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REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN HONDURAS

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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 development. This constitutes the infant and young child feeding practice recommended by the World Health Organisation (WHO)[1].

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 800,000 deaths in children under five in the developing world annually[2]. 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, ***article 11 on the right to food*** and ***articles 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 ***articles 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] WHO, Global Strategy on Infant and Young Child Feeding, 2002, available at: www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html

[2] WHO. 10 facts about breastfeeding, available at: http://www.who.int/features/factfiles/breastfeeding/en/

SUMMARY

*The following **obstacles/problems** have been identified:*

- Decline in the early initiation of breastfeeding rate between 2005 (79%) and 2012 (64%); important regional disparities in the breastfeeding rates; high bottle feeding rate under 6 months;
- In 2012, 7 children out of 10 were not exclusively breastfed until the sixth month of age; the rate of early initiation of breastfeeding is lower among children born with delivery assistance by health professionals and born in a health facility than among children whose birth was attended by someone else and at home.
- Lack of funding to implement the national policies and plans on breastfeeding and infant nutrition;
- Lack of funding allocated to the National Breastfeeding Committee (CONALMA);
- Only few provisions of the International Code of Marketing of Breastmilk Substitutes are implemented and there is a lack of knowledge on the Code among health personnel resulting regular Code violations;
- Due to poor funding, training of health professionals on breastfeeding is not sufficient and depends on international cooperation;
- Maternity leave is only 12 weeks (of which 6 weeks after delivery); no paternity leave; many workplaces are lacking nursing areas and childcare facilities;
- No preparedness plan ensuring the protection and support of breastfeeding in emergencies.

***Our recommendations** include:*

- **Raise awareness among the population on optimal breastfeeding practices** with particular focus on regions with low breastfeeding rates;
- **Allocate sufficient human, technical and financial resources to fully implement the national policies and plans** related to breastfeeding and infant nutrition;
- Provide sufficient funding in order to **make the CONALMA fully operational;**
- Review the national legislation to ensure that **all the provisions of the Code and subsequent WHA resolutions are implemented**;
- **Establish a monitoring mechanism to track and sanction Code violations**, with particular focus on health facilities;
- Set up **regular and comprehensive training of health professionals on breastfeeding**, including training on HIV and infant and young child feeding (IYCF) and ensure that all health curricula include IYCF and breastfeeding by coordinating all the bodies in charge of such trainings;
- **Implement the BFHI throughout the country, increasing the number of certified facilities** and setting up a process of re-certification for the ones that are already certified;
- **Extend the duration of the maternity leave** and consider the provision of a paternity leave; make the necessary arrangements to **allow women workers to breastfeed in the workplace**;
- In coordination with the Permanent Commission of Contingencies (COPECO), **develop an preparedness plan to ensure protection and support of breastfeeding in emergencies**; disseminate materials on infant feeding in emergencies.

1) General situation concerning breastfeeding in Honduras

WHO recommends: 1) **early initiation of breastfeeding** (within an hour from birth); 2) **exclusive breastfeeding** for the first 6 months; 3) **continued breastfeeding** for 2 years or beyond, together with adequate and safe complementary foods.[3]

Despites these recommendations, 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 breast milk
- ***Continued breastfeeding at 2 years:*** Proportion of children 20–23 months of age who are fed breast milk

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

General data

	2011	2012	2013
Annual number of birth, crude (thousands)[4]	-	207.8	-
Birth rate, crude (per 1,000 people)[5]	26	26	-
Neonatal mortality rate (per 1,000 live births)[6]	12	12	12
Infant mortality rate (per 1,000 live births)[7]	20	20	19
Under-five mortality rate (per 1,000 live births)[8]	24	23	22
Maternal mortality ratio (per 100,000 live births)[9]	-	-	120
Delivery care coverage (%)[10]:			
Skilled attendant at birth	82.9	82.9	-
Institutional delivery	82.7	82.7	-
C-section	18.6	18.6	-
Stunting (under 5 years)	22.6%	22.6%	-
Chronic malnutrition	23%	23%	-

[3] www.who.int/topics/breastfeeding/en/
[4] UNICEF country statistics, available at: www.unicef.org/infobycountry/honduras_statistics.html
[5] World Bank data, available at: http://data.worldbank.org/indicator/SP.DYN.CBRT.IN
[6] Data for the years 2010-2013 are estimations from the UN Inter-agency Group for Child Mortality Estimation (IGME), 2014, available at: www.childmortality.org
[7] Idem
[8] Idem
[9] World Bank data, available at : http://data.worldbank.org/indicator/SH.STA.MMRT/countries
[10] UNICEF country statistics, see above

