

THE COMMITTEE ON THE RIGHTS OF THE CHILD

Session 68 - January 2015

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



December 2014

Prepared by:

Geneva Infant Feeding Association (IBFAN – GIFA) - IBFAN global liaison office

www.ibfan.org

Tel. +41 22 798 91 64

SUMMARY

The following obstacles/problems have been identified:

- Low rates of early initiation of breastfeeding, exclusive breastfeeding up to 6 months of age and continued breastfeeding up to 2 of age.
- General lack of knowledge about optimal breastfeeding practices.
- Lack of annual tracking of key breastfeeding indicators.
- Although the drafting of a National Infant and Young Child Feeding Policy must be welcomed, it remains unclear when and how the policy will be implemented.
- Only voluntary measures are in place to implement the International Code of Marketing of Breastmilk Substitutes and there is no enforcement mechanism.
- The current activities of the National Infant and Young Child Feeding Committee are unknown and it is unclear when it will start carrying out the activities provided by the draft National Infant and Young Child Feeding Policy.
- There is no clarity on the number of hospitals that are currently certified as baby-friendly and on their actual respect of the BFHI standards.
- The period for maternity leave cannot exceed 12 weeks and the duration of the benefits is only 8 weeks. Moreover, employers are not required to provide nursing breaks nor nursing rooms for lactating mothers.

Our recommendations include:

- Ensure **annual tracking of key breastfeeding indicators**.
- Enact the **National Infant and Young Child Feeding Policy**.
- Adopt legislative measures in order to **fully implement the International Code of Marketing of Breastmilk** Substitutes and subsequent relevant WHA resolutions and set up an **enforcement mechanism**.
- Make the **National Infant and Young Child Feeding Committee** fully operational.
- Strengthen **BFHI implementation** throughout the country.
- Extend the **maternity benefits** in order to cover the whole duration of the maternity leave.
- Set an obligation for employers to provide **nursing breaks and rooms for lactating mothers**.
- Provide integrated response to ensure **protection and support of breastfeeding in case of emergencies** through the implementation of a **national plan** and the designation of **activities coordinators**.

1) General points concerning reporting to the CRC Committee

In January 2015, the CRC Committee will review the combined 3rd and 4th Periodic Report of Jamaica.

At the last review in 2003 (Session 33), IBFAN addressed a letter to the CRC Committee, in which it highlighted the very little data available concerning the state of breastfeeding in Jamaica.

In its Concluding Observations, the CRC Committee recommended to Jamaica to “*continue to strengthen [...] data collection system, inter alia with regard to important health indicators such as infant, under-5 and maternal mortality rates, ensuring the timeliness and reliability of both quantitative and qualitative data and using it in the formulation of policies and programmes for the effective implementation of the Convention*” (paragraph 16, emphasis added).

In paragraph 41, the Committee also urged Jamaica to “*continue taking all appropriate measures to improve the health infrastructure, including through international cooperation, in order to ensure access to basic health care and services adequately stocked with appropriate basic medicines for all children*”(emphasis added).

2) General situation concerning breastfeeding in Jamaica

General data

	2005	2010	2011	2012	2013
Annual number of births, crude (thousands) ¹	-	-	-	50.3	-
Birth rate, crude (per 1,000 people) ²	-	15	15	15	-
Neonatal mortality rate (per 1,000 live births) ³	13.4	11.8	11.4	11	10
Infant mortality rate (per 1,000 live births) ⁴	18	16	15	14-15	14
Under-five mortality rate (per 1,000 live births) ⁵	21	18	18	17	17

¹ UNICEF data, available at: www.unicef.org/infobycountry/jamaica_statistics.html

² World Bank data, available at: <http://data.worldbank.org/indicator/SP.DYN.CBRT.IN/countries>

³ UNICEF data, available at: www.unicef.org/infobycountry/jamaica_statistics.html ; UN Inter-agency Group for Child Mortality Estimation data, available at: www.childmortality.org ; Index Mundi data, available at: www.indexmundi.com/facts/jamaica/mortality-rate

⁴ World Bank data, available at: <http://data.worldbank.org/indicator/SP.DYN.IMRT.IN/countries> ; UN Inter-agency Group for Child Mortality Estimation data, see above

