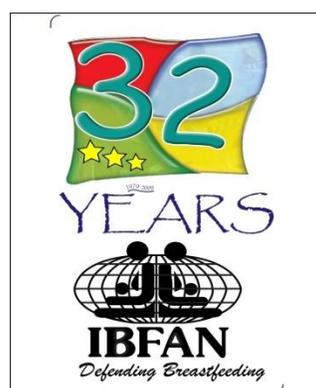


THE COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL
RIGHTS

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**REPORT ON THE SITUATION OF
INFANT AND YOUNG CHILD FEEDING
IN AZERBAIJAN**



March 2013

Data sourced from:

UNICEF, State of the World's Children, 2012

State of the Code by Country, ICDC, 2011

ILO, Labour Code of the Republic of Azerbaijan

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Breastfeeding: key to child and maternal health

The 1'000 days between a woman's pregnancy and her child's 2nd birthday offer a unique window of opportunity to shape the health and wellbeing of the child. The scientific evidence is unambiguous: *exclusive breastfeeding for 6 months followed by timely, adequate, safe and appropriate complementary feeding practices, with continued breastfeeding for up to 2 years or beyond*, provides the key building block for child survival, growth and healthy development¹. This constitutes the infant and young child feeding practice recommended by the World Health Organisation (WHO)².

Breastfeeding is key during this critical period and it is the single most effective intervention for saving lives. It has been estimated that optimal breastfeeding of children under two years of age has the potential to prevent 1.4 million deaths in children under five in the developing world annually³. In addition, it is estimated that 830.000 deaths could be avoided by initiating breastfeeding within one hour from birth⁴. Mother's breastmilk protects the baby against illness by either providing direct protection against specific diseases or by stimulating and strengthening the development of the baby's immature immune system. This protection results in better health, even years after breastfeeding has ended.

Breastfeeding is *an essential part of women's reproductive cycle*: it is the third link after pregnancy and childbirth. It protects mothers' health, both in the short and long term, by, among others, aiding the mother's recovery after birth, offering the mother protection from iron deficiency anaemia and is a natural method of child spacing (the Lactational Amenorrhea Method -LAM) for millions of women that do not have access to modern form of contraception.

Infant and young child feeding and human rights

Several international instruments make a strong case for protecting, promoting and supporting breastfeeding, and stipulate the right of every human being, man, woman and child, to optimal health, to the elimination of hunger and malnutrition, and to proper nutrition. These include the International Covenant on Economic, Social and Cultural Rights (CESCR), especially article 12 on the right to health, including sexual and reproductive health, art. 11 on the right to food and art. 6, 7 and 10 on the right to work, the Convention on the Rights of the Child (CRC), especially article 24 on the child's right to health, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), in particular article 1 and 5 on gender discrimination on the basis of the reproduction status (pregnancy and lactation), article 12 on women's right to health and article 16 on marriage and family life. Adequately interpreted, these treaties support the claim that **'breastfeeding is the right of every mother, and it is essential to fulfil every child's right to adequate food and the highest attainable standard of health.'**

As duty-bearers, *States* have the obligation to create a protective and enabling environment for women to breastfeed, through protecting, promoting and supporting breastfeeding.

¹ IBFAN, What Scientific Research Says?, <http://www.ibfan.org/issue-scientific-breastfeeding.html>

² WHO 2002, Global Strategy on Infant and Young Child Feeding, <http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html>

³ UNICEF, <http://www.childinfo.org/breastfeeding.html>

⁴ Save the Children 2012, *Superfoods for babies: how overcoming barriers to breastfeeding will save children's lives.*

1) General situation concerning breastfeeding in Azerbaijan

WHO recommends early initiation of breastfeeding (within an hour from birth), exclusive breastfeeding for the first 6 months, followed by continued breastfeeding for 2 years or beyond, together with adequate and safe complementary foods.

Globally, more than half of the newborns are not breastfed within one hour from birth, less than 40% of infants under 6 months are exclusively breastfed and only a minority of women continue breastfeeding their children until the age of two.

