THE COMMITTEE ON ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN

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REPORT ON THE SITUATION OF MATERNAL HEALTH AND WORK-RELATED ISSUES IN NIGERIA

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The right to health of women through the protection, promotion and support of breastfeeding

Working women that become mothers hold a double role that is not always easy to bear. Recognizing "the great contribution of women to the welfare of the family and to the development of society [...] [and] the social significance of maternity" (CEDAW Preamble) means acknowledging that it is a collective responsibility to create an **enabling environment for women to fulfil both roles of mother and worker**. Indeed, both maternity and work are means for women's empowerment and emancipation.

Women should be given the correct information as well as the legislative and institutional support to act in their children's best interest while continue working and being active in public life. To this end, **maternity protection** at work, and **adequate paid maternity leave** in particular, are critical interventions that States have the obligation to implement in order to realize the right of women to work, and at the same time the right to health of women and their children, allowing new mothers to rest, bond with their child and establish a sound breastfeeding routine. Therefore, working mothers are also entitled to healthy surroundings at their workplace, and more specifically, to breastfeeding breaks and to breastfeeding facilities.

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, reducing postpartum bleeding, aiding the mother's recovery after birth (synchronization of sleep patterns, enhanced self-esteem, lower rates of post-partum depression, easier return to pre-pregnancy weight), offering the mother protection from iron deficiency anaemia, delaying the return of fertility thus providing 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, and decreasing the incidence of osteoporosis and the risk of ovarian-, breast- and other reproductive cancers later in life. For these reasons, **promoting, protecting and supporting breastfeeding is part of the State obligation** to ensure to women appropriate services in connection with the post-natal period and more generally, realize **women's right to health**. In addition, if a woman cannot choose to breastfeed because of external conditions, she is stripped of bodily integrity and denied the opportunity to enjoy the full potential of her body for health, procreation and sexuality. The right to breastfeed does not disappear with the fact that some women may choose alternative methods of feeding their children.

Optimal breastfeeding practices as recommended by WHO global strategy for infant and young child feeding[1] (early initiation of breastfeeding within one hour after birth, 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) also provide the key building block for child survival, growth and healthy development[2]. Enabling women to follow such recommendations means empowering them by giving them the opportunity and support to best care for their child.

Breastfeeding 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 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), in particular art. 1 and 5 on gender discrimination on the basis of the reproduction status (pregnancy and lactation), art. 12 on women's right to health and art. 16 on marriage and family life, the International Covenant on Economic, Social and Cultural Rights (CESCR), especially art. 12 on the right to health, including sexual and reproductive health, art. 11 on the right to food and art. 6, 7 and 10 on the right to work, the Convention on the Rights of the Child (CRC), especially art. 24 on the child's right to health. Adequately interpreted, these treaties support the claim that '**breastfeeding is the right of both the mother and her child, and 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 2002, Global Strategy on Infant and Young Child Feeding, http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html

[2] IBFAN, What Scientific Research Says?, http://www.ibfan.org/issue-scientific-breastfeeding.html

General situation concerning breastfeeding in Nigeria

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.

General data

	2013	2014	2015
Annual number of birth, crude (thousands)	-	-	7'133
Neonatal mortality rate (per 1,000 live births)	35.8	35.0	34.3
Infant mortality rate (per 1,000 live births)	73.8	71.5	69.4
Under-5 mortality rate (per 1,000 live births)	116.6	112.5	108.8
Maternal mortality ratio (per 100,000 live births)	-	-	814
Delivery care coverage:			
Skilled attendant at birth	38.1%	-	-
Institutional delivery	36%	-	-
C-section	2%	-	-
Undernourished women (BMI ≤ 18)[4]	11%	-	-
Overweight or obese women (BMI ≥ 25)[5]	25%	-	-

Breastfeeding data

	2013[6]	2014	2015
Early initiation of breastfeeding (within one hour from birth)	33.2%	-	-
Exclusive breastfeeding under 6 months	17.4%	-	-
Introduction of solid, semi-solid or soft foods (6-8 months)	67.1%	-	-
Bottle-feeding (0-12 months)	16%	-	-
Continued breastfeeding at 2 years	35.3%	-	-
Median duration of breastfeeding (in months)	18.3	-	-

[3] www.who.int/topics/breastfeeding/en/
[4] Source: Nigeria Demographic and Health Survey (DHS) 2013
[5] Source: Nigeria DHS 2013
[6] Source : Nigeria DHS 2013

The government has introduced Maternal Newborn Child Health Week along with other interventions designed to encourage exclusive breastfeeding for the first six months of life, early initiation of breastfeeding with colostrum, timely and appropriate complementary feeding practices, and adequate micronutrient intake (particularly twice-a-year vitamin A, iron, iodine, and zinc supplementation and deworming for children above the age of 12 months). These key nutrition-specific interventions were designed to be scaled up in health facilities across the nation (National Primary Healthcare Development Agency, 2012).[7]