IBFAN – International Baby Food Action Network

	2005	2010	2011	2012	2013
Maternal mortality ratio (per 100,000 live births) ⁶	85	82	-	-	80
<i>Delivery care coverage:</i> ⁷					
Skilled attendant at birth	-	98.3%	98.3%	98.3%	-
Institutional delivery	-	97.1%	97.1%	97.1%	-
C-section	-	14.8%	14.8%	14.8%	-
Stunting (under 5 years) ⁸	-	-	4.8%	-	-

Breastfeeding data⁹

	2005	2011	2008-2012
Early initiation of breastfeeding (within one hour from birth)	-	-	62.3 %
Children exclusively breastfed (0-5 months)	15.2 %	23.8%	15 %
Introduction of solid, semi-solid or soft foods (6-8 months)	22.5 %	54.6 %	35.6 %
Breastfeeding at age 2	24 %	31.2 %	24 %
Mean duration of exclusive breastfeeding (in months)		0.7	

Early initiation of breastfeeding

In the period between 2008 and 2012, the rate of early initiation of breastfeeding was **62.3 %**, which means that **almost 4 children out of 10 have not been initiated to breastfeeding within one hour after delivery**. The figure is even more alarming when compared to the percentage of skilled attendance at birth and institutional delivery figures, respectively 98.3% and 97.1%. Such unbalance shows a lack of knowledge on the importance of early initiation of breastfeeding among the health care workers who assist the delivery and, at the same time, it is an evidence of non-compliance with step 4 of the Baby-friendly Hospital Initiative¹⁰.

⁵ UNICEF Statistics, available at: <http://data.unicef.org/child-mortality/under-five> ; World Bank data, available at: <http://data.worldbank.org/indicator/SH.DYN.MORT/countries> ; UN Inter-agency Group for Child Mortality Estimation data, see above.

⁶ World Bank data, available at: <http://data.worldbank.org/indicator/SH.STA.MMRT/countries>

⁷ The figures refer to the years 2008-2012. Source: UNICEF, www.unicef.org/infobycountry/jamaica_statistics.html

⁸ UNICEF data, see above.

⁹ UNICEF data, see above; Jamaica Multiple Indicator Cluster Survey, 2005, available at: www.childinfo.org/files/MICS3_Jamaica_FinalReport_2005_Eng.pdf ; Jamaica Multiple Indicator Cluster Survey, 2011, available at: www.childinfo.org/files/MICS4_Jamaica_FinalReport_2011.pdf

¹⁰ For the ten steps to successful breastfeeding, see: www.unicef.org/programme/breastfeeding/baby.htm#10

Exclusive breastfeeding under 6 months

According to the Jamaica Multiple Indicator Cluster Survey¹¹ released by the Statistical Institute of Jamaica (STATIN) in 2011, the coverage rate of exclusive breastfeeding until 6 months of age has increased from 15.2% (2005 MICS¹²) to 23.8%. **However, to date, almost 8 children out of 10 are not exclusively breastfed until 6 months of age.**

Mean duration of breastfeeding

The survey also found that the **average Jamaican mother breastfeeds exclusively for only three weeks¹³.**

These breastfeeding rates show general lack of knowledge about optimal breastfeeding practices among the population. Only a minority of infants and young children are actually breastfed according to the WHO recommendations¹⁴. Suboptimal breastfeeding practices have a profound impact on children's health; they lead to increased rates of mortality and morbidity and higher prevalence of diarrhoea and pneumonia, the two main baby-killers¹⁵.

3) Government efforts to encourage breastfeeding

National policies

In 2009, a **two-year project of the Ministry of Health (MoH) in collaboration with the United Nations Children's Fund (UNICEF)** was launched. The UNICEF/MoH project was conducted in two selected health facilities in St Catherine and Clarendon from 2009 to 2011. The aim of the project was to **increase exclusive breastfeeding rates** by at least 5% in both parishes through continuous education and support. At the end of the evaluation period, both parishes showed increased rates with Clarendon's breastfeeding rates at six weeks increasing by 6.1 percentage points and 7.5 at three months. St Catherine's breastfeeding rates moved up 5.1 percentage

