breastfeeding.[6,7,8] In the specific case of infant formula marketing, organizations such as UNICEF have documented highly persuasive strategies that exploit parental insecurities and promote the use of formula even in contexts where breastfeeding would be possible and desirable.[6] In Argentina, a recent technical report revealed that these strategies are also deeply embedded in digital environments, utilizing segmentation tactics, direct contact with mothers, covert promotions, and a constant presence on social media, creating a scenario of systematic interference with breastfeeding decisions.[6] Evidence suggests that marketing strategies directly influence the perceptions of childcare providers, altering feeding practices and even discouraging breastfeeding.[8]

To limit such interference, in 1981, the World Health Assembly adopted the International Code of Marketing of Breastmilk Substitutes,[9] which established strict criteria to prevent promotional practices at points of sale, including a ban on advertising, gifts, discounts, free samples, or other incentives that encourage the substitution of breastfeeding.[10] Although these provisions are partially reflected in Argentina's domestic legal framework,[11,12] their effective enforcement in the retail sector has historically been limited. This situation is not unique: an international systematic review identified more than 150 studies documenting persistent violations of the Code in multiple contexts and countries, including retail outlets, health centers, and digital platforms.[13]

The sale of infant formula in pharmacies presents a particular challenge: these spaces are socially associated with biomedical knowledge and convey trust, which can legitimize the choice of formula as the preferred option.[14] Furthermore, their visible availability, along with promotions, signage, and health *claims* not always backed by science, can reinforce perceptions that portray formula as necessary, superior, or equivalent to human milk.[15]

In fact, retail outlets feature high-traffic or high-visibility areas, known in marketing as "hot spots", i.e., sectors that naturally attract consumer attention and maximize the impact of product placement.[4] In the Autonomous City of Buenos Aires (CABA), there are approximately 1 300 to 1 400 licensed pharmacies. These may be independent or part of retail chains; both fall under the category of so-called community pharmacies, the only ones that, according to the Official College of Pharmacists and Biochemists of the Federal Capital (COFyBCF), display products to the general public on shelves.[16] In turn, the geographical distribution of pharmacies in CABA is not uniform: they are concentrated mainly in commercial areas and densely populated neighborhoods such as Palermo, Caballito, Flores, and Balvanera, whereas in southern districts, such as District 8 (Villa Lugano, Villa Soldati, and Villa Riachuelo), their presence is considerably lower.[17]

Given the above, the objective of this study is to describe the marketing strategies used to promote infant formula in pharmacies in the Autonomous City of Buenos Aires and their relationship to the International Code of Marketing of Breast Milk Substitutes.

METHOD

Using an observational, descriptive, cross-sectional, and prospective design with nonprobabilistic purposive sampling, pharmacies in the Autonomous City of Buenos Aires (CABA) that sell infant formula were included, provided that the products were displayed on shelves accessible for direct observation without the intervention of store staff. Pharmacies with restricted access that prevented nonparticipant observation were excluded.

With respect to the variables, the following data were collected: type of pharmacy (chain/independent); type of formula available (starter formula for 0 to 6 months, follow-up formula 1 for 6 to 12 months, follow-up formula 2 for 12 to 24 months, special formulas such as antireflux, lactose-free, hypoallergenic, and side); shelf location (top shelf, middle shelf, and bottom shelf), classified according to the vertical level at which the products were located, with the top shelf at eye level, the middle shelf between the chest

and waist, and the bottom shelf near the floor; proximity to infant products, based on whether the formulas were located next to diapers, toys, creams, or other products aimed at infants; proximity to breastfeeding substitutes, based on whether the formulas were near bottles, pacifiers, packaged baby food, or other products that can act as substitutes for breastfeeding; type of promotional offers (buy-one-get-one-free, second-item discount, price reduction, card or app discount, and others); number of promotions at each point of sale; and presence of signage and posters. Finally, compliance with Article 5 of the International Code of Marketing of Breast Milk Substitutes was assessed. Noncompliance was considered to have occurred if at least one of the practices prohibited in Article 5 of the Code (advertising, discounts, gifts, among others) was observed.[9]

Data collection was conducted using a standardized checklist for each point of sale, without interaction with the staff. The observation was nonparticipatory and was carried out during a single visit.

With respect to the data analysis, the variables were reported using absolute and relative frequencies, and the data were processed using Jamovi software version 2.6.26.[18]

Ethical considerations

This study did not involve contact with individuals or the collection of personal, sensitive, or identifying data. It consisted of nonparticipant observations conducted in public spaces, without intervening in the dynamics of the point of sale or altering the environment. The observed establishments were not identified by their trade names, and the results were analyzed in aggregate form, safeguarding institutional confidentiality, within the framework of the ethical principles of public health research, in accordance with Resolution 1480/2011 of the Ministry of Health of Argentina.