Nonetheless, **the main breastfeeding indicators are dramatically low in Nigeria**, as well as the percentages of delivery care (skilled attendance at birth and institutional delivery). As it will be explained in the following sections, the challenges in acting the existing policies, the inadequate training of health staff, as well as the poor implementation of the Baby.-Friendly Hospitals Initiative are among the main causes of such low rates. The lack of dedicated resources is another challenge in Nigeria and it has a direct impact on the worrying situation of maternal and child health in the country. **Maternal and infant mortality are also extremely high and that is where increasing the breastfeeding rates can make the difference.**[8]

1) 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 collective responsibility. States should adopt and monitor an adequate policy of maternity protection in line with ILO Convention 183 (2000)[9] that facilitates six months of exclusive breastfeeding for women employed in all sectors, and facilitate workplace accommodations to feed and/or to express breastmilk.

Maternity leave

Scope: All female workers. The Public Service Rules cover instead only women working in the public sector.

Duration: **12 weeks** according to the Nigerian Labour Act; **16 weeks** for employees working in the public sector.

Benefits: They are determined by the terms in the contract of employment. However, the Labour Act provides that they must amount to not less than 50% of wages.

Paternity leave: There is no mention of paternity leave

Breastfeeding breaks: Nursing mothers are allowed half an hour twice a day during their working hours to attend to their baby. It is not clear if those breaks are paid or not.

[7] Source : Nigeria DHS 2013

[8] The clear connection between breastfeeding and maternal and infant mortality has been reiterated recently in *the Lancet Series* on Breastfeeding, 2016: "The deaths of 823 000 children and 20 000 mothers each year could be averted through universal breastfeeding"

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

The Nigerian Labour Act and the Public Service Rules provide for the protection of a woman during pregnancy. However, while the Public Service Rules have been revised to include the 16 weeks maternity leave, the Law has not been revised to adopt the 16 weeks. Some States of the Federation have extended the duration of maternity leave up to 6 months after delivery and have provided for one week paternity leave with pay. **There are no incentives for workers in the private and informal sector to comply with these laws.**[10]

Nigeria has not ratified the ILO Convention 183 (2000) on Maternity Protection.

2) International Code of Marketing of Breastmilk Substitutes

Evidence clearly shows that a great majority of women 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 women 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.

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The International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA Resolutions have been integrated in Nigeria's law as *NAFDAC ACT (as amended) Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales,Etc.) Regulations 2005*[11]. **However, the Act has not been updated to include relevant WHA resolutions adopted after it was enacted in 2005.** The country has developed information and training materials on the Code. The NAFDAC which was assigned the duty of Code enforcement has developed materials for monitoring compliance and has trained some field officers to enforce the Code. Infant food manufacturers and distributors, through appropriate sanctions are being made to comply with National Regulations.[12]

3) Baby Friendly Hospital Initiative (BFHI) and training of health workers

[10] Nigeria WBTi report (2015). The full report is available at www.breastfeedingtrends.org

[11] The National Agency for Food and Drug Administration and Control (NAFDAC) Act on Marketing of Infant and Young Children Food and other Designated Products, (2005) is available at: www.nafdac.gov.ng/images/MARKETING_OF_INFANT__YOUNG_CHLDREN_FOOD__OTHER_DESIGANTED_PRODUCTS_REG_SALES_ETC._REGULATIONS_2005.pdf

[12] Information sourced from the Nigeria WBTi report of 2015.

Lack of support for women to breastfeed 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 to women appropriate services in connection with pregnancy, confinement and the post-natal period*"[13], including 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.

In Nigeria, only 95 out of 25'000 total hospitals (both public & private) and maternity facilities offering maternity services have been designated or reassessed as "Baby Friendly" between 2010 and 2015 (0.004 %). The World Breastfeeding Trends Initiative report of 2015 explains this low figure: the main problem in maintaining the Baby-Friendly status is due to the fact that the previously designated facilities were not regularly reassessed and those that were re-assessed failed to qualify for re-designation. The National IYCF monitoring tools do not contain sufficient indicators to monitor BFHI-related activities. As of 2015, no strategy was in place to improve the implementation of the BFHI and increase the number of Baby-Friendly facilities.

For what concerns the training of health personnel, it is reported that some training for health workers on IYCF exists and it has been included in the pre-service curricula in some training institutions. However, **the number of trained staff is still inadequate, some training institutions did not integrate IYCF in their courses, and the IYCF materials do not contain enough information on the International Code of Marketing of Breastmilk Substitutes**.

4) 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*[14] call on national authorities to recommend, based on the AFASS[15] 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.

