

THE CONVENTION ON THE RIGHTS OF THE CHILD

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



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SUMMARY

The following obstacles/problems have been identified:

- Lack of recent data on infant and young child feeding.
- Distribution of free infant formula to all infants as part of Iraq's Public Distribution System (PDS) for food rations.
- Lack of general knowledge about optimal breastfeeding practices.
- Deficient knowledge of health professionals about breastfeeding-related issues.
- Low rates of early initiation of breastfeeding (43%), exclusive breastfeeding under 6 months (20%) and breastfeeding at 2 years (23%).
- High rates of bottle feeding (64%).
- No clarity on the adoption and implementation of the draft National Strategy for Infant and Young Child Feeding.
- Only voluntary measures are in place to implement the International Code of Marketing of Breastmilk Substitutes, thereby resulting in Code violations.
- No clarity on the number of hospitals that are currently certified as "baby-friendly" and lack of monitoring of the Baby-Friendly Hospital Initiative standard after certification.
- Maternity leave amount to only 62 days (8 weeks) at.
- No emergency preparedness plan to ensure integrated response to protect and support breastfeeding/ infant and young child feeding in case of emergencies.

Our recommendations include:

- Ensure systematic collection of disaggregated data on infant and young child feeding.
- Upgrade curricula of health professionals and provide them adequate training on optimal breastfeeding practices and breastfeeding-related issues.
- Raise awareness about optimal breastfeeding practices among the population, especially parents and caregivers.
- If not yet adopted, adopt the National Strategy on Infant and Young Child Feeding.
- Implement fully the International Code of Marketing of Breastmilk Substitutes and enforce it by setting an independent monitoring system and a dissuasive sanction mechanism.
- Strengthen the implementation and monitoring of the Baby-Friendly Hospital Initiative throughout the country.
- Extend the length of the maternity leave in order to ensure that all mothers are able to breastfeed exclusively.
- Provide integrated response to ensure protection and support of breastfeeding in emergencies through the implementation of a national plan and designation of persons to coordinate activities.

1. General points concerning reporting to the CRC

In 2015, the CRC Committee will review Iraq’s combined 2nd to 4th Periodic Report.

At the last review in 1998 (session 19), in its [Concluding Observations](#), the Committee referred explicitly to breastfeeding. In paragraph 22, the Committee noted that “*the deteriorating health situation of children, particularly the **high and increasing infant and child mortality rates and serious long-term malnutrition, aggravated by poor breastfeeding practices and common childhood diseases***”.

Therefore, it urged Iraq “*to **develop comprehensive policies and programmes to promote and improve breastfeeding practices***” and “*to **prevent and combat malnutrition, especially in vulnerable and disadvantaged groups of children***” (paragraph 12).

The CRC Committee also recommended that “*the system of **data collection** be reviewed with a view to incorporating all the areas covered by the Convention*” (paragraph 12).

2. General situation concerning breastfeeding in Iraq

General data¹

	2011	2012	2013
Annual number of birth, crude (thousands) ²	-	1036.9	-
Neonatal mortality rate (per 1,000 live births)	20	19	19
Infant mortality rate (per 1,000 live births)	29	29	28
Under-5 mortality rate (per 1,000 live births)	36	35	34
Maternal mortality ratio (per 100,000 live births) (adjusted)	84 ³	84	67
<i>Delivery care coverage (%):</i>			
Skilled attendant at birth	91	-	-
Institutional delivery	77	-	-
C-section	22	-	-
Stunting (under 5 years) ⁴	22.6	22.6	-

¹ UNICEF, Childinfo, available at: <http://data.unicef.org/>

² UNICEF data, available at: http://www.unicef.org/infobycountry/iraq_statistics.html

³ Data refers to the to the period 2008-2012. UNICEF data, available at: http://www.unicef.org/infobycountry/iraq_statistics.html

⁴ Data refers to the period 2008-2012. UNICEF data, available at: http://www.unicef.org/infobycountry/iraq_statistics.html

Breastfeeding data

	2006 ⁵	2011 ⁶	2008-2012 ⁷
Early initiation of breastfeeding (within one hour from birth)	25.1 %	43 %	42.8 %
Children exclusively breastfed (0-5 months)	-	20 %	19.6 %
Introduction of solid, semi-solid or soft foods (6-8 months)	51 %	36 %	35.5 %
Breastfeeding at age 2	35.7 %	23 %	22.7 %

As a preliminary remark, we would like to stress the **lack of recent data** on infant and young child feeding.

