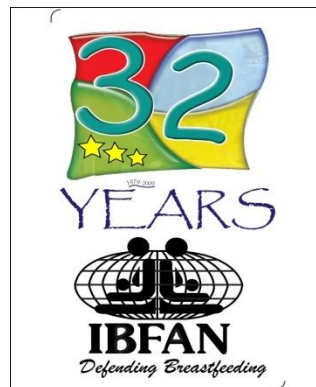


THE CONVENTION ON THE RIGHTS OF THE CHILD

Session 65 - January 2014

REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN THE RUSSIAN FEDERATION



December 2013

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The following obstacles/problems have been identified:

- Even though baby-friendly hospitals have proven to be crucial in the promotion of adequate feeding practices, there are very few certified baby-friendly hospitals. It is unclear what resources and what efforts are being made to implement BFHI and ensure their quality standard.
- Lack of policies and programmes to protect, promote and support breastfeeding and infant and young child feeding throughout the country. The country lacks a comprehensive infant and young child feeding policy, and there are no measures to regulate the advertisement and marketing of breastmilk substitutes. The International Code of Marketing of Breastmilk Substitutes and relevant WHA resolutions have not been implemented.
- There are no systematic data at the national level.
- Employment discrimination towards women and the occupational segregation in the low-level jobs lead to insufficient maternity protection for these women.

Our recommendations include:

- Implement the Baby-Friendly Hospital initiative throughout the country, ensuring systematic monitoring and re-assessment mechanisms.
- Implement national draft law which enacts the International Code of Marketing of Breastmilk Substitutes (and relevant WHA resolutions). Ensure effective implementation through monitoring and sanctions in cases of violations.
- Ensure a social protection system for women working in the informal and formal sector, so as to enable all women to be protected during maternity and lactation. Take measures so as to prevent employment discrimination and occupational segregation against women.
- Adopt a National Infant and Young Child Feeding Policy and action plan and assign sufficient resources to its implementation.

1) General points concerning reporting to the CRC

In 2013, the CRC Committee will review Russian Federation's combined 4rd and 5th periodic report.

At the last review in 2005 (session 40), IBFAN presented a report on the state of breastfeeding. In its last [Concluding Observations](#), in para 51, 52, 53, the CRC Committee recommended to Russian Federation to “a) Enhance preventive interventions in primary health care; b) Increase public expenditure on health; [...] e) Consider the creation of a National Breastfeeding Committee, the training of medical professionals, and improve breastfeeding practices.”

2) General situation concerning breastfeeding in the Russian Federation

General data

	2008 ¹	2010 ²	2011 ³
Annual number of birth (thousands)		1,682	1,689
Neonatal mortality rate (per 1000 live births)		6	7
Infant mortality rate (per 1000 live births)		9	10
Infant – under 5 – mortality rate (per 1000 live births)		12	12
Maternal mortality ratio (per 100,000 live births) (adjusted)	39		

Breastfeeding data

There are no comprehensive national data on breastfeeding and infant and young child feeding practices.

A study made in the Russian Federation between 1998 and 2003⁴ highlights differences feeding practices in Baby-friendly Hospitals (BFH) and non-Baby-friendly Hospitals. As a sample, it has been highlighted that *the exclusive breastfeeding rate* in a BFH was of 88.9%, whereas in a Non-BFH only 32.6% of women exclusively breastfed their children. In a BFH, *breastfeeding initiation* takes place, as a median time, during the two first hours. In Non-BFH, the baby waits in average 12 hours to get breastfed for the first time. Moreover, in Non-BFHs, 25% of the mothers do not initiate their child to breastmilk within the first 24 hours after delivery⁵. A discrepancy can also be seen between the BFHs and Non-BFHs concerning the *use of dummies*. The use of dummies is of only 4% in BFHs and in Non-BFHs of 18.1%, which means that almost one baby out of five is already using dummies shortly after birth.

According to UNICEF, the main causes for under 5-deaths in 2008 are neonatal death (55%), injuries (12%), pneumonia (5%), diarrhoea (1%) and others (27%). Regarding neonatal deaths the main causes are asphyxia (12%), preterm (19%), congenital (24%), infection (8%) and 37% of other causes, which are not stated. Concerning maternal death between 1997 and 2007, UNICEF listed the causes as follows: 27% women died of haemorrhage, 14% of hypertension, 10% due to complication related to abortion, 10% of them suffered of embolism, 7% of sepsis, 18% of indirect causes and 13% of other direct causes⁶.

