

THE CONVENTION ON THE RIGHTS OF THE CHILD

Session 63rd

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REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN GUINEA-BISSAU



March 2013

Data sourced from:

- UNICEF. 2012. *State of the World Children*.
- www.childinfo.org
- IBFAN-ICDC. 2011. *State of the Code by Country*.
- ILO website Maternity Protection Database.
- Ministério da Saúde Pública e de solidariedade Social da República da Guiné-Bissau, Direcção de serviços da alimentação, nutrição e sobrevivência da criança. 2013. *Relatório sintese da situação dos direitos das crianças em relação ao aleitamento materno*.

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1) General points concerning reporting to the CRC

In June 2013, the CRC Committee will review Guinea Bissau’s 2nd to 4th periodic report.

At the last review in 2002 (session 30), IBFAN presented a report on the state of breastfeeding. In its last [Concluding Observations](#), in par. 35, the Committee recommendations focused on actions to improve children’s access to health services, to ensure their access to drinking water, and to address “*infant and maternal mortality, malnutrition, inadequate immunisation [...]*.” In addition, in par. 43 (c) the Committee recommended Guinea Bissau to “*Take steps to end the practise of harmful traditional food taboos by children and mothers*”.

As party to the Convention on the Elimination of All Forms of Discrimination against Women, Guinea Bissau received [recommendations](#) by CEDAW in 2009 (44th session), including on the elimination of harmful cultural practices that discriminate against women, such as *food taboos* (par. 23). Regarding women’s health, the Committee expressed its concern about “*the significant structural barriers hindering access of women and girls to adequate health care and services, including sexual and reproductive health-care services*” and about “*the high rates of maternal mortality, female genital mutilation and early pregnancy*” (par. 37). It recommended to “***step up its efforts to reduce [...] maternal mortality and early pregnancy, and to improve the availability of sexual and reproductive health services, including family planning information and services and sex education, as well as access to antenatal, post-natal and obstetric services in order to reduce maternal mortality***” (par. 38)¹.

It is clear that the country needs to be further encouraged to take urgent action against infant and maternal mortality and malnutrition, actions that are long called for, including by eliminating harmful cultural practices of food taboos.

2) Situation concerning breastfeeding in Guinea Bissau

General data

Annual number of births (in thousands)		58 (2010)
Infant mortality rates under 1 year of age (per 1000 live births)	125 (1990)	92 (2010)
Neonatal mortality rate (per 1000 live births)		40 (2010)
Maternal mortality ratio (per 100’000 live births)	410 (2006-2010) reported	1000 (2008) adjusted
Skilled attendant at birth	44% (2006-2010)	
Institutional delivery	42% (2006-2010)	
Infants with low birth weight	11% (2006-2010)	

¹ CEDAW/C/GNB/CO/6

Breastfeeding data

	(2010) ²	(2012) ³
Early initiation of breastfeeding	55% ⁴	72%
Exclusive breastfeeding	38% (at 6 months)	67.2 % (at 5 months)
Complementary feeding at 6-8 months	43%	-
Continued breastfeeding at 12-15 months	97%	-
Continued breastfeeding at 20-23 months	65%	-

The rates of infant and maternal mortality are worrying.

The data from the Ministry of Health shows an improvement in breastfeeding rates in 2012. However, the rates of early initiation of breastfeeding, i.e. the proportion of children put to breast within one hour from birth, remain insufficient, 72%, even though there is a great potential to reduce newborn mortality by initiating breastfeeding within one hour or within one day from birth⁵. Equally, the rate of exclusive breastfeeding is still low, contributing to the high infant mortality in the country.

We also note that the rate of continued breastfeeding at 12-15 months is high. This data is encouraging and the government should strengthen protection and promotion of optimal breastfeeding practices, as this seems to have shown positive results.

The data also shows that the proportion of women that have access to institutional deliveries and skilled attendants at birth is just over 40%. There is a need for the country to strengthen child and maternal care, and the primary health care system more broadly.

3) Government efforts to encourage breastfeeding

National measures:

Guinea-Bissau does not have in place a national breastfeeding policy. Since 2011 a national nutrition policy was developed but never adopted due to the 12 April 2012 coup d'état.

Breastfeeding is not a priority for the government at the moment. The main project aimed to support breastfeeding in the country is one financed by the Spanish government (project MDG-F). This project is ending in June 2013 and the Guinean government does not have the means to maintain it.

² MICS 2010, Table 3, p. 10

³ Survey SMART 2012, in 'Relatório síntese da situação dos direitos das crianças em relação ao aleitamento materno'

⁴ MICS 2010 Preliminary

⁵ It's estimated that 22% of newborn deaths could be prevented if breastfeeding started within the first hour after birth, and 16% if breastfeeding started within the first 24 hours. Save the Children 2012, Superfoods for babies: how overcoming barriers to breastfeeding will save children's lives.