RESULTS

Two pharmacies were included per district—one belonging to a chain and the other independent—for a total of 30 pharmacies distributed across the 15 districts of the Autonomous City of Buenos Aires. With respect to the types of infant formula observed, a higher availability was identified for starter formulas (96,7 %; n=29) and follow-up formula 1 (96,7 %; n=29), followed by follow-up formula 2 (83,3 %; n=25) and special formulas (50 %; n=15).

With respect to the placement of infant formula within the store, a predominant arrangement in the side aisles was observed. Most products were located on shelves at eye level. In more than 80 % of the cases, the formulas were located near both infant products and breast milk substitutes (table 1).

Table 1. Placement of infant formula at points of sale

Location of infant formula at the point of sale, n (%)	
Entrance	4 (13,3)
Middle	6 (20,0)
Exit	0
Side	20 (66,7)
Shelf location, n (%)	
Top shelf (at eye level)	12 (40,0)
Middle level (between chest and waist)	9 (30,0)
Lower level (near the floor)	9 (30,0)
Proximity to children's products, n (%)	
Yes	26 (86,7)
No	4 (13,3)
Access to infant formula, n (%)	
Yes	25 (83,3)
No	5 (16,7)

A total of 77 % (n=23) of the pharmacies offered financial promotions, with similar distributions observed between 1 and more than 2 promotions (table 2).

Table 2. Number of financial promotions

Number of financial promotions, n (%)	
0 promotions	7 (23,3)
1 promotion	8 (26,7)
2 promotions	7 (23,3)
More than 2 promotions	8 (26,7)

Among the retail outlets offering financial promotions, the most common was a discount with a card or app (63,3 %), followed by a multi-item offer (table 3).

Table 3. Financial promotions by type

Type of financial promotion, n (%)	
Discount with card or app	19 (63,3)
Bundle deals	13 (43,3)
Price reduction	12 (40,0)
Discount on the second item	6 (20,0)

Only one instance of signage, posters, or banners was recorded. No QR codes, other digital media, gifts with the purchase of infant formula, sweepstakes, or promotions associated with infant products were identified.

With respect to compliance with the International Code of Marketing of Breastmilk Substitutes, practices constituting noncompliance were identified in 77 % (n=23) of the points of sale because of the presence of financial promotions.

DISCUSSION

The results revealed that infant formula was mostly located on the side aisles of pharmacies and was displayed primarily on shelves at eye level. This prominent placement enhances product visibility and may influence consumers' perceptions of need or convenience. The proximity of these formulas to children's products and breast milk substitutes—present in 86,7 % and 83,3 % of retail locations, respectively—reinforces this point by visually associating them with child care practices. These spatial configurations function as forms of indirect marketing, where the product is strategically placed in what are known as "hot zones" of the point of sale, maximizing its commercial impact.[4]

This display method aligns with findings from studies conducted in Brazil, where the prominent placement of infant formula has been identified as one of the primary forms of violation of the International Code. In this regard, Couto de Oliveira et al. reported that 62,8 % of the establishments surveyed, including pharmacies (n=349), violated the regulations by prominently displaying products,[19] whereas Bertoldo et al. reported that 60,8 % of stores in Rio de Janeiro (n=339) employed similar strategies, especially in pharmacies.[20] These data suggest that product placement constitutes a tactic that is sustained over time and across different contexts, extending beyond the specificities of the local setting.

With respect to the presence of promotional offers, most retail outlets (n=23; 76,7 %) offered some type of incentive to encourage the purchase of infant formula, whether through card or app discounts, direct price reductions, or multiple promotions. Nearly one-third of the stores surveyed (n=8; 26,7 %) offered more than two different promotions, reflecting an aggressive commercial strategy. Couto de Oliveira et al. reported similar promotions in 62,8 % of the stores observed in Brazil (n=349), including direct price discounts, multiple offers, and promotions linked to the use of cards or mobile apps.[19] These forms of incentives were also predominant in the present study. Moreover, in their findings, Bertoldo et al. reported that discounts were the most frequent form of regulatory violation.[20] At the local level, Mangialavori et al. reported that in the city of Buenos Aires and the Greater Buenos Aires area, 44,6 % of the pharmacies analyzed (n=74) offered discounts or other promotional incentives, even in contexts where regulations expressly prohibit such practices.[21]

As various studies conducted in Brazil and Argentina have indicated, the presence of financial promotions is interpreted as a factor that actively interferes with infant feeding decisions.[19,20,21] Far from being neutral actions, these strategies tend to present formula as accessible, necessary, or even superior, displacing the perception of breastfeeding as the first choice. According to a UNICEF report, promotional practices create an environment of systematic interference that undermines confidence in breastfeeding and reinforces discourses advocating for formula feeding.[6] In this sense, the findings of this study fit into a widely documented pattern in the region, which calls into question the effectiveness of the existing regulatory framework.