Early initiation of breastfeeding

The rate of early initiation of breastfeeding passed from 25.1% in 2006 to **43% in 2011**. While representing a significant increase, this rate remains largely insufficient to ensure a good start in life for all Iraqi babies. Indeed, this means that **almost 6 children out of 10 are not receiving any breastmilk during their first hour of life**, even though delayed breastfeeding is proven to have a **negative impact on neonatal mortality**.

Mothers often **lack proper information** about the consequences of delayed initiation of breastfeeding. Indeed, according to a research carried out in Erbil city in 2010, only 17.5% of mothers knew that breastfeeding should be initiated during first hour after delivery.⁸ This suggests that prenatal support of breastfeeding in maternity wards is deficient and that **health professionals have a lack of resources and capacity** to properly inform pregnant women about their nursing role.

Exclusive breastfeeding under 6 months

In 2011, **only 2 children out of 10** were exclusively breastfed during the first six months of their life (20%). This low rate can be mainly explained by a lack of appropriate knowledge about optimal infant and young child feeding practices. Indeed, the research conducted in

⁵ WHO, Infant and young child feeding data by country, 2006, available at:

<http://www.who.int/nutrition/databases/infantfeeding/countries/irq.pdf?ua=1>

⁶ UNICEF, Childinfo, available at: <http://data.unicef.org/>

⁷ UNICEF data, available at: http://www.unicef.org/infobycountry/iraq_statistics.html

⁸ Dr. Sawsan I.I. AL-Azzawi, Dr. kareema A. Hussin, Dr. Norhan Z. Shaker, *Assessment of Breastfeeding knowledge among Mothers in Erbil City*, Zanco J. Med. Sci., (Special issue 2), 2010, available at: <http://zjms-hmu.org/files/articles/260211032445.pdf>

2010 in Erbil shows that **41.1% of mothers don't know that children under the age of 6 months need exclusive breastfeeding.**⁹

The research also highlighted that there was a positive relation between mothers' knowledge on breastfeeding and their age and education level.¹⁰ By contrast, the area of belonging (rural or urban) does not influence significantly the rate of exclusive breastfeeding under the age of 6 months although the rate exclusive breastfeeding under 6 months is slightly lower in urban areas than in rural areas.¹¹

Continued breastfeeding at 2 years

In 2011, only 23% of children were breastfed until 2 years of age, despite the official recommendation of WHO on continued breastfeeding and the fact that, being Muslim, most of mothers knew that child needed continued breastfeeding until 2 years of age, as this is mentioned in the Quran.

Bottle feeding

According to an article published by ENN on the final report of a research commissioned by Caritas Austria and Cordaid Netherlands¹², **bottle feeding is particularly common in Northern Iraq**. Indeed, in 2003, **64% of children in Northern Iraq were bottle-fed**, ranging from 51% (0-2 months) to 69% (9-11 months).¹³ These data reveal a 25-30% increase since August 1996.¹⁴ It is to be noted that the consequences of such a feeding pattern are often aggravated by **the use of impure water**.

Significantly, in 2003, in the Erbil governorate, **44.7% of severely malnourished cases were children below the age of 6 months, of whom none were exclusively breastfed**, nearly one-third (30.7%) of the infants were exclusively bottle-fed and 69.3% received mixed feeding (bottle and breastfeeding).¹⁵

Globally, Iraq shows **low rates of breastfeeding**. This statement has to be put in relation with the Iraqi policy of **distributing infant formula free to all infants as part of Iraq's Public Distribution System (PDS)** for food rations, which may negatively influence parents' choice

⁹ Dr. Sawsan I.I. AL-Azzawi, Dr. Kareema, A. Hussin, Dr. Norhan Z. Shaker, *Assessment of Breastfeeding knowledge among Mothers in Erbil City*, Zanco J. Med. Sci., (Special issue 2), 2010, available at: <http://zjms-hmu.org/files/articles/260211032445.pdf>

¹⁰ Idem.

¹¹ Central Statistic organization, Kurdistan Regional Statistics Office (KRSO), Ministry of Health, UNICEF, Iraq Multiple Indicator Cluster Survey 2011, Preliminary Report, April 2012, available at: http://www.childinfo.org/files/MICS4_Iraq_PreliminaryReport_Eng.pdf

¹² Final Report, Nutrition/Mother and Child Health Consultancy in Northern Iraq, 19/6 - 12/7/2003, Dr. Veronika Scherbaum, on behalf of Caritas Austria and Cordaid Netherlands.

