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



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## **Obstacles and recommendations**

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

- The rate of early breastfeeding initiation is low (38.8%) and almost four children out of five are not exclusively breastfed until 6 months of age, while 7.7% of under-five children are stunted. More than 45.2% of the children under 1 month are fed with infant formula and 23.9% of the children of 4-5 months are weaned prematurely.
- Lack of data on hospitals and maternity facilities certified as “baby-friendly”.
- Not all working women are benefiting from maternity protection. Moreover, women experience occupational segregation in the country and should be more empowered.
- Lack of data on HIV/AIDS and infant feeding. In Jordan, HIV/AIDS is still stigmatized and the population does not receive adequate and comprehensive information about it.
- Even though a policy and a training programme on infant and young child feeding in emergencies have been implemented, it is not sufficient to ensure optimal breastfeeding practices in refugees’ camps. In addition, refugee women face problems to access to health care facilities. Finally, the government does not provide sufficient information on health care services in refugees’ camps.

### ***Our recommendations include:***

- Raise awareness on optimal breastfeeding practices (early initiation, exclusive breastfeeding until 6 months, complementary breastfeeding until 2 years or more) through a wide national promotion campaign aimed at the public, especially parents and caregivers.
- Accelerate the full adoption and implementation of the International Code of Marketing of Breastmilk Substitutes (and relevant WHA resolutions). Ensure effective implementation through monitoring and sanctions in cases of violations.
- Allocate funds to implement the Baby-Friendly Hospital Initiative in all hospitals and maternity facilities of the country and upgrade the curricula of health professionals to integrate accurate training on optimal breastfeeding practices.
- Ensure a social protection system for all women working, so as to enable all women to be protected during maternity and lactation.
- Provide adequate information on HIV-infection causes, prevention methods, HIV/AIDS treatments and access to those treatments. Raise awareness about HIV/AIDS and infant feeding through targeted promotion campaigns. Develop systematic collection and analysis of disaggregated data on HIV/AIDS.
- Better promote, protect and support adequate breastfeeding practices in refugee camps and provide free access to health care services, including pre- and postnatal care, for all women.

## 1) General points concerning reporting to the CRC

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In 2014, the CRC Committee will review Jordan’s combined 4th and 5th periodic reports.

At the last review in 2006 (43th Session), IBFAN did not present a report on the state of breastfeeding. In its last Concluding Observations, in paragraph 61, the CRC Committee directly recommended to Jordan to “d) **Encourage exclusive breastfeeding** for six months after birth, inter alia, **by extending the length of a maternity leave and implementing the practice of a breastfeeding hour for working mothers**, and take measures to improve the nutritional status of children through **education and the promotion of health feeding practices.**”

Other recommendations, focused on development of comprehensive policies and programmes to improve child health, pre- and post-natal services, decrease of acute respiratory infections, relate indirectly to child nutrition and to breastfeeding.

## 2) General situation concerning breastfeeding in Jordan

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### General data

	2008-2012 <sup>1</sup>	2010 <sup>2</sup>	2012 <sup>3</sup>
Annual number of birth			191,000
Neonatal mortality rate (per 1000 live births)		13	12
Infant mortality rate (per 1000 live births)		18	16
Infant – under 5 – mortality rate (per 1000 live births)		22	19
Maternal mortality ratio (per 100,000 live births) (adjusted)		63 <sup>4</sup>	
<i>Delivery care coverage (%):</i>			
Skilled attendant at birth	99.6		
Institutional delivery	98.8		
C-Section	18.5		
Stunting (under 5 years)	7.7%		

### Breastfeeding data

	2008-2012
Early initiation of breastfeeding	38.8%
Children exclusively breastfed (0-5 months)	22.7%
Introduced to solid food (6-8 months)	83.5%
Breastfeeding at age 2	12.9%

<sup>1</sup> UNICEF, Jordan, Statistics, available at: [http://www.unicef.org/infobycountry/jordan\\_statistics.html](http://www.unicef.org/infobycountry/jordan_statistics.html)

<sup>2</sup> Childinfo, Jordan, Maternal, Newborn & Child Survival, 2012, available at: <http://www.childinfo.org/files/maternal/DI%20Profile%20-%20Jordan.pdf>

<sup>3</sup> UNICEF, Jordan, Statistics, available at: [http://www.unicef.org/infobycountry/jordan\\_statistics.html](http://www.unicef.org/infobycountry/jordan_statistics.html)

<sup>4</sup> Ibid.