With regard to other forms of promotion, such as post-ers, banners, giveaways, or sweepstakes, only one instance was found, which could be attributed either to specific restrictions imposed by retail chains or to the gradual shift of these strategies toward the digital environment. However, their mere appearance, albeit limited, constitutes a violation of the International Code, particularly Article 5, which prohibits any form of advertising or incentive that promotes the use of breast milk substitutes.[9] The low presence of these elements could be interpreted as an indication of a shift in commercial tactics, which are moving to less regulated spaces such as social media, online retail platforms, and direct messaging services, as evidenced by Alé et al. in their report on the digital marketing of formula substitutes in Argentina.[6] Similarly, Rollins et al. noted that companies have built complex systems to attract families across multiple platforms, including emotional content, covert advice, and *retargeting* strategies.[8]

Despite the various forms of promotion identified, the most striking finding of the study is that 76,7 % of pharmacies engaged in at least one practice that violates the provisions of the International Code and reflects the exposure of mothers, fathers, and/or caregivers to promotions for this type of product. In Mexico, Hernández-Cordero et al. reported that 41,6 % of mothers (n=754) had seen formula advertisements and that those who received medical advice to use them were four times more likely to stop exclusive breastfeeding (OR = 3,96).[22] In a multicenter study conducted in eight countries (five in Latin America, one in Africa, and two in Asia), Lutter et al. reported that 64 % of Latin American mothers (n=3,124) were exposed to formula promotions and that more than half of the health care personnel were unaware of the International Code.[10]

In the case of Argentina, the adoption of the International Code through a ministerial resolution[11] poses an additional difficulty, as its low regulatory hierarchy limits its capacity for effective enforcement. From a legal perspective, resolutions occupy a lower rung within the normative hierarchy described by Hans Kelsen,[23] meaning that they may conflict with higher-ranking regulations or prove insufficient in the absence of political or budgetary will for their enforcement. This aspect reinforces the need to review the legal framework regulating the marketing of infant formula, with a view to give the Code's principles greater binding force.

From a methodological standpoint, this study has strengths, such as the use of nonparticipant direct observation, which allowed for the capture of elements that might go unnoticed through other methods, such as surveys or interviews. Furthermore, the inclusion of pharmacies from all districts of the city of Buenos Aires, both chain and independent, offers a broad view of marketing practices across different areas. However, the nonprobabilistic sample and the limited number of pharmacies restrict the generalizability of the results. Furthermore, as this study focuses on product visibility, other less obvious forms of promotion—such as personalized advice or digital strategies not visible at the point of sale—were not considered.

While marketing strategies represent a significant factor in the discontinuation of breastfeeding, the phenomenon under study is multifactorial in nature. Structural conditions, such as the lack of maternity leave, informal employment, and the absence of childcare policies, have a decisive impact on the actual possibility of sustaining breastfeeding over time. Monteiro et al. reported that mothers without maternity leave were nearly four times more likely to discontinue exclusive breastfeeding before four months and that those without labor protection (n=1742) had significantly lower rates of breastfeeding.[24] These data demonstrate that to effectively protect breastfeeding, it is not enough to regulate the supply of formula; rather, it is necessary to create structural conditions that facilitate its continuation, including extended parental leave, compatible work schedules, and shared caregiving policies. Restrictions on formula marketing at points of sale must be a priority, but their effectiveness will depend on the existence of a robust regulatory framework, systematic enforcement mechanisms, and social policies that guarantee families the material and social conditions necessary to fully exercise their right to breastfeed. Promoting breastfeeding through public policies should not imply an imposition or imply judgment toward those who, by personal choice or due to particular circumstances, opt for other forms of infant feeding; in contrast, it is about creating the conditions that make it possible to choose freely, without commercial interference or structural barriers.

CONCLUSION

The findings of this research align with regional, international, and local evidence and corroborate the persistence of promotional practices that violate the provisions of the International Code. This reflects the need to regulate the influence of marketing on feeding decisions as well as to create more equitable and protective environments for breastfeeding families.

FINANCING

None.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

AUTHORSHIP CONTRIBUTION

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