¹³ ENN, "Infant Formula Distribution in Northern Iraq", available at: <http://www.ennonline.net/fex/20/infant>

¹⁴ ENN, "Infant Formula Distribution in Northern Iraq", available at: <http://www.ennonline.net/fex/20/infant>

¹⁵ ENN, "Infant Formula Distribution in Northern Iraq", available at: <http://www.ennonline.net/fex/20/infant>

about the feeding of their child.¹⁶ Furthermore, **the instructions on the infant formula are written only in English and Arabic and not in Kurdish language**. This prevents many women from being correctly informed on the optimal infant and young child feeding practices, especially if we consider that 51% of the women in Northern Iraq are illiterate.¹⁷

In addition, **deficiencies in the ability of health care physicians** to deal with some practical problems related to breastfeeding have been highlighted.¹⁸ **Medical school curricula and residency training do not adequately prepare physicians for their role in breastfeeding promotion.**¹⁹

3. Government efforts to encourage breastfeeding

National Policies

In August 2005, the draft of a **National Strategy for Infant and Young Child Feeding** was prepared.²⁰ The 2005 draft Strategy aimed at raising “*awareness of the main problems affecting infant and young child feeding*”, identifying approaches to solve such problems as well as outlining relevant technical directives.²¹ However, it remains **unclear whether such a Strategy has been implemented**.

According to UNICEF, Iraq launched a **national nutrition strategy in 2012**, which set a 10-year plan and aimed at reviewing and updating relevant national policies and legislation.²² Its development started in 2009 and was led by the National Food and Nutrition Committee within the Ministry of Health. Importantly, the strategy includes **the promotion of breastfeeding.**²³ Nevertheless, we regret that no other information on this strategy is available. Thus, it is **unknown whether this strategy has been implemented so far**.

¹⁶ UNICEF, Breastfeeding provides critical protection for Iraqi infants, Risks of Waterborne Diseases Rising in Iraq’s Camps & Cities, 12 August 2007.

¹⁷ ENN, “Infant Formula Distribution in Northern Iraq”, available at: <http://www.enonline.net/fex/20/infant>

¹⁸ AL-Zwaini E.J., Al-Haili S.J. and Al-Alousi T.M., Knowledge of Iraqi primary health care physicians about breastfeeding, Eastern Mediterranean Health Journal, Vol. 14, No. 2, 2008, available at: http://applications.emro.who.int/emhj/1402/14_2_2008_0381_0388.pdf

¹⁹ Al-Nassaj H.H., Al-Ward N.J.A. and Al-Awqati N.A., Knowledge, attitudes and sources of information on breastfeeding among medical professionals in Baghdad, Eastern Mediterranean Health Journal, Vol. 10, No. 6, 2004, available at: http://applications.emro.who.int/emhj/1006/10_6_2004_871_878.pdf?ua=1

²⁰ Ministry of Health – Iraq, National Strategy for Infant and Young Child Feeding, Draft, August 2005, available at: http://www.basics.org/documents/Natl%20Strategy%20for%20YCF_Iraq_Draft.pdf#search=%22iraq%22

²¹ Idem.

²² UNICEF, Media Centre, available at: http://www.unicef.org/iraq/media_7424.html

²³ http://mawtani.al-shorfa.com/en_GB/articles/iii/features/iraqtoday/2012/05/09/feature-02

The International Code of Marketing of Breastmilk Substitutes and its implementation in Iraq

Iraq has only **voluntary provisions** implementing the International Code.²⁴ In April 2011, a **final draft of a law** implementing all or many provisions of the Code has been recommended and was awaiting approval.²⁵ To date, there is **no information available on the eventual adoption and implementation** of this law.

Allegations of violation of the Code have been recently made, with regard to Nestlé’s conduct in Iraq. Indeed, allegedly, **Nestlé distributes infant formula milk to maternity wards and mothers of newborn babies.**²⁶ If proven, these activities would be constitutive of violations of the Code. To prevent any further violation, the Government of Iraq should then be encouraged to adopt the relevant legislative measures in order to fully implement the International Code and its subsequent relevant WHA resolutions.

4. Baby-Friendly Hospital Initiative (BFHI)

For the period 2009-2010, there were **37 Baby-Friendly Hospitals out of 63 hospitals and maternities in the country (coverage rate: 59%).**²⁷

More recent data on the implementation and enforcement of the BFHI are not available. Hence, there is **no clarity on the number of hospitals that are currently certified** as baby-friendly and whether those certified still respect the BFHI standards.