Rates on infant and young child feeding:

Early initiation = Proportion of children born in the last 24 months who were put to the breast within one hour of birth

Exclusive breastfeeding = Proportion of infants 0–5 months of age who are fed exclusively with breastmilk

Continued breastfeeding at 2 years = Proportion of children 20–23 months of age who are fed breastmilk

Complementary feeding = Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods

General data⁵

Total number of births	182'000 (2010)		
Infant mortality rates under 1 year of age (per 1000 live births)	78 (1990)	30 (2009)	39 (2010)
Maternal mortality rates reported (per 100'000 live births)	24 (2006-2010)		
Institutional delivery	78% (2006-2010)		
Skilled attendant at birth	88% (2006-2010)		
Infants with low birth weight	10% (2006-2010)		

Breastfeeding data⁶

	(2006-2010)
Early initiation of breastfeeding	32%
Exclusive breastfeeding at 6 months	12%
Complementary feeding at 6-8 months	44%
Continued breastfeeding at 20-23 months	16%

All breastfeeding rates are extremely low: the initiation rates for example underline that there is probably poor promotion of breastfeeding in hospitals and maternity clinics. The same is to be said of the very low rates of exclusive breastfeeding at 6 months.

The fact that a large number of women, either give birth in medical institutions or with the help of skilled birth attendants, provides a potential way for information flow directly to the mothers.

⁵ UNICEF, State of the World's Children, 2012

⁶ idem

2) International Code on Marketing of Breastmilk Substitutes

Evidence clearly shows that a great majority of mothers can breastfeed and will do so if they have the accurate and full information and support, as called for by the Convention on the Rights of the Child. However, direct industry influence through advertisements, information packs and contact with sales representatives and indirect influence through the public health system; submerge mothers with incorrect, partial and biased information. *The International Code of Marketing of Breastmilk Substitutes (the Code)* has been adopted by the World Health Assembly in 1981. It is a minimum global standard aiming to protect appropriate infant and young child feeding by requiring States to regulate the marketing activities of enterprises producing and distributing breastmilk substitutes in order to avoid misinformation and undue pressure on parents to use such products when not strictly necessary. Even if many countries have adopted at least some provisions of the Code in national legislation, the implementation and enforcement are suboptimal, and violations of the Code persist.

According to the International Code Documentation Centre, in Azerbaijan there is a law on marketing of breastmilk substitutes that includes several provisions of *the International Code of Marketing of Breastmilk Substitutes (WHO UNICEF 1981)*.

However we have no information concerning the implementation of this law, nor do we have any examples of violations.

The Committee may ask the government delegation what efforts exist to implement the law as well as what system is in place to monitor the law.

3) Baby Friendly Hospital Initiative (BFHI) and training of health workers

Lack of support to breastfeeding by the health care system and its health care professionals further increase difficulties in adopting optimal breastfeeding practices. The Baby Friendly Hospital Initiative (BFHI), which consists in the implementation by hospitals of the 'Ten steps for successful breastfeeding', is a key initiative to ensure breastfeeding support within the health care system. However as UNICEF support to this initiative has diminished in many countries, the implementation of BFHI has significantly slowed down. Revitalization of BFHI and expanding the Initiative's application to include maternity, neonatal and child health services and community-based support for lactating women and caregivers of young children represents an appropriate action to address the challenge of adequate support.

In 2002, 7 hospitals in Azerbaijan were certified as Baby-friendly. As we have no information concerning the total number of maternity centres and hospitals we cannot qualify this number.

The Committee may want to request more information concerning the initiative, its current functioning and financing, as well if efforts have been made lately to integrate the most recent improvements in the original BFHI.

4) Maternity protection for working women

The main reason given by majority of working mothers for ceasing breastfeeding is their return to work following maternity leave. It is therefore necessary to make adjustments in the workload of mothers of young children so that they may find the time and energy to breastfeed; this should not be considered the mother's responsibility, but rather a collective responsibility. States should adopt and monitor an adequate policy of maternity protection in line with ILO Convention 183 (2000)⁷ that facilitate six months of exclusive breastfeeding for women employed in all sectors, and facilitate workplace accommodations to feed and/or to express breastmilk.

Scope: Maternity legislation is applicable to employees working in enterprises and workplaces where a contract of employment exists, as well as to employees performing jobs in their homes using the employer's materials. The law does not cover women employed in the informal economy.

Maternity leave and other related types of leave

Normal duration is *126 days starting 70 days prior to childbirth and 56 days after childbirth*. In the event of abnormal or multiple births, women shall be granted 70 days leave after childbirth.