According to the 2012 Demographic Health Survey<sup>5</sup>, there are slight differences in breastfeeding practices in rural and urban areas. In urban areas, less than 20% of the newborns are fed within an hour after the delivery (early initiation of breastfeeding) and they are 21.7% in rural areas. We also note regional disparities regarding breastfeeding practices. Indeed, in the southern part of Jordan, 26% of the babies are breastfed within an hour after the delivery, while in the northern part (18.4%) and the central part (17.5%) of the country, rates are lower. These data underline that **at the national level, only one child out of five is breastfed within the first hour of its life**. This is problematic as early breastfeeding initiation is proven to reduce neonatal mortality rate of 22%.<sup>6</sup> The Demographic Health Survey also shows that **mothers with no education are more likely to breastfeed their child within an hour** (24.9% of them) than women with a higher education (15.6%). They are also **more likely to breastfeed their child within the first day** (81.4%) than women with a higher education (62.6%).

**Presentation of the overall feeding patterns among children 0-23 months in Jordan, 2012<sup>7</sup>**

Table 11.3 Breastfeeding status by age

Percent distribution of youngest children under two years who are living with their mother by breastfeeding status and the percentage currently breastfeeding, and the percentage of all children under two years using a bottle with a nipple, according to age in months, Jordan 2012

Age in months	Breastfeeding status							Total	Percent- age currently breast-feeding	Number of youngest children under two years living with their mother	Percent- age using a bottle with a nipple	Number of all children under two years
	Not breast-feeding	Exclusively breastfed	Breast-feeding and consuming plain water only	Breast-feeding and consuming non-milk liquids <sup>1</sup>	Breast-feeding and consuming other milk	Breast-feeding and consuming complementary foods						
0-1	0.8	38.1	5.1	10.8	45.2	0.0	100.0	99.2	206	59.8	218	
2-3	10.4	25.4	9.7	3.3	44.3	6.8	100.0	89.6	320	62.1	322	
4-5	23.9	9.3	9.7	3.6	22.6	30.9	100.0	76.1	304	71.1	311	
6-8	26.4	2.3	2.3	0.2	2.0	66.8	100.0	73.6	424	59.0	436	
9-11	36.4	1.9	0.0	0.0	2.3	59.5	100.0	63.6	466	60.8	477	
12-17	61.0	0.1	0.0	0.3	0.5	38.1	100.0	39.0	856	64.5	942	
18-23	83.6	0.0	0.0	0.0	0.0	16.4	100.0	16.4	857	50.6	999	
0-3	6.7	30.4	7.9	6.3	44.7	4.1	100.0	93.3	527	61.2	540	
0-5	13.0	22.7	8.5	5.3	36.6	13.9	100.0	87.0	831	64.8	851	
6-9	27.7	3.0	1.7	0.2	1.6	65.7	100.0	72.3	564	57.3	581	
12-15	56.5	0.2	0.0	0.4	0.7	42.2	100.0	43.5	608	64.0	657	
12-23	72.3	0.1	0.0	0.1	0.2	27.2	100.0	27.7	1,712	57.4	1,941	
20-23	87.1	0.0	0.0	0.0	0.0	12.9	100.0	12.9	590	48.7	685	

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children who are classified as breastfeeding and consuming plain water only consumed no liquid or solid supplements. The categories of not breastfeeding, exclusively breastfed, and breastfeeding and consuming plain water, non-milk liquids, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus, children who receive breast milk and non-milk liquids and who do not receive other milk and who do not receive complementary foods are classified in the non-milk liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

<sup>1</sup> Non-milk liquids include juice, juice drinks, clear broth, or other liquids.