Breastfeeding promotion activities:

In 2012, for the first time, the Ministry of Public Health, in collaboration with partners, took some action at the community level to promote breastfeeding. The ministry collaborated in particular with community groups called “mothers friends of babies” (“**Mães Amiga das Crianças**”) and “community health agents” (“**Agente de Saúde Comunitária**”). The celebration of the World Breastfeeding Week was also an opportunity for the Ministry of Public Health and the abovementioned community groups to sensitize communities about breastfeeding. Educational messages have been divulged at the national level through radios and journals and at the regional level also through traditional songs and dances and theatre.

These activities are going in the right direction and efforts to raise awareness and inform communities should be maintained and strengthened.

Specific information concerning the International Code of Marketing of Breastmilk Substitutes:

According to the IBFAN’s International Code Documentation Centre, Guinea-Bissau has only “few provisions of law” for the regulation of marketing of breastmilk substitutes, meaning that the law does not meet the minimum standards set forth in the WHO’s International Code of Marketing of Breastmilk Substitutes and the relevant World Health Assembly Resolutions, and it should therefore be strengthened.

4) Maternity protection for working women

Maternity leave

Scope: every female worker is entitled to a maternity leave, except for domestic workers and on board staff that are not covered by the relevant law.

Duration: **60 days** during the whole pregnancy and in cases of delivery of stillborn, or death of living birth. At least 30 days of compulsory leave have to be taken immediately after the birth.

Cash benefits: 100% of income, financed by the employer. If a woman affiliated to a social security scheme receives a subsidy, the employer pays the difference between the subsidy and the woman's salary.

Medical benefits

Pre-natal, childbirth and post-natal care

The female workers are entitled to be absent from work, without loss of remuneration, for the time necessary, in order to seek medical assistance during the pregnancy, whenever such assistance cannot be provided outside working time, and after the birth, whenever requested by a doctor.

Financing of benefits: the medical assistance and necessary medicine is guaranteed to the pregnant worker and eventual spouse, and shall receive treatments during the pregnancy, the birth and the nursery, in cases where the situation requires it and the resources needed are available.

Breastfeeding

The female worker is entitled to interrupt the daily work in order to breastfeed her child, for one hour, or in two periods of half an hour each, without loss of remuneration, to the limit of one year after the birth.

There are **no** provisions regarding **parental leave, part-time work or paternity leave.**

5) Baby Friendly Hospital Initiative (BFHI)

In 2001, there were 6 baby-friendly hospitals in Guinea-Bissau, while in 2002 this number has gone back to 0. This is the most recent data available, and to our knowledge there are no baby-friendly facilities in the country.

6) HIV and infant feeding

It is estimated that 24'000 people of all ages live with HIV/AIDS in Guinea-Bissau in 2011.

The prevalence rate of HIV/AIDS among people aged between 15 and 49 is 2.5% and between young people (aged 15-24), 2% of girls are affected by HIV/AIDS. 3'100 children between 0 and 14 years are estimated to be living with the virus.

In 2010, the estimated number of pregnant women living with HIV in need of antiretroviral (ARV) for preventing mother-to-child transmission (PMCTC) is 1'100, while the reported number is 936 which corresponds to the reported number of women in need receiving the most effective ARV regimens for PMTCT. The estimated percentage of pregnant women living with HIV who received the most effective ARVs for PMTCT is 83%.

7) Obstacles and recommendations

The following obstacles/problems have been identified:

- High infant and maternal mortality rates;
- Inadequate and insufficient maternal health care;
- Absence of a national breastfeeding policy and delay in the adoption of the national nutritional policy;
- Insufficient implementation of the International Code of Marketing of Breastmilk Substitutes and the relevant WHA resolutions.
- No baby-friendly facilities.
- Overall, the law does not provide for adequate maternity protection and working mothers are not adequately supported in the care of their children. Maternity leave duration is only of 60 days. Cash benefits, although amounting to 100% of income, are financed by the employer, which carries the risk of generating a discriminatory effect against women, as employers may want to avoid paying such benefits. There are no provisions regarding parental leave, part-time work or paternal leave.

Our recommendations include:

- *Adopt the national nutritional policy that includes a national breastfeeding policy and duly implement and monitor it;*
- *Improve maternal health care, and strengthen capacity of the health care system and personnel to support breastfeeding, including by implementing the ‘Baby-friendly hospitals’ initiative;*
- *Translate in full the recommendations of the International Code of Breastmilk Substitutes and relevant WHA Resolutions into national legislation and duly implement and monitor the law.*
- *Strengthen awareness-raising activities on the importance of optimal breastfeeding practices.*
- *Strengthen maternity protection legislation, in particular by increasing the duration of maternity leave and by developing a system of funding of cash benefits that is independent from the employer. Other provisions for further support working mothers to conciliate work and childcare might include parental leave, part-time work, paternal leave and appropriate conditions at the workplace.*