5. Maternity protection for working women

Maternity protection is provided in Iraq through the Act No. 71 of 1987 promulgating the Labour Code, as amended with the Law No. 17 of 2000 from the Revolutionary Council introducing the second amendment and up to the Coalition Provisional Authority Order No.89.²⁸

²⁴ WHO, Country implementation of the International Code of Marketing of Breast-Milk Substitutes, Status Report 2011, available at: http://apps.who.int/iris/bitstream/10665/85621/1/9789241505987_eng.pdf

²⁵ UNICEF, National Implementation of the International Code of Marketing of Breastmilk Substitutes (April 2011), available at:

http://www.unicef.org/nutrition/files/State_of_the_Code_by_Country_April2011.pdf

²⁶ AWAT, available at: <http://awatnews.com/2014/09/22/the-nestle-formula-scandal-in-iraq/>

²⁷ Labbok M. H., 2012, “Global Baby-Friendly Hospital Initiative Monitoring Data: Update and Discussion”, Breastfeeding medicine, 7 (4):210-222. Available at:

https://www.google.ch/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0CC4QFjAA&url=http%3A%2F%2Fwww.researchgate.net%2Fpublication%2F230617756_Global_baby-friendly_hospital_initiative_monitoring_data_update_and_discussion%2Ffile%2F79e415037abf6c5f21.pdf&ei=HGkpU4m0B8WGywPPtoH4Bg&usq=AFQjCNGp83uM79JmdQTYHnM5_V0114kqGQ&bvm=bv.62922401,d.bGQ

²⁸ ILO, ILO Working Conditions Laws Database, available at:

http://www.ilo.org/dyn/travail/travmain.sectionReport1?p_lang=en&p_countries=IQ&p_sc_id=2000&p_year=2011&p_structure=3

The provisions apply to all workers employed in the private, mixed and co-operative sectors. However, they do not apply to women who are engaged in a family enterprise in which only family members work and which is under the authority and supervision of the woman's spouse, father, mother or brother.

Maternity leave

Duration: Every women worker is entitled to a maternity leave of **only 62 days at full pay**.

A pregnant worker may, upon the presentation of a medical certificate from the competent service, begin the above-mentioned leave 30 days before the projected date of confinement and may take the remaining days after confinement. The competent medical service may extend the period of leave for up to 9 months in the case of a difficult childbirth, the birth or more than one child, or the appearance of complications before or after confinement. **Days which exceed the length of the leave shall be counted as unpaid leave.**

Benefits: **100% of the salary** is paid during the leave by the employer.

Unpaid leave: A working mother may, with the consent of her employer, take a special unpaid maternity leave for a period of up to 1 year in order to take care of her child, until the child is 1 year of age.

Breastfeeding breaks

Nursing mothers shall have a **nursing break of up to 1 hour during working hours**; the nursing break count as an hour of work.

6. HIV and infant feeding

The 2005 draft National Strategy for Infant and Young Child Feeding took into account the necessity of addressing infant and young child feeding in difficult situations, especially HIV and infant feeding. It acknowledged the urgency of integrating HIV and infant feeding information provision, prevention, and treatment into all levels and sectors of the society (paragraph 44).²⁹ It especially provided the setting up of **centers and support structures for mothers**, since all HIV-infected mothers should receive counseling on the risks and benefits of the various infant feeding options. The **training of health workers** is specifically envisaged.³⁰ Nevertheless, as already mentioned, **it is not clear whether this draft strategy has been implemented.**

²⁹ Ministry of Health – Iraq, National Strategy for Infant and Young Child Feeding, Draft, August 2005, available at: http://www.basics.org/documents/Natl%20Strategy%20for%20IYCF_Iraq_Draft.pdf#search=%22iraq%22

³⁰ Idem.

7. Infant feeding in emergencies (IFE)

Currently, there is **no information available on any emergency preparedness plan** to ensure integrated response in order to protect and support breastfeeding in case of emergencies in Iraq.

ANNEX

In Iraq, violations of the Code involving health professionals have been reported. As an example of such malpractices, IBFAN's report *Breaking the Rules 2014* highlights a violation committed by the company Liptis (domiciled in Switzerland), that directly advertises its product Liptomil to medical doctors through promotional events and free gifts. This marketing trend is prohibited by the Code. However, it is especially common in the Middle East where the same marketing person materializes to hand out coveted prizes to health professionals when they win lucky draws and knowledge quizzes.



Liptomil banners and packshots displayed around a meeting venue in Erbil ensure doctors know the products.



Doctors are taken through a product presentation during a Liptomil event in Sulimanya, Iraq. There is nothing scientific or factual about a life size can in the left hand corner.



Doctors were offered enticing gifts during the event. In this case, it is a digital camera.