The World Health Organization (WHO) officially recommends exclusive breastfeeding up to 6 months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age

<sup>5</sup> Department of Statistics and ICF International, Jordan, Population and Family Health Survey 2012, 2013, available at: <http://dhsprogram.com/pubs/pdf/FR282/FR282.pdf>

<sup>6</sup> Gupta Arun, Initiating breastfeeding within one hour of birth: *A scientific brief*, 2007, available at: [http://www.ibfanasia.org/Article/Initiating\\_breastfeeding\\_within\\_one\\_hour.pdf](http://www.ibfanasia.org/Article/Initiating_breastfeeding_within_one_hour.pdf)

<sup>7</sup> Department of Statistics and ICF International, Jordan, Population and Family Health Survey 2012, 2013, available at: <http://dhsprogram.com/pubs/pdf/FR282/FR282.pdf>

or beyond.<sup>8</sup> To enable mothers to establish and sustain exclusive breastfeeding for 6 months, WHO and UNICEF recommend initiation of breastfeeding within the first hour of life, exclusive breastfeeding – that is the infant only receives breast milk without any additional food or drink, not even water, and no use of bottles, teats or pacifiers.<sup>9</sup>

However, the analysis of breastfeeding practices in Jordan shows that these recommendations are far from being generally followed and highlights problematic feeding patterns to be changed:

- **Exclusive breastfeeding until 6 months is rare.** At month 0-1, only 38.1% of children are exclusively breastfed. This rate rapidly decreases and at month 4-5, less than one woman out of ten still breastfeeds.
- As a corollary, a **large portion of children under 6 months are introduced to formula milk.** There are 45.2% between 0-1 month and this rate decreases from 6 months. This is not ideal as infant formulas should not be introduced before 6 months of age.
- More than 10% of the children under 1 month of age are fed with **breastmilk and with non-milk liquids.** And more than 5% of the children under 1 month of age are fed with **breastmilk and water.**
- A large portion of children are **prematurely weaned.** Early weaning increases at 2 months and then rapidly at 12 months. Ideally, weaning should start only at 22-23 months.

### 3) Government efforts to encourage breastfeeding

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#### National measures

The government launched a National Action Plan for Children between 2004 and 2013<sup>10</sup>. This action aimed to ensure that all children have access to health care and to a balanced nutrition in order to prevent child mortality and malnutrition.

According to the 2010 World Breastfeeding Trends initiative report<sup>11</sup>, the government of Jordan officially adopted a national Infant and Young Child Feeding policy. This policy promotes exclusive breastfeeding for the first 6 months, introduction to complementary food after 6 months and continued breastfeeding up to 2 years. It also includes a comprehensive policy on infant feeding and HIV/AIDS. The government also developed a national action plan to support the Infant and Young Child Feeding policy and provides adequate funding.

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<sup>8</sup> WHO, Breastfeeding, available at: <http://www.who.int/topics/breastfeeding/en/>

<sup>9</sup> WHO, Exclusive breastfeeding, available at: [http://www.who.int/nutrition/topics/exclusive\\_breastfeeding/en/](http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/)

<sup>10</sup> UNICEF, Jordan, The Jordanian National Action Plan for Children (2004-2013), available at: [http://www.un.org/en/development/desa/policy/mdg\\_workshops/mdgreports/jordan/unicef\\_jordan\\_resources.pdf](http://www.un.org/en/development/desa/policy/mdg_workshops/mdgreports/jordan/unicef_jordan_resources.pdf)

<sup>11</sup> World Breastfeeding Trends initiative, IBFAN Asia, Country: Jordan, Year: 2010, available at: <http://worldbreastfeedingtrends.org/report/WBTi-Jordan-2012.pdf>

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

According to our International Code Documentation Centre in Penang, Jordan has implemented most, but not all, of the provisions of the International Code of Marketing of Breastmilk Substitutes as legally enforceable measures.