Breastfeeding data

	2001[11]	2005-2006[12]	2011-2012[13]
Early initiation of breastfeeding (within one hour from birth)	48.9%	79%	64%
Children exclusively breastfed (0-5 months)	34.9%	29.7%	31.2%
Children ever breastfed	96%	95%	96%
Introduction of solid, semi-solid or soft foods (6-8 months)	59.4%	68.6%	69.6%
Breastfeeding at 20-23 months	33.5%	47.5%	43.3%
Mean duration of any breastfeeding (in months)	17.6	18.8	18.7
	2001	2005-2006	2011-2012
Median duration of any breastfeeding (in months)	-	19.2	19.0
Mean duration of exclusive breastfeeding (in months)	2.3	2.5	2.5
Median duration of exclusive breastfeeding (in months)	-	0.6	0.7

Early initiation of breastfeeding

Breastfeeding is quite widespread in Honduras. 96% of children born in the two years prior to the survey (ENDESA 2011-2012) were ever breastfed with no differences between population subgroups, although this percentage decreases with mother's education and wealth quintile. However, there was a **decline in the early initiation of breastfeeding rate between 2005 (79%) and 2012 (64%)**. Indeed, **almost 64% of babies are not breastfed within one hour after birth**, although this figure rises to 86% when evaluating the initiation of breastfeeding within the first day after birth.

Early initiation of breastfeeding within one hour is higher in rural areas than in urban areas (70% and 57% respectively). Mothers with less education began early initiation to breastfeeding within one hour in a greater proportion than those with higher education (76% and 41% respectively). This difference is smaller for the initiation of breastfeeding within the first day.

Concerning regional disparities, the lowest rates of early initiation of breastfeeding are registered in the Bay Islands, Francisco Morazán and Atlantis departments (53%, 53% and 54%, respectively). The departments with the highest percentages are Intibucá (81%), Copán (78%), Olancho (74%) and La Paz (73%). **The proportion of children breastfed within the first hour is lower among children born with delivery assistance by health professionals and born in a health facility** (63% and 61% respectively) **than among children whose birth was attended by someone else and at home** (84% and 82% respectively).

Exclusive breastfeeding under 6 months

Although there has been an improvement in the rate of exclusive breastfeeding under 6 months between 2005/2006 and 2011/2012, to date, **almost 7 children out of 10 are not exclusively breastfed until 6 months of age**. The mean and median duration of exclusive breastfeeding figures

[11] Honduras Reproductive Health Survey (ENESF) 2001, available at: http://stacks.cdc.gov/view/cdc/8253
[12] Honduras Demographic and Health Survey (ENDESA) 2005-2006, available at : http://dhsprogram.com/pubs/pdf/FR189/FR189.pdf
[13] ENDESA 2011-2012, available at : http://dhsprogram.com/pubs/pdf/FR274/FR274.pdf

are low (2.5 and 0.7 months respectively) and show that there is room for improvement in terms of breastfeeding practices.

Bottle feeding

Among children under two months who are breastfed, 34% are also fed with infant formula, 9% with other milks, 10% with other liquids and 1% with other solid or semi-solid food. **Almost half of children under 6 months of age are bottle-fed**.

2) Government measures to protect and promote breastfeeding

Adopted in 2002, the ***Global Strategy for Infant and Young Child Feeding*** defines 9 operational targets:

1. Appoint a **national breastfeeding coordinator** with appropriate authority, and establish a multisectoral **national breastfeeding committee** composed of representatives from relevant government departments, non-governmental organisations, and health professional associations.

2. Ensure that every facility providing maternity services fully practises all the **"Ten steps to successful breastfeeding"** set out in the WHO/UNICEF statement on breastfeeding and maternity services.

3. Give effect to the principles and aim of the **International Code of Marketing of Breastmilk Substitutes** and **subsequent relevant Health Assembly** resolutions in their entirety.

4. Enact imaginative **legislation protecting the breastfeeding rights of working women** and establish means for its enforcement.

5. Develop, implement, monitor and evaluate a com**prehensive policy on infant and young child feeding**, in the context of national policies and programmes for nutrition, child and reproductive health, and poverty reduction.

6. Ensure that the health and other relevant sectors **protect, promote and support** exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require – in the family, community and workplace – to achieve this goal.