There are no data available on the number of pregnant women living with HIV in Nigeria, nor on the estimations of the children newly infected with HIV. The policies on HIV and infant feeding are updated and in line with the international Guidelines on IYCF in cases of HIV. There are specific courses on HIV and infant feeding for the health staff and community workers, as well as counselling services for HIV-positive mothers. Still, the full implementation of the above-mentioned policies remains challenging. For instance, the module on HIV and infant feeding is an optional module in the IYCF training packages

[13] CEDAW, art. 12.2
[14] *2010 WHO Guidelines on HIV and infant feeding*: http://whqlibdoc.who.int/publications/2010/9789241599535_eng.pdf
[15] Affordable, feasible, acceptable, sustainable and safe (AFASS)

provided in the training institutions and at community level. This leads to insufficient trained personnel and therefore inadequate skilled support to HIV-positive mothers who need to make feeding choices.

5) 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.

- 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 Health Assembly resolutions.

Nigeria can count with several policies and programmes specifically targeting IYCF and breastfeeding: Federal Ministry of Health-National Breastfeeding Policy, 1992; Federal Ministry of Health-National Policy on Infant and Young Child Feeding in Nigeria, 2007; National Policy on Infant and Young Child Feeding, 2011; National Strategic Plan of Action for Nutrition (2014 – 2019).

However, as explained previously, the implementation of such policies and action plans has not been always successful. For instance, not all the goals proposed in the National Plan of Action were achieved[16]

[16] The Action Plan proposed, for example, to designate 25'000 health facilities as Baby-Friendly by 2014 and this goal was not attained.

and the policies implementation seems to find obstacles in the poor intersectoral cooperation and funding. This lack of resources creates also insufficient capacity and staff for IYCF policies implementation. **Some additional resources should be specifically allocated for the implementation of the IYCF policies and programmes.** There is no mention of an existing National Breastfeeding or IYCF Committee.

As for the Information, Education and Communication (IEC) strategy on IYCF, the Nigerian government has developed several IEC materials, in various languages. Anyways, the development, production and distribution of IEC materials should become more efficient, in order to make it accessible to health workers and the general public. Other strategies for dissemination of information on IYCF should be explored and utilized. In any case, the government of Nigeria celebrates every year the **World Breastfeeding Week**, and this constitutes an important awareness-raising time for the general public to discover about the benefits of breastfeeding and optimal IYCF practices.

6) Recommendations on breastfeeding by the Committee on the Rights of the Child

The **Convention on the Rights of the Child** has placed breastfeeding high on the human rights agenda. Article 24[17] mentions specifically the importance of breastfeeding as part of the child's right to the highest attainable standard of health. Better breastfeeding and complementary feeding practices, the right to information for mothers and parents, the protection of parents by aggressive marketing of breastmilk substitute products – through the implementation of and compliance with the International Code of Marketing of Breastmilk Substitutes (WHO/UNICEF, 1981) - as well as the need for strong and universal maternity protection are now systematically discussed during State parties reviews by the CRC Committee.

At the last review in 2010 (Session 54), in its Concluding Observations, the CRC Committee expressed its concerns regarding Health and Health Services in Nigeria. In particular, the Committee mentioned the *"**continued high rate of infant, child and maternal mortality (the second-highest in the world)** and the high incidences of preventable diseases such as malaria, HIV/AIDS and diarrhea; […] the very low percentage of children who received full immunization, the rate of malnourishment, and incidences of child diseases, and the strong correlation between access to health care (including pre- and post-natal care) and the level of education and income*." (§ 59, emphasis added)

Therefore, the CRC Committee *"referring also to the recommendations by the Committee on the Elimination of All forms of Discrimination against Women (CEDAW) of 2008 (CEDAW/C/NGA/CO/6, paras. 31-34",* urged Nigeria to *[…] to strengthen the coverage of the National Immunization Programs, especially in rural areas; to consider nutrition as a national priority and to provide appropriate resources for the implementation of nutrition programmes and to ensure their full integration into government health structures; to develop ongoing efforts to **ensure community participation and ownership,***

[17] "*States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: […] (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents."* Art 24.2 (e), CRC

especially parents, regarding pre- and post-natal care, child health, nutrition and family planning*; to* ***address the correlation between access to health care and girls' education, with a view to combat maternal mortality and empower women in decision-making concerning their health care****; […] to fulfil its commitment, as set out in the 2006 WHO Regional Committee for Africa resolution "Health Financing: A Strategy for the African Region",* ***to allocate a minimum of 15 per cent of its annual budget to improve the health sector****, and continuing to seek technical cooperation and assistance from UNICEF and WHO; to* ***ensure the provision of free maternal and child health services to all states of the federation*** *and take measures to ensure nation-wide coverage of the implementation of the National Health Insurance Scheme (NHIS)."* (§ 60, emphasis added)

About the International Baby Food Action Network (IBFAN)

IBFAN is a 37-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 (International Code) and relevant resolutions of the World Health Assembly (WHA) to the fullest extent, and to ensuring that corporations are held accountable for 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".