¹¹ Jamaica Multiple Indicator Cluster Survey, 2011, available at: www.childinfo.org/files/MICS4_Jamaica_FinalReport_2011.pdf

¹² Jamaica Multiple Indicator Cluster Survey, 2005, available at: www.childinfo.org/files/MICS3_Jamaica_FinalReport_2005_Eng.pdf

¹³ Jamaica MICS 2011, see above

¹⁴ The WHO recommendations can be found at: <http://who.int/topics/breastfeeding/en/>

¹⁵ UNICEF (2012), *Pneumonia and Diarrhoea*, available at: www.unicef.org/media/files/UNICEF_P_D_complete_0604.pdf

points at six weeks and 2.3 at three months.¹⁶ However, **the project was by definition limited in scope**, since it concerned only two health facilities in the country.

Most significantly, the MoH has recently formulated a **draft National Infant and Young Child Feeding Policy**, revised in June 2014, which provides an *“operational framework for all concerned stakeholders and serves as a reference guide for the design and implementation of programmes and services related to the achievement of the policy objectives”*.¹⁷ The declared *“objectives of the policy are: 1. Increase access to **breastfeeding support** in communities and the workplace; 2. Achieve **BFHI status in all institutions** providing maternity and child health services; 3. Establish a sustainable mechanism for accurate, timely and comprehensive **collection and dissemination of data on infant and young child feeding** and related indicators to influence policy and programme development; 4. Build capacity within all relevant agencies, and at different levels of the health system and community, for the **promotion, protection and support of infant and young child feeding**; 5. Develop and implement sustainable **public education initiatives** for the promotion and support of optimal infant and young child feeding practices”* (emphasis added).¹⁸ However, this draft has yet not been accepted.

Promotion campaigns

In 2013, the MoH called for *“breastfeeding supporters who may help mothers establish and sustain the practice of exclusive breastfeeding for at least six months”* (emphasis added).¹⁹ The MoH Director of Nutrition announced that anyone could become a breastfeeding supporter, since it is up to the MoH to train the person and provide for the required information²⁰. She further informed that the programme should be sustainable, and as such, **all prospective breastfeeding supporters would receive training and certification, in particular through a two-day training** which aimed to *“expose persons to best practices, procedures and benefits of breastfeeding, and infant nutrition”*.²¹ Nevertheless, while welcoming such a proposal, **it is unclear whether such a program has been implemented to date.**

As in other countries, Jamaica has celebrated its **National Breastfeeding Week** which for the year 2013 has been observed from September 15 to 21. On this occasion, the MoH planned to

¹⁶ “Jamaica Observer”, 14 October 2014, available at:

www.jamaicaobserver.com/magazines/allwoman/Breast-milk-only-for-babies-0-6-months_13618837

¹⁷ National Infant and Young Child Feeding Policy, Draft, June 2014, available at: <http://jis.gov.jm/media/NIYCF-Policy.pdf>

¹⁸ Idem.

¹⁹ Jamaica Information Service, 15 September 2013, available at :

<http://jis.gov.jm/health-ministry-seeks-breastfeeding-supporters-for-mothers/>

²⁰ Jamaica Information Service, see above

²¹ Idem.

empower and engage individuals to maintain the circles of support for lactating mothers and to provide additional support to lactating mothers on their workplace (nursing rooms, breastfeeding breaks), while most of them are expected to return to work before the recommended six-month-period for exclusive breastfeeding.²²

The International Code of Marketing of Breastmilk Substitutes

To date, only voluntary measures are in place to implement the International Code of Marketing of Breastmilk Substitutes and there is **no enforcement mechanism**.²³ According to the 2014 Draft on National Infant and Young Child Feeding Policy, *“efforts have been made to integrate some of the provisions of the International Code of Marketing of Breastmilk Substitutes into maternal and child health policies. This has led to restrictions on direct marketing through the health sector and media channels.”*²⁴ However, **all the provisions of the International Code and relevant subsequent WHA resolutions should be fully implemented. Moreover, an effective monitoring mechanism should be put in place.**