7. Promote timely, adequate, safe and appropriate **complementary feeding with continued breastfeeding**.

8. Provide guidance on feeding infants and young **children in exceptionally difficult circumstances**, and on the related support required by mothers, families and other caregivers.

9. Consider what **new legislation or other suitable measures may be required**, as part of a comprehensive policy on infant and young child feeding, to give effect to the principles and aim of the International Code of Marketing of Breastmilk Substitutes and to subsequent relevant World Health Assembly resolutions.

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, as well as indirect influence through the public health system, submerge mothers with **incorrect, partial and biased information**.

The International Code of Marketing of Breastmilk Substitutes (the International 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 International Code in national legislation, the implementation and enforcement are suboptimal, and violations persist.

National policies

The government has designed several policies to promote, protect and support optimal infant and young child feeding, under the Ministry of Health (MoH)[14]. There used to be a national breastfeeding component, attached to the **National Programme for Nutrition and Food Security (PNSAN)** of the MoH, where actions and activities for the protection, promotion and support of breastfeeding were carried out, in a coordinated strategy with the National Breastfeeding Committee (CONALMA) and with technical assistance from IBFAN. Specific funding was not available for this component and its activities were thus carried out thanks to external funding. Today, the National Directorate for Standardization is responsible for some of the components and activities covered by the PNSAN.

Also, the MoH has promoted breastfeeding as a public policy priority and, through a monitoring and evaluating plan called the **Accelerated Maternal and Child Mortality Reduction (RAMNI)**[15], it has designed a policy framework that is beneficial to integrated child health. The RAMNI includes updated standards and protocols to reduce maternal and child mortality, and it is integrated by the **National Nutrition and Food Security Policy** with its strategic plan for 2010-2022[16], the **2005 National Nutrition Policy** and the **2005 National Maternal and Child Policy**[17]. Although such regulatory framework is well-intentioned, there are some difficulties for its full implementation, resulting in a wide range of institutional weaknesses.

Other actions and strategies implemented by the MoH to promote breastfeeding include:

- The Integrated Management of Child Illnesses (AIEPI)[18]
- The Integrated Child Care in the Community (AIN-C)[19]
- The establishment of the National Breastfeeding Committee[20]

Promotion campaigns

The activities of breastfeeding promotion are planned according to the **National Breastfeeding and Complementary Feeding Plan 2009-2013**[21], but **due to a lack of funding, it was not possible to implement all the activities that had been designed**.

Besides that, Honduras celebrates every year the **World Breastfeeding Week**, promoting breastfeeding through conferences, parades, art exhibitions and similar initiatives.[22]

The International Code of Marketing of Breastmilk Substitutes

[14] www.salud.gob.hn/index.html
[15] The document is available at : www.paho.org/hon/index2.php?gid=225&option=com_docman&task=doc_view
[16] www.gafspfund.org/sites/gafspfund.org/files/Documents/5.%20Honduras_strategy.pdf
[17] Politica Materno Infantil, 2005, available at: www.bvs.hn/Honduras/salud/atencion.integral.a.la.mujer.pdf
[18] AIEPI is a strategy created jointly by UNICEF and PAHO/WHO, a brief description of the strategy can be found at: www.hucaribe.gov.co/novedades/aipei.pdf
[19] AIN-C Honduras was created in 1990 in Honduras and was then implemented by other countries in the region: http://siteresources.worldbank.org/INTLACREGTOPNUT/Resources/V.Alvarado-HistoriayPrincipiosAIN-C.pdf
[20] See *Monitoring* paragraph
[21] http://pesquisa.bvsalud.org/portal/resource/pt/lil-705211
[22] For more information on the 2014 WBW in Honduras see: www.ibfan-alc.org/SMLM/SMLM2014/informes/SMLM2014_Honduras-oficial.pdf

The Code is implemented in Honduras through the **Law on breastfeeding protection, promotion and support of September 2013**[23]. However, **only some provisions of the Code are included in the above-mentioned law** and the subsequent WHA resolutions are all excluded.[24]

With the technical support of IBFAN, three evaluations on the Code implementation have been carried out in Honduras (2000/2001, 2005, 2012) and the results showed that companies selling breastmilk substitutes in the country do not respect the Code provisions, highlighting the **need for a more regular and systematic monitoring activity**.