#### Training of health care professionals

According to the 2010 World Breastfeeding Trends initiative report, there are in-service training programmes that provide knowledge and skills regarding Infant and Young Child Feeding practices to health professionals in Jordan. However, in regard with the low rates of optimal breastfeeding practices, especially the low rate of early initiation of breastfeeding (38%), compared the very high rate of institutional delivery (almost 99%), the **quality of the in-service training of health professionals regarding breastfeeding may be questioned**. Besides, there is no information regarding the integration of specific training courses on breastfeeding and infant and young child feeding in the curricula of health workers.

### 4) Baby-Friendly Hospital Initiative (BFHI)

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The latest data on the status of the BFHI in Jordan, issued in 2010<sup>12</sup>, indicates that only 4 hospitals and maternity facilities out of 97 have ever been designated as “baby-friendly”. According to 2010 World Breastfeeding Trends initiative report, there is a standard monitoring system in place to support the baby-friendly hospital initiative.

We invite the CRC Committee to request more information on the state of implementation of the BFHI in the country.

### 5) Maternity protection for working women

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The labour code and the social security law state that maternity leave applies all working women except certain particular categories<sup>13, 14</sup>.

*Duration:* Every working woman shall be entitled to a full paid maternity leave with a total duration of

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<sup>12</sup> Labbok M. H., 2012, “Global Baby-Friendly Hospital Initiative Monitoring Data: Update and Discussion”, Breastfeeding medicine, 7 (4):210-222. Available at: [https://www.google.ch/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0CC4QFjAA&url=https://www.researchgate.net/publication/230617756\\_Global\\_baby-friendly\\_hospital\\_initiative\\_monitoring\\_data\\_update\\_and\\_discussion%2Ffile%2F79e415037abf6c5f21.pdf&ei=HGkpU4m0B8WGywPPtoH4Bg&usq=AFQjCNGp83uM79JmdQTYHnM5\\_V0I14kqGQ&bvm=bv.62922401.d.bGQ](https://www.google.ch/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0CC4QFjAA&url=https://www.researchgate.net/publication/230617756_Global_baby-friendly_hospital_initiative_monitoring_data_update_and_discussion%2Ffile%2F79e415037abf6c5f21.pdf&ei=HGkpU4m0B8WGywPPtoH4Bg&usq=AFQjCNGp83uM79JmdQTYHnM5_V0I14kqGQ&bvm=bv.62922401.d.bGQ)

<sup>13</sup> Public employees subject to pension under the provision of civil or military pension laws, foreign employees employed by regional, international, political or Arab or foreign military, and attaché, educational and art centers affiliated to them, workers whose relationship with their employer is irregular.

<sup>14</sup> ILO, Maternity Protection, Jordan, 2011, available at: [http://www.ilo.org/dyn/travail/travmain.sectionReport1?p\\_lang=en&p\\_countries=JO&p\\_sc\\_id=2000&p\\_year=2011&p\\_structure=3](http://www.ilo.org/dyn/travail/travmain.sectionReport1?p_lang=en&p_countries=JO&p_sc_id=2000&p_year=2011&p_structure=3)

10 weeks (the period subsequent to delivery shall not be less than 6 weeks). The maternity leave represents 100% of her salary. The leave is paid by the Social Security System.

*Breastfeeding breaks:* Working women shall be entitled to take paid intermittent period(s) for nursing their newborn baby during a year after the delivery; the total of this period shall not exceed an hour per day. Nursing breaks are paid.

*Childcare facility:* The employer who employs not less than twenty women shall prepare a suitable place under the supervision of a qualified nursemaid for the children of the working women whose ages are less than four years provided that their numbers shall not be less than ten children.

*Employment protection:* The employer shall not terminate the services of an employee, or addresses her notification to terminate her services in the case of pregnant working woman beginning from the sixth month of her pregnancy or during the maternity leave. After the expiry of the maternity leave the working woman shall be entitled to return to her post and taking paid intermittent periods for nursing.