Women working in industry shall be granted 140 days for normal childbirth (70 days before and 70 days after birth); 156 calendar days in the event of abnormal birth (70 calendar days before and 86 after birth); 180 calendar days in the event of multiple births (70 days before and 110 calendar days after birth). Unpaid leave is granted with the employer's consent for up to 14 calendar days for women with children under the age of 16 or single parents or guardians.

Parental leave: A single parent or another family member caring for a child until the age of 3, is eligible for partially-paid social leave. An employee caring for a child may use partially-paid social leave completely or in part at his/her discretion.

Paternity leave: Unpaid leave is granted with the employer's consent for up to 14 calendar days for men whose wives are on maternity leave.

Leaves related to family responsibilities: Upon request of pregnant workers, or who have children under the age of 14, or have handicapped children under the age of 16, or have to take care of a sick family member, the employer shall give them a part-time daily or weekly job with wages based on their experience and seniority. Both sides have to agree on the time of the workday or week. This is also applicable to all fathers, foster parents or legal guardians who have to raise the children themselves alone and without the mother.

Health protection: Women are protected against dangerous or unhealthy work, work in intensive jobs, hazardous workplaces and in underground tunnels and other underground work is prohibited for pregnant workers or women who have children under 3 years of age.

Non-discrimination measures: During hiring, a change in employment or termination of employment, no discrimination among employees is permitted on the basis of sex, family circumstances or other factors unrelated to professional qualifications, job performance, or professional skills of the employees,

⁷ ILO, C183 - Maternity Protection Convention, 2000 (No. 183)

nor shall it be permitted to establish privileges and benefits or directly or indirectly limit rights on the basis of these factors. Concessions, privileges and additional protection for women shall not be considered discrimination. Refusing to sign a labour contract with a woman who is pregnant or has a child under the age of 3 is prohibited by law. The employer is prohibited from terminating the employment contracts of pregnant women and women with children under age 3.

Breastfeeding: Women workers who have children under the age of 18 months are entitled to breastfeeding breaks, in addition to their regular lunch and rest breaks. These breaks are at least *30 minutes each, every 3 hours*. If a woman worker has two or more children under 18 months, the duration of the breaks shall be at least one hour. These breaks can be added to the regular lunch or rest breaks, or can be taken at the beginning of and/or at the end of workdays. If the worker decides to take her feeding breaks at the end of the day, her workday shall be shortened.

This provision is also applicable to all fathers, foster parents or legal guardians who have to raise the children themselves alone and without the mother for a particular reason. Breaks given for feeding children are considered as working time and the average salary of the worker shall remain the same.

The ILO does not mention any information regarding payment of women on maternity leave but given that the country ratified Convention C183 on maternity protection in October 2010, level of payment should be at least at 2/3 of salary.

Post-birth maternity leave is of only 8 weeks (2 months), making it difficult for women to exclusively breastfeed for 6 months.

The Committee may consider asking the delegation if the government is considering including women working in the informal economy within the scope of maternity protection as this is starting to take place in a few countries, leading the way.

5) Government measures to protect and promote breastfeeding

The **Innocenti Declarations**⁸ have identified operational targets for governments, which include:

- Appoint a breastfeeding coordinator and established a multisectoral national breastfeeding committee;
- Ensure that every facility providing maternity services fully practices the Ten Steps to Successful Breastfeeding;
- Take action to give effect to the principles and aim of the International Code of Marketing of Breast-Milk Substitutes and subsequent relevant World Health Assembly resolutions in their entirety;
- Enact imaginative legislation protecting the breastfeeding rights of working women;
- Develop, implement, monitor and evaluate a comprehensive policy on infant and young child feeding;

⁸ At the 1990 WHO/UNICEF policymakers' meeting on "Breastfeeding in the 1990s: A Global Initiative" the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding was developed and adopted, by all WHO and UNICEF Member States. To mark the 15th anniversary of the adoption of the Innocenti Declaration, a wide coalition of international organizations and governments organized a conference in 2005 which led to the second Innocenti Declaration. For more information: <http://innocenti15.net/>

- Promote timely, adequate, safe and appropriate complementary feeding;
- Provide guidance in feeding infants and young children in exceptionally difficult circumstances.

There is no information regarding the structure set in place within the department of health and nutrition to promote, protect and support breastfeeding, for example a breastfeeding commission and committee.

The Committee may discuss and recommend the setting up of a breastfeeding committee in order to protect, promote and support optimal feeding of infants and young children.

