

THE COMMITTEE ON THE RIGHTS OF THE CHILD

Session 80 / January 2019

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



**IBFAN**

defending breastfeeding

December 2018

**Data sourced from:**

Ministry of Health

UNAIDS

UNICEF

WBTi

WHO

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## **SUMMARY**

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

- There is a complete lack of data collection on most breastfeeding indicators; the rate of exclusive breastfeeding under 6 months is extremely low.
- The mandate of the national breastfeeding committee remains unclear.
- There is no clear strategy to inform the general public on breastfeeding;
- The ministry of health has not yet amended the Amiri Decree No 4, which fully implements the code, hence the relevant WHA resolutions are not being taken into account;
- There is a lack of coordination between the Mother and Child Health Surveillance program, in charge of monitoring national policies, and other related sectors;
- There is a lack of continuous training for private and public hospitals;
- Only 3/13 hospitals are labelled as Baby-Friendly, and no birth in such facilities was reported in 2017;
- Bahrain has not ratified ILO Convention 183 on Maternity Protection, and provides only 60 days of maternity leave;
- There is no specific program on HIV and Infant Feeding
- There is no emergency plan for Infant and Young Child Feeding at the national level.

## **Our recommendations include:**

- **Systematically collect data on breastfeeding and IYCF practices, in line with WHO definitions and indicators;**
- **Define a clear mandate for the National Breastfeeding committee and allocate sufficient funding to implement it;**
- **Implement an information campaign on breastfeeding targeted to the general public;**
- **The review of the Amiri Decree No. 4 should be expedited and include relevant WHA resolutions;**
- **Revise and allocate adequate funding to the MCH Surveillance program to increase its efficiency;**
- **Ensure continuous training on IYCF best practices for healthcare professionals both in public and private facilities;**
- **Organize a national monitoring mechanism for the BFHI and take action to increase the number of BFHI facilities;**
- **Ratify ILO Convention 183 and ensure that migrant domestic workers and women working in the informal sector also benefit from maternity protection;**
- **Implement the WHO updated guidelines on HIV and Infant Feeding (2016);**
- **Use the Operational Guidance on Infant Feeding in Emergency as a basis for developing an operational emergency response plan that ensures an adequate protection of Breastfeeding.**

## 1) General Points Concerning reporting to the CRC

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In 2019, the CRC Committee will review Bahrain’s combined 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> periodic report.

At the last review in 2011 (session 57), the CRC Committee referred specifically to breastfeeding in its [Concluding Observations](#), regretting “*the absence of systematic data collection on breastfeeding, as well as the lack of breastfeeding promotion and facilities in workplaces*” (§57). The Committee thus recommended that Bahrain “***establish a National Breastfeeding Committee and systematically collect data on practices ensuring the enforcement of the International Code of Marketing of Breast-Milk Substitutes. The State party should also promote baby-friendly hospitals and encourage breastfeeding in the training of nurses. Moreover the Committee encourages the State party to take special measures to facilitate breastfeeding in the work-place.***” (§58)

## 2) General situation concerning breastfeeding in Bahrain

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### General data

	2014	2015	2016
Birth rate, crude (thousands)	15.4	15.1	14.8
Neonatal mortality rate (per 1,000 live births) <sup>1</sup>	3.1	3.1	3.1
Infant mortality rate (per 1,000 live births) <sup>2</sup>	6.7	6.6	6.5
Under-5 mortality rate (per 1,000 live <sup>3</sup> births)	7.8	7.7	7.6
Maternal mortality ratio (per 100,000 live births) <sup>4</sup>		15	
<i>Delivery care coverage (%):</i>			
Skilled attendant at birth <sup>5</sup>	99.8	99.7	No data
Institutional delivery <sup>6</sup>	98*	No data	No data
C-section <sup>7</sup>	No data	No data	No data
Stunting (under 5 years) <sup>8</sup>	No data	No data	No data

<sup>1</sup> Data retrieved from UNICEF: <http://data.unicef.org/>

<sup>2</sup> See above

<sup>3</sup> See above

<sup>4</sup> See above

<sup>5</sup> See above

<sup>6</sup> This data was collected in 2008 and has not been updated since. (Source: UNICEF)

<sup>7</sup> The latest data available was collected in 1995, when 16% of births were C-Sections (Source: UNICEF).