In 2001, the CEDAW Committee pointed to the **occupational segregation of women** in the private and public sectors. The CEDAW Committee thus recommended to the government of Jordan to *“create an encouraging environment that enables women to become more economically viable, including by sensitizing employers in private and public sectors on the importance of women’s empowerment; adopt legislation guaranteeing equal pay for work of equal value [...]; collect sex-disaggregated data on the situation of women in the private sector and take effective measures to monitor and improve the working conditions of women in this sector”*<sup>15</sup>.

## 6) HIV and infant feeding

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There is no up-to-date information on the prevalence of HIV/AIDS in Jordan. According to the 2012 Demographic Survey<sup>16</sup>, 99 deaths in the country were related to HIV/AIDS causes in 2011. There are no specific data due to the fact that the government did not develop a surveillance system. HIV/AIDS is also feared and stigmatized in Jordan, dissuading people to do a HIV-test, falsifying the few collected data. The main mode of HIV-transmission might be through sexual contact.

In 2005, Jordan launched the National AIDS Strategy 2005-2009 with the aim to promote information about HIV-infections among the youth population, to provide counseling and testing and to provide free antiretroviral treatments. This strategy was launched in collaboration with UNAIDS and the WHO. There is a new 2012-2016 National Strategic Plan.

The Demographic Survey shows that almost all ever married women have heard about HIV/AIDS (99%).

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<sup>15</sup> CEDAW, Jordan, Concluding Observations, 2001, available at: [http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fJOR%2fCO%2f5&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fJOR%2fCO%2f5&Lang=en)

<sup>16</sup> Department of Statistics and ICF International, Jordan, Population and Family Health Survey 2012, 2013, available at: <http://dhsprogram.com/pubs/pdf/FR282/FR282.pdf>

However, it highlights that they do not have any comprehensive knowledge about it; indeed, a little less than 70% of the ever married women believe that HIV/AIDS can be transmitted by a mosquito bite and more than 30% of them believe that they can become infected by sharing food with a HIV-positive person. When it comes up to mother-to-child transmission, women seem to be better informed on the situation. They are more than 80% knowing that HIV can be transmitted during pregnancy. Nonetheless, only around 18% of them know where they can get an HIV test. This highlights that the government provide insufficient knowledge on HIV/AIDS.

## **7) Breastfeeding and young child feeding in emergency situations**

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In Jordan, there are Palestinian and Syrian refugee camps. According to the 2012 World Breastfeeding Trends initiative report<sup>17</sup>, Jordan has implemented a comprehensive policy on Infant and Young Child Feeding in emergency cases. Health professionals were provided with a special training for these emergency cases, ensuring to some degree adequate breastfeeding practices and appropriate complementary feeding.

However, children living in camps are more likely to die young (20 deaths out of 100,000 live births) than children living in non-camps (12 deaths out of 100,000 live births). Women living in camps are more likely to deliver in public health facilities than women living in non-camps, who prefer private health facilities. Yet, women living in camps (29.2%) are less to benefit from free cost of delivery than other women (48%). What is more, 21.8% of the women living in camps have serious problems to access health care.

### **Data sourced from:**

[http://www.unicef.org/people/media\\_40756.html](http://www.unicef.org/people/media_40756.html)

<http://www.savethechildren.net/article/save-children-jordan%E2%80%99s-infant-and-young-child-feeding-program-za%E2%80%99atari-refugee-camp>

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

[http://www.unicef.org/infobycountry/jordan\\_statistics.html](http://www.unicef.org/infobycountry/jordan_statistics.html)

<http://dhsprogram.com/pubs/pdf/FR282/FR282.pdf>

[http://www.unicef.org/infobycountry/jordan\\_newsline.html](http://www.unicef.org/infobycountry/jordan_newsline.html)

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<sup>17</sup> World Breastfeeding Trends initiative, IBFAN Asia, Country: Jordan, Year: 2010, available at: <http://worldbreastfeedingtrends.org/report/WBTi-Jordan-2012.pdf>