CARTAS AL EDITOR

Use of health and nutritional endorsements in unhealthy food and beverages in Mexico: opportunity to avoid misleading information

Dear editor: Currently, Mexico's labeling regulation, the Official Mexican Norm 051 (NOM-051), is under modification to migrate to a warning labeling system. Also, there are efforts to strengthen specifications in which inconsistencies have been detected; one of them is the use of health or nutritional endorsements.

Under article 32 of the Federal Consumer Protection Law, the information related to products that are disseminated in any media must be truthful, verifiable, explicit, and the use of images and misleading brands that induce confusion in the consumer are forbidden. It also prohibits legends or information that indicates endorsement by professional associations or societies, when they lack scientific evidence to support them. Besides, there is evidence that consumers prefer shorter and simple messages, and pictograms to make choices at the point of sale. Consequently, it is not recommended to use more than one front of pack label (FOPL) on a product package, such as health endorsements, along with warning labels.[1]

For this reason, the new norm recommends restricting endorsements when the products exceed the established limits of nutrients of concern. There is evidence that products with claims and endorsements can generate misperceptions about the general quality of the product, making them appear healthier without considering the amount of other critical nutrients.[2] In New Zealand and Chile, the use of health and nutrition claims are conditioned by a nutrient profile model.

To evaluate how many labels present endorsement as a marketing strategy, we collected information on the package (nutrition facts table, list of ingredients, claims, and endorsements) of 18 558 products available in 117 supermarkets in Mexico City during 2017. Of these products, we evaluated the nutritional quality using the nutrient profile based on the proposed norm, which was designed using the Pan American Health Organization recommendations.

The proportion of endorsed products was relatively low (<1%), mostly from professional associations related to: 1) Diabetes (68.3%), 2) Nutrition (17.9%), 3) Cardiology (9%), and 4) Pediatrics (7%). Regarding nutritional quality, 60.7% of the products were classified as "unhealthy" for an excess of sodium (60%), saturated fats (18.2%) sugars (14.3%), and calories (13.1%) (table I). Most products correspond to the category of sugar-sweetened beverages (33.8%) and sweet snacks (24.8%). Additionally, we found that products with endorsements also had nutrition or health claims (i.e., "suitable for diabetics" and "high in fiber").

Table I
NUTRITIONAL QUALITY AND TYPE OF ASSOCIATION OF PRODUCTS WITH HEALTH ENDORSEMENT (N=145)*

Percentage of compliance with the Mexican nutrient profile	*n*	%
Excessive in one or more‡	88	60.7
Excessive in calories	19	13.1
Excessive in sugars	21	14.3
Excessive in saturated fats	26	18.2
Excessive in trans fats	0	0
Excessive in sodium	87	60
Type of associations related to:		
Diabetes	99	68.3
Nutrition	26	17.9
Cardiology	13	9
Pediatrics	7	4.8

* Based on a sample of 18 558 products available at retail stores in Mexico City from January to March 2017 of which, less than 1% presented use of health endorsements.
‡ According to this nutrient profile, when a product is excessive in one or more criteria, it is considered as unhealthy and should not use health endorsement.

Our results show that the NOM-51 project criteria would prevent endorsement of 60.7% of the products currently in the market supported by a professional organization. The current norm, will contribute to more accurate information in the front-of-pack labels of industrialized food products. Therefore, if the endorsement regulation were not included, the impact of the policy would decrease, having a smaller contribution to healthier diets.

Carlos Cruz-Casarrubias, LN, MSP,[(1)]
Ana Munguía, LN, MSP,[(1)]
Lizbeth Tolentino-Mayo, LN, MSc,[(1)]
mltolentino@insp.mx
Simón Barquera, MD, MSc, PhD.[(1)]

[(1)] *Centro de Investigación en Nutrición y Salud, Instituto Nacional de Salud Pública. Cuernavaca, Morelos, México.*

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Violencia obstétrica desde la perspectiva de las parteras tradicionales

Señor editor: La violencia obstétrica es un problema grave en los sistemas de salud en México. En el año 2016, 33.3% de las mujeres mexicanas entre 15 y 49 años experimentó violencia obstétrica en su último parto.[1] Esta violencia se presenta de manera verbal y física. Por ejemplo, son frecuentes las revisiones médicas inadecuadas, los comentarios machistas durante el parto e incluso las prácticas obsoletas y reconocidas como una plena violación a los derechos humanos y, por lo tanto, prohibidas por organismos internacionales, como es el caso de las cesáreas innecesarias, la maniobra de Kristeller o la esterilización sin consentimiento informado.[2] Las mujeres indígenas y de contextos rurales de nuestro país, por sus características socioculturales, son más vulnerables a este tipo de violencia.

En las comunidades rurales e indígenas es frecuente encontrar parteras tradicionales que apoyan en el proceso de embarazo, parto y puerperio. Al ser parte de la comunidad y estar investidas de los significados que socialmente se han construido en torno a ellas, las parteras tradicionales son depositarias de confianza y al mismo tiempo respetadas.[3,4] En un estudio realizado con parteras tradicionales que tuvo como objetivo comprender los significados construidos en torno al parto tradicional, las mujeres embarazadas y su relación con los servicios obstétricos institucionales, se observó que es frecuente encontrar mujeres que practican el parto emergente con la intención, según lo narrado por las parteras, de no acudir a los servicios médicos hospitalarios y así evitar ser violentadas, lo que pone en riesgo su vida y la del neonato.

Desde la visión de las parteras tradicionales, la cual integra los relatos de las mujeres embarazadas que acuden a servicios médicos, estas últimas viven agresiones verbales y prácticas que violan sus derechos humanos, significados que resultan relevantes ya que mueven a la acción,[5] independientemente de que estos actos de violencia ocurran o no. La partera tradicional es un actor clave que puede favorecer la reconstrucción de significados en torno a los servicios médicos, lo que reduce los riesgos que implica el parto de emergencia. Esto, por su puesto, requiere también el cuidado en el servicio y en los procedimientos que se realizan en los hospitales de comunidades rurales.

Carlos Alberto Aranda-Téllez, Mst,[(1)]
Hugo Alberto Yam-Chalé, PhD.[(1)]
hugo.yam@ibero.mx

[(1)] *Universidad Iberoamericana. Ciudad de México, México.*

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RENACED-DT1: A National Type 1 Diabetes Registry Initiative in Mexico

Dear editor: Type 1 diabetes (T1D) is one of the most common chronic diseases in childhood, it is not preventable, and if not treated with insulin, is mortal. Suboptimal insulin treatment increases the risk of complications.[1]

According to Mexican Institute for Social Security (*Instituto Mexicano del Seguro Social*, IMSS), the T1D incidence in <19 years-old increased from 3.4 to 6.2/100 000 between 2000 and 2010.[2] The 2017 morbidity yearbook