Monitoring

The draft National Infant and Young Child Feeding Policy implies the **development of strong collaborative relationships** between the MoH and governmental and non-governmental organizations, institutions and international agencies involved directly or indirectly in improving maternal and child health. **Monitoring frameworks and instruments would also be established**, including **national surveys on nutrition status and feeding practices** of infants and young children. The draft states that *“the Ministry will work with academia and the epistemic committee to advance a research agenda to inform the continuous development and improvement in the area of infant and young child nutrition.”*²⁵

Furthermore, the draft policy includes the creation of a **National Infant and Young Child Feeding Committee**, which shall *“formulate, facilitate implementation, monitor and ensure evaluation of the comprehensive national policy on infant and young child feeding”* as well as collaborate with all concerned government agencies, international organizations and other key actors in order to achieve the policy goal and objectives. The Committee must also *“develop*

²² Jamaica Information Service, 15 September 2013, available at :

<http://jis.gov.jm/health-ministry-seeks-breastfeeding-supporters-for-mothers/>

²³ World Bank, SABER Country Report 2013, Early Childhood Development, Jamaica, available at:

http://wbgfiles.worldbank.org/documents/hdn/ed/saber/supporting_doc/CountryReports/ECD/SABER_ECD_Jamaica_CR_Final_2013.pdf

²⁴ National Infant and Young Child Feeding Policy, Draft, June 2014, available at: <http://jis.gov.jm/media/NIYCF-Policy.pdf>, p. 15.

²⁵ Idem, p. 18.

*and monitor a detailed strategic action plan to support the implementation of the national policy. The plan should include defined goals and objectives, a timeline for their achievement, allocation of responsibilities for the plan's implementation and measurable indicators for its monitoring and evaluation".*²⁶ The Committee would be in charge of coordinating the training on Infant and Young Child Feeding, monitoring the implementation of Baby-friendly Hospital Initiative as well as the compliance with the International Code of Marketing of Breastmilk Substitutes, providing technical support to facilities that provide maternity and child health services and coordinating the continuous revision and implementation of this national policy on IYCF.²⁷ **Nonetheless, to date, it remains unclear what are the current activities carried out by such Committee and when it will start undertaking all these new activities.**

Courses / Training of Health Professionals

In 2013, **40 decision-makers across four hospitals received training in a WHO/UNICEF course on Strengthening and Sustaining the Baby Friendly Hospital Initiative.** Just over 1,000 health care workers were trained to promote breastfeeding amongst pregnant women and facilitate skill-building amongst new mothers. Additionally, 32,500 booklets on the importance of breastfeeding and aimed at assisting health professionals in their information role were produced and distributed in primary and secondary care institutions. Efforts were initiated to convert the 20-hour breastfeeding promotion and support course into an **on-line course for medical doctors and clinical staff.**²⁸

Furthermore, according to the draft of the National Infant and Young Child Feeding Policy, **training is considered a priority area** and it will *"be provided at the institutional level in the health and education sectors, as well as in public and private sectors, for women of child bearing age, caregivers, pregnant and lactating women"*.²⁹ However, **at this stage no concrete measures have been put forward.**

4) Baby-friendly Hospital Initiative (BFHI)

In 2011, there were 10 institutions (out of 36) certified as baby-friendly. On this issue, the MoH Director of Nutrition announced 4 additional facilities were on the way to get certified.³⁰

²⁶ Idem, p. 44

²⁷ Idem.

²⁸ UNICEF, Annual Report 2013 on Jamaica, available at:

http://www.unicef.org/about/annualreport/files/Jamaica_COAR_2013.pdf

²⁹ National Infant and Young Child Feeding Policy, Draft, June 2014, see above, p. 17

³⁰ Jamaica Information Service, 8 September 2011, available at :

However, **only 8 of the 10 institutions certified were still meeting the requirements of the Initiative at that time** and, more generally, **inadequate monitoring** has resulted in **declining compliance with BFHI criteria in all these facilities**.³¹ Moreover, the required training which should take place over three days usually takes three months, due to **inadequate staffing** at some of the facilities.³²

5) Maternity protection for working women

Maternity leave and job protection is available in the country. However, other measures in favour of parents and caregivers could be considered in order to assure a more appropriate care to newborns and infants in their first year of life.

To date, the relevant legislation is the Maternity Leave Act (Act No. 44 of 31 December 1979)³³.