<sup>8</sup> The latest data available was collected in 1995, when 13.6% of children suffered from Stunting (Source: UNICEF)

Wasting (under 5 years) <sup>9</sup>	No data	No data	No data
Overweight (under 5 years) <sup>10</sup>	No data	No data	No data

**Breastfeeding data**

	2014	2016	2017
Early initiation of breastfeeding (within one hour from birth) <sup>11</sup>	No data	No data	No data
Exclusive breastfeeding under 6 months <sup>12</sup>	30%	No data	No data
Introduction of solid, semi-solid or soft foods (6-8 months) <sup>13</sup>	98.6%	No data	No data
Bottle-feeding <sup>14</sup>	28.1%	No data	No data
Continued breastfeeding at 2 years	No data	No data	No data
Median duration of breastfeeding <sup>15</sup>	No data	No data	No data

As the data shows, the Kingdom of Bahrain has made progress regarding Child Health over the past years, as neonatal, infant and under-5 mortality rates steadily declined. This is a consequence of the ministry of health’s priority: to provide the maximum levels of health care including primary health care, especially for children below six years of age.<sup>16</sup> Nevertheless, the lack of data on breastfeeding remains concerning and the few data available show an **extremely low rate of exclusive breastfeeding under 6 months**. It remains complicated to draw conclusions on recent progress regarding early initiation of breastfeeding, exclusive breastfeeding under 6 months and continued breastfeeding at 2 years.

<sup>9</sup> The latest data available was collected in 1995, when 6.6% of children suffered from Wasting (Source: UNICEF)

<sup>10</sup> The latest data available was collected in 1989, when 7.5% of children were overweight (Source: UNICEF)

<sup>11</sup> The latest data available was collected in 2000, when 39.8% of children were breastfed within one hour of birth. (Source: MUSAIGER AO(1), ABDULKHALEK N, Nutr Health. 2000;14(4):257-63. *Breastfeeding and weaning practices in Bahrain: the role of mothers' education.*)

<sup>12</sup> Gharib N, Al-Salehi S, Al-Amer M. "Assessment of Breastfeeding Status in Bahrain document under progress 2012 and 2014". Nutrition Section, Ministry of Health, Bahrain.

<sup>13</sup> Gharib N, Al-Salehi S, Al-Amer M. "Assessment of Breastfeeding Status in Bahrain document under progress 2012 and 2014". Nutrition Section, Ministry of Health, Bahrain.

<sup>14</sup> Gharib N, Al-Salehi S, Al-Amer M. "Assessment of Breastfeeding Status in Bahrain document under progress 2012 and 2014". Nutrition Section, Ministry of Health, Bahrain.

<sup>15</sup> The latest data available was collected in 2002, when the median duration was 7.6 months. (Al-Sairafi M., Al-Dallal Z., Moosa K. Breastfeeding Patterns and Practices in the Kingdom of Bahrain (Children Aged 0–24 Months) Ministry of Health; Juffair, Kingdom of Bahrain: 2002.)

<sup>16</sup> Bahrain’s WBTi, 2015 p.7

## **Main causes of death among infants and children**

In 2016, the main cause of death among children under 5 years of age was pre-term birth (34.5%) and congenital problems (34.5%), while Pneumonia and Diarrhoea accounted for 1.9% and 0.3% of under-5 deaths respectively.

## **3) Government efforts to encourage breastfeeding**

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### **National policies<sup>17</sup>**

In an effort to improve breastfeeding rates in the 1990s, the Bahraini government developed a policy to support breastfeeding: the Amiri Decree No.4 (1995), which concerns the control and use of Marketing and Promotion of Breastmilk Substitutes. This decree was then followed in 1996 by Ministerial order No. 5 which established a national committee for Breastfeeding. The committee was re-organized in 2008 and 2011, but it remains unclear what its mandate is and whether it meets regularly.