Monitoring

The **National Breastfeeding Committee (CONALMA) was reactivated in 2011**[25], during the World Breastfeeding Week celebrations, as a consultative inter-institutional Committee involved in the process of advising and providing technical assistance to the promotion and support of breastfeeding. It was created under the MoH and it is composed by representatives of government bodies, NGOs, international organizations, human resources training institutions and professional associations[26].

Courses / Training of Health Professionals

Every year, during the World Breastfeeding Week, update courses are provided for health professionals and staff at first, second and third level. Additionally, the CONALMA conducts training workshops on breastfeeding for leading teams of health units financed by INCAP, PAHO and UNICEF. However, the **implementation of this initiative is not sustainable as it depends on resources of international cooperation**.

As for the staff working in health and nutrition care, it has been documented that their curricula is often weak. **Many workers in the field of health and nutrition lack the skills for counseling on infant and young child feeding**, which is key to achieve successful breastfeeding.

In 1993, as part of the breastfeeding component of the mother and child care, **two training centers for breastfeeding** were created with the task of coordinating training activities in the health regions. One center was created within the Teaching Hospital (Tegucigalpa) and was in charge of training personnel in the hospitals of the southern and central regions; the other center was created within the Catarino Mario Rivas Hospital (San Pedro Sula) and was responsible for training personnel in the hospitals of the northern and western regions. Neither of the two centers is currently working as it was originally conceived, however they both coordinate their work with the Mario Catarino Rivas Hospital to support training activities to health staff organized by the Ministry of Health. The center that was created within the Teaching Hospital became a support unit for mothers with breastfeeding problems, at Tegucigalpa level.

[23] Ley de Fomento y Protección de la Lactancia Materna, Decreto No. 231-2013, available at: www.cepal.org/oig/doc/LeyesCuidado/HND/2013_D231_HND.pdf
[24] WBTi, Informe Nacional República de Honduras, 2014, available at : www.worldbreastfeedingtrends.org/report/WBTi-Honduras-2014.pdf
[25] www.paho.org/Hon/index.php?option=com_content&view=article&id=485:se-reactiva-conalma&Itemid=227
[26] WBTi, Informe Nacional República de Honduras, 2014, see above.

Moreover, the MoH is implementing the **Neonatal Obstetrical Care** initiative (iniciativa *Cuidados Obstétricos Neonatales - CONE*), with the aim of improving and enhancing the knowledge and skills of the health staff working in neonatal care. This initiative includes training on breastfeeding and is implemented through specialized training centers located in 9 health regions/departments in the country.[27]

As for the information given, Honduras' health staff is provided with several training services coming from different bodies. Therefore, **the lack of knowledge or skills on breastfeeding may be the result of poor coordination of the bodies providing the training services, and weak management of funding for this purpose**. Therefore, a better coordination at national level so that training could cover all the health regions and all staff working in maternities – with initial training as well as in-service training – would be welcome.

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.

The first "baby-friendly" hospital in Honduras was certified in 2000. As of 2014, **14 hospitals out of 24 were certified as "baby-friendly"**, which corresponds to 58% of the total health facilities providing maternity services in the country[28].

In 2013, an update course on the BFHI was organized for the evaluators in charge of monitoring the respect of the BFHI standards by hospitals and maternities. Also, a 20-hour specific course was designed for the health staff working in the maternities of the certified facilities[29].

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

[27] WBTi, Informe Nacional República de Honduras, 2014, see above
[28] WBTi, Informe Nacional República de Honduras, 2014, see above
[29] Idem.

collective responsibility. Therefore, States should adopt and monitor an adequate policy of maternity protection in line with ***ILO Convention 183 (2000)***[30] that facilitate six months of exclusive breastfeeding for women employed in all sectors, and facilitate workplace accommodations to feed and/or to express breastmilk.

Maternity protection for working women is regulated by several acts and regulations.[31]

It is important to note that in Honduras, many households are headed by women.

Percentage of female-headed households by area of residence[32]	
Rural area	**31.7**
Urban area	**20.2**
National level	**26.0**

Maternity leave

Scope: The provisions of maternity protection provided by the *Labour Code* apply to all the establishments as well as to all natural persons in Honduras, with the sole exceptions of livestock farming establishments with less than 10 employees, civil servants and the persons or establishments expressly excluded. **Women working in the informal sector are not entitled to any maternity protection**.

Duration: The Labour Code (Art. 135)[33] provides for a paid maternity leave of **10 weeks**/70 days (4 weeks before and six weeks after delivery). However, workers are entitled to a **maximum of 12 weeks**/84 days (42 days before to 42 days after delivery) under article 68 of the General Regulations of the Social Security Act[34]. The compulsory leave remains 10 weeks.