¹ <http://www.childinfo.org/files/maternal/DI%20Profile%20-%20Russian%20Federation.pdf>

² <http://www.childinfo.org/files/maternal/DI%20Profile%20-%20Russian%20Federation.pdf>

³ http://www.unicef.org/sowc2013/files/Stat_Tables_SWCR2013_ENGLISH.pdf

⁴ Abolyan, Lyubov. The Breastfeeding Support and Promotion in Baby-friendly Maternity Hospitals and Not-as-Yet Baby-Friendly Hospitals in Russia, 2006, available at: <http://www.dors.it/latte/docum/Russia.pdf>

⁵ Ibid.

⁶ <http://www.childinfo.org/files/maternal/DI%20Profile%20-%20Russian%20Federation.pdf>

3) Government efforts to encourage breastfeeding

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

According to the International Code Documentation Centre (IBFAN-ICDC), the implementation of the Code in the Russian Federation is being studied. The IBFAN 2010 Breaking the Rules showed that there are violations of the Code in Russia.

We do not have further information on this, and thus we encourage the CRC Committee to request information from the government delegation on the state of implementation of the Code.

4) Baby Friendly Hospital Initiative (BFHI)

In 2000, there were 12 Baby-Friendly Hospitals numbered on 277 hospitals and maternities.⁷

This information is not up-to-date, thus we encourage the CRC Committee to request more information on the number and quality of the baby-friendly hospitals and health facilities in Russia.

5) Maternity protection for working women⁸

The Labour Code (No. 197-FZ of 2001), and the Federal Act on Compulsory Social Insurance in case of temporary disablement and maternity (No. 255-FZ, 2006) state that maternity leave applies to all employed women, who should ask for a medical certificate which will grant her maternity leave.

Duration: 140 days (70 days prenatal and 70 days postnatal leave). In the event of multiple births, maternity leave is extended to 84 days before and 110 days after childbirth. In the case of abnormal birth, maternity leave is 70 days before and 86 days after childbirth.

A *parental leave* may be provided upon request for mother, father, grandmother, grandfather, other relative or trustee who is actually taking care of the child until the child reaches the age of 3 years. The benefits are paid from the Budget of the social insurance of the Russian Federation. The benefit is 40% of the average earnings.

Cash benefits: The women entitled to maternity benefits are: women employees covered by the state social insurance; women dismissed in the case of enterprise liquidation (within 12 months prior to the recognition as unemployed); women in full-time professional education; women on military service (with a contract of employment) and on service in internal security and penitentiary bodies; women adopting a child. In addition to employed women, the legislation covers other classes of the

⁷ <http://www.unicef.org/programme/breastfeeding/assets/statusbfhi.pdf>

⁸ http://www.ilo.org/dyn/travail/travmain.sectionReport1?p_lang=en&p_countries=RU&p_sc_id=2000&p_year=2011&p_structure=3

economically active population, including the unemployed, students, military personnel, self-employed farmers and members of collective farms.

Financing of benefits: Maternity benefits are paid from the Budget of the social insurance fund of the Russian Federation. The benefit is 100% of the average earnings.

Breastfeeding breaks: In addition to the standard breaks, working women who have children of less than 1.5 years of age are granted additional breaks for feeding the child, for a duration of not less than 30 minutes every three hours. The breaks for feeding a child (children) are included in the working time and are paid at the rate of the average salary.

Despite a good maternity protection law, the employment situation of women in Russia presents many problems, which ultimately affect the ability of women to adequately care for their children.

In 2010, the Committee on Elimination of all forms of Discrimination Against Women (CEDAW) pointed to the lack of a separate law on equal employment opportunities. Indeed, the situation of women in employment is deteriorating and women represent a great majority of workers in lower level and low-paid jobs in the public sector. The occupational segregation is even more present in the private sector where women occupy only a very low proportion of the high-paid jobs. To this extent, the CEDAW Committee recommended Russian Federation to **“enact an equal employment opportunity law, prohibiting discrimination in hiring, promotion, employment conditions and dismissal, requiring equal pay for work of equal value and providing for effective enforcement procedures and remedies”**.⁹

The CESCR Committee has also highlighted this issue during its review of Russian Federation in 2011, where it expressed concern about the wide gender pay gap. According to its sources, the average income of women is 65.3% of the average income of men across the country. Russian Federation was given the recommendation to **“ensure just and favorable conditions of work for women in the labour market, in particular to step up its efforts to raise the pay of employees in the education, healthcare and other public sectors in order to reduce the pay gap between women and men in the State party.”**¹⁰

6) HIV and infant feeding

The prevalence of HIV/AIDS in the country is between 8% and 64% (2007), depending on the region of the country¹¹.