### **Information campaigns<sup>18</sup>**

The MCH department of the ministry of health is in charge of the Information, Education and Communication (IEC) strategy on IYCF. Nevertheless, information is distributed mainly within the government and there is no clear strategy to inform the general public, especially adolescents. The world Breastfeeding Week is celebrated in Bahrain, but it is unclear whether the government organized specific events/activities around it. **It is necessary that breastfeeding promotion activities directed to the wider public be implemented in Bahrain.**

There also exists Mother Support Groups (MSG) in Bahrain, which are run by volunteers. However, there are too few volunteers in the country due to a lack of understanding of what the role would entail. Additionally, the existing volunteers are not often adequately trained. **More awareness should therefore be raised** among the public on the role of volunteers in MSG and training should be provided to ensure that the volunteers play their role in supporting maternity programs.

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<sup>17</sup> Sources WBTi: Constitution of Bahrain and MOH; Amiri Decree law No. 4, 1995 Concerning the control on the use, Marketing and Promotion of Breast Milk Substitutes; Ministerial order No. 5 /1996 for establishing national committees for Breastfeeding; Ministerial order No.12/2008 to re-organizing Breastfeeding committee; Ministerial order No.2/2011 to re-organizing Breastfeeding committee

<sup>18</sup> Sources WBTi: personal communications with: OBS and GYN department/Salmaniya Medical Complex; MCH department/ Ministry of Health.

### **The International Code of Marketing of Breastmilk Substitutes<sup>19</sup>**

As previously mentioned, Bahrain implemented the Code through the Amiri Decree No 4 on Monitoring, Use, Marketing and Promotion of breastmilk substitutes (1995). This law was reviewed in 2012, but the decision to implement it remains under review of the legal affairs unit within the ministry of health. **Implementation of the reviewed law should be expedited. More generally, the regulations should be amended to also include all subsequent relevant WHA resolutions.**

Article 13 of the decree ensures that whoever violates the provision will be penalized by imprisonment for up to one month and a fine up to two hundred Dinars or one of these penalties. It is unclear however if anyone has ever been sanctioned under this law. **It would also be commendable to consider stricter penalties for code violators.**

### **Monitoring of national policies and legislation<sup>20</sup>**

The Mother and Child Health Surveillance program was established in 2012 and is considered the main mean to monitor national policies. Nevertheless, personal communication with the MCH department revealed that there is a lack of sustained coordination between the MCH and the related sectors. **The MCH Surveillance program should therefore be revised to increase its efficiency.**

### **Courses / Training of Health Professionals<sup>21</sup>**

The government organizes workshops for health professional relating to mother and child nutrition as well as training on the International Code of Marketing of Breastmilk Substitutes. Nevertheless, these workshops are not organized regularly; there is therefore a lack of continuous training for private and public hospitals. **It would thus be necessary to maintain a continuous training system applicable to both private and public facilities.**

## **4) Baby-Friendly Hospital Initiative (BFHI)<sup>22</sup>**

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In 2015, only 3 out of 13 (23.1%) hospitals in Bahrain were designated as “Baby Friendly.” The ten steps for successful breastfeeding have been integrated into national quality standards, as

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<sup>19</sup> Sources WBTi: *Amiri Decree: Monitoring the use, marketing, and promotion of breast-milk substitutes No 4(1995).*; *Public health (Nutrition section , Food hygiene Section).*

<sup>20</sup> Sources WBTi: personal communication with the MCH department/ Ministry of Health

<sup>21</sup> Sources WBTi: personal communications with: MCH department/Ministry of Health; College of Health Sciences; RCSI Medical University of Bahrain; Ministry of Education; OBS and GYN department/Salmaniya Medical Complex

<sup>22</sup> Sources WBTi: Breastfeeding committee; personal communications with: government and private hospitals, health centers

well as national policies, strategies and plans. Nevertheless, according to the WHO there were **no reported births in baby-friendly facilities in Bahrain in 2017.**<sup>23</sup>

It is reported that on average, 7-8 steps from the “ten steps to successful breastfeeding” are achieved in the most of the country’s hospital. However, there appears to be no monitoring system. A monitoring system could shed light on which step hospitals struggle to implement. Additionally, healthcare professionals should be encouraged to participate in international workshops on the BFHI.