Extension: A woman worker is entitled to take up to 3 months paid leave for illness resulting from pregnancy or birth. She has to present a medical certificate. In case she continues to be incapacitated to perform work for more than 3 months after delivery and arising from an *illness* due to the pregnancy or confinement, she shall be entitled to enjoy unpaid leave as long as necessary for her recovery.

Benefits: Maternity leave corresponds to 100% of the employee's salary and it is paid by the Social Security (two thirds of salary) and by the employer (one third of the salary), under article 67 of the Social

[30] ILO, C183 - Maternity Protection Convention, 2000 (No. 183)

[31] Decree No. 189 promulgating the Labour Code, 1959 ; Decree No. 169 promulgating the Social Security Act, 1957; General Regulations of the Social Security Act, 2005; Women's Equality of Opportunities Act, 2000; Regulation of Application of the Social Security Act; Regulation of the Women's Equality of Opportunities Act, 2008; Regulation for the Application of the Social Security Act, 1971 ; Regulation for the Special Status of Domestic Workers and Progressive Affiliation to the Social Security System, 2008; Regulation for the Extension of the Certificate for Temporary Incapacity, 2005. Source: ILO database, 2011, available at www.ilo.org/dyn/travail/travmain.byCountry2

[32] Source: ENDESA 2005-2006

[33] **Artículo 135** - *Toda trabajadora en estado de gravidez gozara de descanso forzoso, retribuido del mismo modo que su trabajo, durante las cuatro (4) semanas que precedan al parto y las seis (6) que le sigan, y conservara el empleo y todos los derechos correspondientes a su contrato de trabajo si se tratare de un salario que no sea fijo, como en el caso de trabajos a destajo o por tarea, se tomará en cuenta el salario promedio devengado por la trabajadora en el último año de servicio, o en todo el tiempo si fuere menor […].* The Labour Code is available at: www.ilo.org/dyn/travail/docs/928/Labour%20Code.pdf

[34] The General Regulations of Social Security Act is available at: www.ilo.org/dyn/travail/docs/930/Reglamento%20General%20de%20la%20%20Ley%20del%20IHSS.pdf

Security Act. If the concerned salary is not fixed, as in the case of piecework or task work, the maternity benefit will correspond to the average wage earned by the employee in the last year of service, or in any shorter lapse of time, if working for less than one year.

Breastfeeding breaks

A woman worker is entitled to **two paid breaks of 30 minutes each per day** to feed her child, to be taken one in the morning and one in the afternoon **until the child is 6 months old**, under the Labour Code (art. 140).

Breastfeeding facilities: Employers employing more than 20 women shall provide suitable premises where mothers can safely feed their children (under 3 years old) and where they can leave them during working hours.

If the employer fails to comply with the obligation to provide paid breaks, as provided in articles 135 and 137 of the Labour Code, the employee is entitled to double compensation for the breaks that have not been granted (art. 146).

Comments

Workplaces do not provide nursing rooms or areas where mothers can express breastmilk or leave their children while working, although such provisions are included in the above-mentioned legislation.[35]

The Ministry of Labour has prepared two draft laws to **reform the Labour Code** with the aim, among others, of enhancing the maternity protection in the country **through the extension of maternity leave after delivery and the provision of a paternity leave**. Unfortunately, such draft laws **cannot be adopted because of a strong opposition apparently coming from the trade unions**, which are afraid that this will undermine some of their achievements.[36]

Honduras has not ratified **the ILO Maternity Protection Convention, 2000 (No. 183).**

5) HIV and infant feeding

The HIV virus can be passed from mother to the infant though pregnancy, delivery and breastfeeding. The *2010 WHO Guidelines on HIV and infant feeding*[37] call on national authorities to recommend, based on the AFASS[38] assessment of their national situation, either breastfeeding while providing antiretroviral medicines (ARVs) or avoidance of all breastfeeding. The Guidelines explain that these new recommendations do not remove a mother's right to decide regarding infant feeding and are fully consistent with respecting individual human rights.