Maternity leave

According to the Maternity Leave Act, every employee is entitled to maternity leave **after 52 weeks of continuous employment**. This provision applies to all female workers, i.e. to every individual of the female sex who has entered into, or works under, a contract with an employer.

Duration: Maternity leave **cannot exceed a 12-week period** for each pregnancy.

Benefits: The employer of a qualified worker who has been granted maternity leave shall pay to that worker sums corresponding to 8 weeks of her maternity leave. Therefore, the benefit amounts to **100% of the salary and is paid by the employer**. However, as said, the duration of maternity benefit is **only 8 weeks (out of a maximum of 12 weeks of leave)**. Furthermore, this benefit applies only if the employee has not been granted maternity leave by the same employer for 3 previous pregnancies. In the latter case, the employee is entitled to maternity leave, but without benefit.

<http://jis.gov.jm/hospitals-being-certified-as-baby-friendly/>

³¹ National Infant and Young Child Feeding Policy, Draft, June 2014, see above, p. 25.

³² Jamaica Information Service, 8 September 2011, available at :

<http://jis.gov.jm/hospitals-being-certified-as-baby-friendly/>

³³ ILO, Working Conditions Laws Database, available at:

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

Paternity leave

Fathers are **not guaranteed any paid leave**.

Breastfeeding breaks

Employers are **not required to provide breaks for nursing mothers**.

Other measures of maternal protection

The Maternity Leave Act **protects against discriminatory dismissal** of pregnant women.

Moreover, every worker to whom maternity leave is granted shall be **entitled to return to work** in the capacity and place in which she was employed **under the original contract** of employment and without the loss of any benefit or seniority.

6) HIV and infant feeding

In 2012, 1.7 % of the adult population between 15 and 49 years old lived with HIV, including **less than 500 pregnant women**.³⁴

According to the Director of Nutrition Services, support groups for HIV-positive lactating mothers have been put in place.³⁵ However, **no further information** is available on this topic.

The draft National Infant and Young Child Feeding Policy addressed specifically the issue of breastfeeding in the context of HIV infection. In particular, according to the 2014 policy, *“avoidance of all breastfeeding shall be promoted as the strategy most likely to give Jamaican infants the greatest chance of HIV-free survival”*. Moreover, *“full replacement formula feeds shall be given free of charge for at least one year”*. The policy aims also at educating all HIV-infected mothers about the dangers of mixed feeding as well as how to prepare and use formula feeds safely. *“Cup feeding shall be encouraged and bottle feeding discouraged”*.³⁶

³⁴ UNICEF data, 2012, available at: <http://data.unicef.org/hiv-aids/global-trends>

³⁵ Jamaica Information Service, 15 September 2013, available at : <http://jis.gov.jm/health-ministry-seeks-breastfeeding-supporters-for-mothers/>

³⁶ National Infant and Young Child Feeding Policy, Draft, June 2014, see above, p. 36.

7) Infant feeding in emergencies (IFE)

The MoH Director of Nutrition asserted that *“expectant mothers should move closer to hospitals and health centres during hurricanes or the presence of other severe weather systems, so that they can get the help in the event of an emergency”*.³⁷

More specifically, the issue of infant feeding in emergencies is addressed by the draft policy. According to the document, *“where relief efforts require the use or distribution of commercial formula (as a last resort), this shall comply with all the relevant provisions of the International Code of Marketing of Breastmilk Substitutes, subsequent relevant WHA resolutions, and the Operational Guidance on Infant and Young Child Feeding in Emergencies [...] and shall not undermine exclusive and sustained breastfeeding practices”*. Moreover, *“whenever possible, mothers should never be separated from their children”*. The draft policy reads that nutritional requirements of pregnant and lactating women as well as young children must be given special attention. Finally, *“psychosocial support must be given to pregnant and lactating women who are more vulnerable during periods of extreme stress”*.³⁸ Nevertheless, there is **no clarity on the way these measures will concretely be implemented**.

³⁷ Jamaica Information Service, 15 September 2013, available at :

<http://jis.gov.jm/health-ministry-seeks-breastfeeding-supporters-for-mothers/>

³⁸ National Infant and Young Child Feeding Policy, Draft, June 2014, see above, p. 38.