6) Recommendations on breastfeeding by the Committee on the Rights of the Child

The **Convention on the Rights of the Child** has placed breastfeeding high on the human rights agenda. Article 24⁹ mentions specifically the importance of breastfeeding as part of the child's right to the highest attainable standard of health. Better breastfeeding and complementary feeding practices, the right to information for mothers and parents, the protection of parents by aggressive marketing of breastmilk substitute products – through the implementation of and compliance with the International Code of Marketing of Breastmilk Substitutes (WHO/UNICEF, 1981) – as well as the need for strong and universal maternity protection are now systematically discussed during State parties reviews by the CRC Committee.

At the last review in 2012 (session 59), in its Concluding Observations, the CRC Committee recommended Azerbaijan to:

- “(a) Consider undertaking specific measures to improve exclusive breastfeeding rates, including policies, promotional activities, and training of all health workers;*
- (b) Raise awareness about the importance of breastfeeding, good nutrition and the health risks of artificial feeding for infants, including among health-care professionals;*
- (c) Pay particular attention to the importance of early initiation of breastfeeding;*
- (d) Establish monitoring and reporting mechanisms to regulate the marketing, sale and distribution of breast-milk substitutes, and disseminate information on access to these mechanisms;*
- (e) Strengthen the Baby-friendly Hospital Initiative, including by providing sufficient funds and monitoring the progress of its implementation and success rates;*
- (f) Continue to strengthen maternity legislation for working women, including by extending the duration of maternity leave provided and the scope of its coverage, as well as by developing breastfeeding-friendly workplaces and child-care centres;*

⁹ “States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: [...] (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents.” Art 24.2 (e), CRC

(g) Consider amending its maternity protection legislation to be in full compliance with ILO Convention No. 183, including by considering extending the post-birth period of the maternity leave to better enable mothers to exclusively breastfeed.” (para 61)

7) Relevant CESCR recommendations

At the last review in 2004 (session 33), in its Concluding Observations, the CESCR Committee expressed its concern *“about the high incidence of malnutrition, infant mortality, iron deficiency disorders and malaria, especially among refugees and internally displaced persons”* (para 29) and *“about the high infant and maternal mortality rates”* (para 30). The committee therefore recommended Azerbaijan to *“continue its efforts to improve its health services, inter alia through the allocation of adequate and increased resources”* and requested the State party to *“include information in its next periodic report on how the recently adopted health laws and policies have been implemented and on the progress made”*. (para 55)

8) Obstacles and recommendations

The following problems have been identified:

- Very low breastfeeding rates.
- Lack of information on the implementation and monitoring of the International Code of Marketing of Breastmilk Substitutes.
- Lack of information concerning either the existence or not of a breastfeeding policy, breastfeeding committee and a structure aimed at protecting, promoting and supporting breastfeeding.
- Few maternity centres are BFHI.
- Maternity legislation is comprehensive but excludes wide categories of working women. Maternity leave is of only 8 weeks (2 months), making it difficult for women to exclusively breastfeed for 6 months.

Our recommendations include:

- **The Committee should make reference to the importance of protecting, promoting and supporting breastfeeding for the prevention of child malnutrition and for reducing child and maternal mortality.**
- **The Committee could reinforce CRC recommendations to strengthen breastfeeding practices, including by recommending the State party to:**
 - **establish monitoring and reporting mechanisms to regulate the marketing, sale and distribution of breastmilk substitutes;**
 - **strengthen maternity legislation for working women, including by extending the duration of maternity leave provided and the scope of its coverage.**

About the International Baby Food Action Network (IBFAN)

IBFAN is a 33-year old coalition of more than 250 not-for-profit non-governmental organizations in more than 160 developing and industrialized nations. The network works for better child health and nutrition through the protection, promotion and support of breastfeeding and the elimination of irresponsible marketing of breastmilk substitutes. IBFAN is committed to the Global Strategy on Infant and Young Child Feeding (2002) – and thus to assisting governments in implementation of the International Code of Marketing of Breastmilk Substitutes (International Code) and relevant resolutions of the World Health Assembly (WHA)³ to the fullest extent, and to ensuring that corporations are held accountable for Code violations. In 1998 IBFAN received the Right Livelihood Award *“for its committed and effective campaigning for the rights of mothers to choose to breastfeed their babies, in the full knowledge of the health benefits of breastmilk, and free from commercial pressure and misinformation with which companies promote breastmilk substitutes”*.