[35] WBTi, Informe Nacional República de Honduras, 2014, see above
[36] WBTi, Informe Nacional República de Honduras, 2014, see above.
[37] *WHO Guidelines on HIV and infant feeding, 2010. Available at*: http://whqlibdoc.who.int/publications/2010/978921599535_eng.pdf
[38] Affordable, feasible, acceptable, sustainable and safe (AFASS)

Honduras has an estimated HIV prevalence of 0.7%, according to data provided by the STI/HIV/AIDS Department of the MoH, as of 2013. According to UNICEF, in the same year, the HIV prevalence in the adult population (aged 15-49) was 0.5%, with an estimated number of **less than 500 pregnant women living with HIV** [39].

Specific counseling on infant feeding is offered to HIV-positive mothers and includes:

- Benefits and risks of breastfeeding and artificial feeding (breastmilk substitutes);
- Alternative feeding, so that the mother can feed her baby effectively and safely according to the circumstances;
- Guidelines on good hygiene practices when preparing and consuming foods to prevent contamination and infections.

If the mother, after the counseling process, chooses not to breastfeed, extra-counseling will be provided on breastmilk substitutes:

- How it is culturally acceptable that the mother feeds her baby with breastmilk substitutes;
- How to ensure a safe preparation of breastfeeding substitutes;
- How to feed the baby in adequate quantity and with sufficient frequency;
- How to make this feasible, with adequate supplies for the preparation of foods;
- How to maintain this type of feeding sustainably, for the necessary amount of time and without interruption.

In 2014, the MoH developed the **Technical Health Standards (NTHSS 04:2014)**[40], where it is specifically mentioned that counseling should be provided to VIH-positive women about proper infant and young child feeding choices, based on the content of the **Guidelines on the Prevention of Mother-to-Child Transmission issued in 2008**.[41] The NTHSS 04:2014 is currently open to public consultation in Honduras, until April 2015.

6) Infant feeding in emergencies (IFE)

In 2007, the IFE Core group developed an Operational Guidance on Infant and Young Child Feeding in Emergencies that aims to provides a "concise practical but mainly non technical guidance on how to ensure appropriate infant and young child feeding in emergencies".[42] In 2014, the NGO Action Contre la Faim issued guidelines on breastfeeding/infant and young child feeding in emergencies[43] and the Humanitarian Aid and Civil Protection Unit of the European Commission (DG ECHO) released a Guidance for programming on Infant and young children feeding in emergencies. [44]

[39] Source : UNICEF HIV/AIDS database, available at http://data.unicef.org/hiv-aids/global-trends
[40] The document is available at: www.salud.gob.hn/normasvih.html
[41] Normas de Atención Integral a la Embarazada para la Prevención de la Transmisión de VIH de Madre a Hijo/a, 2008. The document is available at : www.bvs.hn/Honduras/salud/honduras.pmtct.guidelines.2008.pdf
[42] http://www.ennonline.net/operationalguidanceiycfv2.1
43 *Baby friendly spaces, a holistic approach for pregnant, lactating women and their very young children in emergency, ACF international manual, 2014*. Available at: http://www.actioncontrelafaim.org/fr/node/100939
44 http://ec.europa.eu/echo/files/media/publications/2014/toolkit_nutrition_en.pdf

The **Law on breastfeeding protection, promotion and support of 2013**[45] **states that breastfeeding shall be supported in emergencies**, through the provision of specific nursing areas and appropriate and informed counseling (Art. 6). However, to date **there is no emergency preparedness plan ensuring the protection and support of breastfeeding** in Honduras.

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Data sourced from:

- Ministry of Foreign Affairs, Honduras
- Centre for Promotion of Human Rights Honduras
- WBTi Honduras 2014, State of the Global Strategy for Infant and Young Child
- Honduras Reproductive Health Survey, ENESF 2001
- National Demographic and Health Survey, ENDESA 2005 -2006
- National Demographic and Health Survey, ENDESA 2011- 2012
- Labour Code, 1959; General Regulations of the Social Security Act, 2005
- Statistical Record Honduras
- Nutrition Policy 2005
- Report of Monitoring Results of the International Code of Marketing of Breast Milk Substitutes 2001- 2005
- Report on the State of Human Rights in Honduras 2013
- Standards for Comprehensive Care of Pregnant Women for the Prevention of HIV Mother-to-Child Transmission
- Emergency Action Protocol, Technical Office of International Cooperation Honduras 2013

[45] Ley de Fomento y Protección de la Lactancia Materna, Decreto No. 231-2013, see above.

About the International Baby Food Action Network (IBFAN)

IBFAN is a 36-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 and its relevant resolutions of the World Health Assembly (WHA) to the fullest extent, and to ensuring that corporations are held accountable for International 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*".