⁹ Para 36-37, Concluding Observations 2010, available at:

<http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N10/485/54/PDF/N1048554.pdf?OpenElement>

¹⁰ Para 14, Concluding Observations 2012, available at

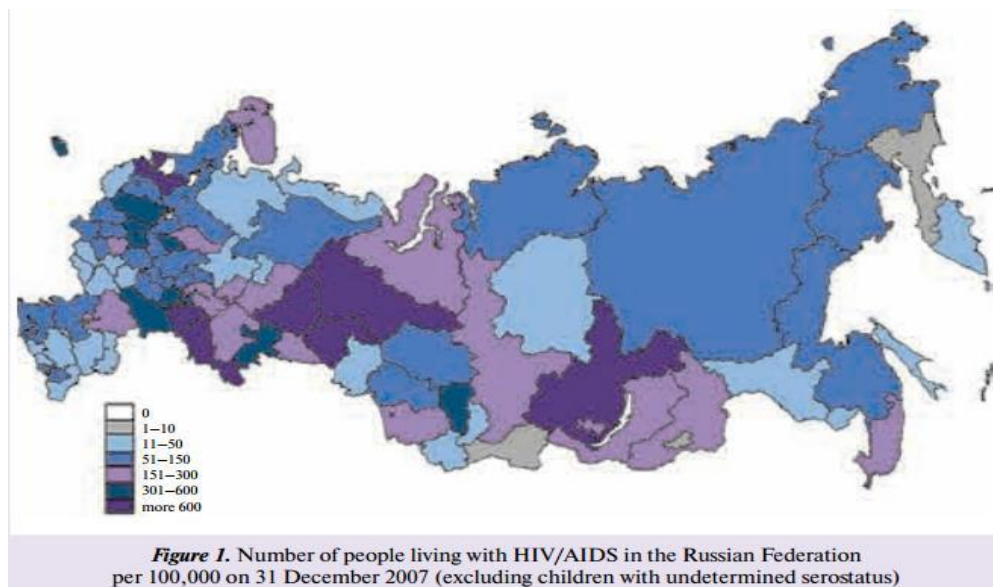
http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fRUS%2fCO%2f5&Lang=en

¹¹ Ministry of Health and Social Development, Country Progress Report of the Russian Federation on the Implementation of the Declaration of Commitment on HIV/AIDS, 2008, available at:

http://data.unaids.org/pub/Report/2008/russia_2008_country_progress_report_en.pdf

The main path of infection would remain in the use of non-sterile instruments for intravenous drug injections. This concerns 83% of the infected persons.

In 2011, UNICEF estimated that between 730,000 and 1,300,000 people of all ages are living with HIV. In 2006-2007, the *National Project on Health for the Prevention of HIV, Hepatitis B and C and Diagnosis and Treatment of HIV*¹² was launched. One of its main objectives was to create comprehensive outpatient follow-up for HIV-positive people and access to a full course of treatment for all HIV-positive pregnant women to prevent mother-to-child transmission. In the end, nine Russian regions were providing support to regional resource centers to prevent mother-to-child transmission. In 2006, 89% of HIV-positive pregnant women received antiretroviral. In 2007, 87% of them received antiretroviral treatments.



Source: Country Progress Report of the Russian Federation on the Implementation of the Declaration of Commitment on HIV/AIDS

Data sourced:

http://data.unaids.org/pub/Report/2008/russia_2008_country_progress_report_en.pdf

<http://www.dors.it/latte/docum/Russia.pdf>

http://www.childinfo.org/breastfeeding_countrydata.php

<http://www.childinfo.org/files/maternal/DI%20Profile%20-%20Russian%20Federation.pdf>

http://www.childinfo.org/country_profiles.php?input=120

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http://www.unicef.org/sowc2013/files/Stat_Tables_SWCR2013_ENGLISH.pdf

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

¹² Ibid.