## 5) Maternity protection for working women

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Women employment rate remains in lower in Bahrain, with only 31% women participating in the labor market in 2014. When it comes to non-Bahraini citizens working in the country, women account for 16% of them and are mainly domestic workers.<sup>24</sup> Maternity protection in Bahrain is regulated by the Labour Law and the Consolidated Act on Social Insurance (amended 2010).

### **Maternity leave**<sup>25</sup>

Bahrain has not ratified ILO Convention 183 on Maternity Protection. Under the Labour Law the maternity leave has a length of 60 days, of which at least 40 should be taken after the birth (Article. 32). The worker receives 100% of her salary during the full duration of the leave, paid by the Social Security System. This leave can be extended for 15 days, but without pay. **Bahrain should be encouraged to increase the length of the leave to align with international standards, guaranteeing at least 14 weeks of paid maternity leave. Additionally, maternity protection should be available also to migrant domestic workers and women in the informal sector.**

### **Paternity leave**

There is currently no legislation pertaining to paternity leave in Bahrain.

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<sup>23</sup> <http://apps.who.int/iris/bitstream/handle/10665/255197/9789241512381-eng.pdf?sequence=1>

<sup>24</sup> Danish Trade Union, 2014, Bahrain Labour Market Profile:

[http://www.ulandssekretariatet.dk/sites/default/files/uploads/public/PDF/LMP/Imp\\_bahrain\\_2014\\_final\\_version\\_revised.pdf](http://www.ulandssekretariatet.dk/sites/default/files/uploads/public/PDF/LMP/Imp_bahrain_2014_final_version_revised.pdf)

<sup>25</sup> Gifa, 2017, Legislation on maternity protection in countries belonging to the Arab World: <https://www.gifa.org/wp-content/uploads/2017/01/xxArab-World-MP-lawsxx.pdf>; Bahrain Labour Law, Title V:

<http://lmra.bh/portal/en/page/show/259>

### **Breastfeeding breaks**

Article 35 of the Labour Law ensures that the female worker should be entitled to two breastfeeding breaks of not less than one hour each until her child reaches six months old. After her child turns 6 months and until he/she turns one year old, she is entitled to two periods of half an hour to provide care for her child. These breaks are paid. Nevertheless, there are no workplace daycares throughout the country and the law is not consistently applied in the private sector.

### **6) HIV and infant feeding<sup>26</sup>**

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There are less than 200 women living with HIV in Bahrain.<sup>27</sup> Nevertheless, only 39% of them is receiving anti-retroviral therapy, and there is no data on the percentage of pregnant women living with HIV.<sup>28</sup> There is reportedly no HIV and Infant Feeding program in the country. Bahrain should therefore **implement the 2016 updated guidelines on HIV and infant feeding.**<sup>29</sup> ARV and infant feeding counselling should be provided to all HIV-positive mothers.

### **7) Infant feeding in emergencies (IFE)**

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There reportedly is no emergency plan for infant and young child feeding at the national level in Bahrain. The **Operational Guidance on Infant Feeding in Emergencies**<sup>30</sup> should be used as a basis for developing an emergency response plan that ensure an adequate protection of breastfeeding and proper management of artificial feeding.

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<sup>26</sup> Sources WBTi: personal communication with: MCH department/Ministry of Health; Nursing/ Ministry of Health

<sup>27</sup> UNAIDS, 2018 : <http://www.unaids.org/en/regionscountries/countries/bahrain/>

<sup>28</sup> See above

<sup>29</sup> [http://www.who.int/elena/titles/hiv\\_infant\\_feeding/en/](http://www.who.int/elena/titles/hiv_infant_feeding/en/)

<sup>30</sup> The last updated version of the IFE Operational Guidance was published in 2017 and is available online at: [www.enonline.net/operationalguidance-v3-2017](http://www.enonline.net/operationalguidance-v3-2017)