

THE CONVENTION ON THE RIGHTS OF THE CHILD  
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**REPORT ON THE SITUATION OF  
INFANT AND YOUNG CHILD FEEDING  
IN HUNGARY**



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## SUMMARY

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

- High rate of caesarean sections (30.8%) might have a negative impact on the rate of early initiation of breastfeeding (data not available).
- Low rate of exclusive breastfeeding at the age of 6 months ( $\pm 42\%$ ).
- Poor monitoring of key breastfeeding and infant and young child feeding (IYCF) indicators.
- Lack of information on the past and current activities conducted by the National Committee on Breastfeeding.
- Lack of information about government's efforts to encourage breastfeeding.
- Only some provisions of the International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions (the Code) implemented into national legislation, resulting in many Code violations.
- Baby food companies systematically violate the International Code by providing free sample and promotion materials to mothers.
- Only 17 out of 119 hospitals were certified as 'baby-friendly' and lack of governmental leadership on this issue.
- Insufficient governmental support for parents to reconcile work and care commitments.
- Maternity leave benefits are not granted to women working in the informal sector.
- No emergency preparedness plan to ensure integrated response to protect and support breastfeeding/ infant and young child feeding in case of emergencies.

### *Our recommendations include:*

- Raise awareness about **optimal breastfeeding practices** among the population, especially mothers and caregivers, through **comprehensive promotion campaigns**.
- Implement comprehensive **collection of disaggregated data on IYCF** and tracking of **key breastfeeding indicators**.
- Provide information on the **government's efforts to encourage breastfeeding** and activities conducted by the **National Committee on Breastfeeding**.
- Strengthen **Code implementation and enforcement** and set **independent monitoring system**.
- Strengthen **BFHI implementation** independently of any other national measure and strongly consider mother-friendly criteria to counteract high **caesarean section rate**.
- Review government policy to support parents to **reconcile their work and family commitments**.
- Extend **maternity benefits** to women working in the **informal sector**.
- Ensure **integrated response** to protect and support breastfeeding **in case of emergencies**.

## 1. General points concerning reporting to the CRC

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In 2014, the CRC Committee will review Hungary's combined 3<sup>rd</sup> to 5<sup>th</sup> periodic reports. At the last review in 2006 (session 41), IBFAN presented a report on the state of breastfeeding in Hungary.

At the latest review in 2006 (session 41), IBFAN presented a report on the state of breastfeeding. In its last Concluding Observations<sup>1</sup>, the CRC Committee made no direct recommendations to Hungary concerning infant and young child feeding. However, in para 16, it urged the government to:

*“significantly **improve the collection of data** relevant for the implementation of the Convention via a comprehensive and well coordinated system in order to assess progress made and to devise and implement the necessary positive action programmes.”*

Additionally, in its para 23, the Committee recommended Hungary to:

*“strengthen its efforts to ensure that the **general principle of the best interests of the child** is understood, appropriately integrated and implemented in all legal provisions as well as in judicial and administrative decisions and in projects, programmes and services which have impact on children, including children belonging to **vulnerable groups**.”*

Hungary has ratified the following Conventions:

- The ILO Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour on 20 April 2000;
- The Rome Statute of the International Criminal Court on 30 November 2001;
- The Council of Europe Convention on Cybercrime on 4 December 2003;
- The Hague Convention No. 33 on Protection of Children and Cooperation in Respect of Intercountry Adoption on 6 April 2005.

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<sup>1</sup> Committee on the Rights of the Child, 41<sup>st</sup> session, “Concluding Observations of the CRC: Hungary”, March 2006. Available at: [http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fHUN%2fCO%2f2&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fHUN%2fCO%2f2&Lang=en)

## 2. General situation concerning breastfeeding in Hungary

### ***General data***

	2012	2013
Annual number of birth (per 1,000) <sup>2</sup>	98.1	-
Neonatal mortality rate (per 1,000 live births) <sup>3</sup>	4	
Infant mortality rate (per 1,000 live births) <sup>4</sup>	5	
Infant – under 5 – mortality rate (per 1,000 live births) <sup>5</sup>	6	-
Maternal mortality ratio (per 100,000 live births) <sup>6</sup>	18.7 (adjusted 2008-2012) <sup>7</sup>	14
<i>Delivery care coverage<sup>8</sup> (%):</i>		
Skilled attendant at birth	99.1% (adjusted 2008-2012)	-
Institutional delivery	-	-
C-section	30.8% (adjusted 2008-2012)	-
Stunting (under 5 years)	-	-

### ***Breastfeeding data***

	2001 <sup>9</sup>	2005 <sup>10</sup>	2012 <sup>11</sup>
Early initiation of breastfeeding (within one hour from birth)	-	-	-
Ever Breastfed	-	-	96 %
Children exclusively breastfed (3 months)	-	±97 %	-
Children exclusively breastfed (4 months)	61.9%	±61 %	62 %
Children exclusively breastfed (6 months)	34.1%	±42 %	-
Complementary feeding (6-8 months)	-	-	-
Continued breastfeeding at 12-15 months	-	-	-

<sup>2</sup> UNICEF, “At a glance: Hungary”, Statistics. Available at: [http://www.unicef.org/infobycountry/hungary\\_statistics.html](http://www.unicef.org/infobycountry/hungary_statistics.html)

<sup>3</sup> The World Bank, “World Development Indicators: Mortality”. Available at: <http://wdi.worldbank.org/table/2.21>

<sup>4</sup> See note 3.

<sup>5</sup> See note 3.

<sup>6</sup> The World Bank, “Maternal mortality ratio”. Available at: <http://data.worldbank.org/indicator/SH.STA.MMRT>

<sup>7</sup> See note 2.

<sup>8</sup> See note 2.

<sup>9</sup> Nutrition and Food Security Programme WHO Regional Office for Europe, Dr. Joceline Pomerleau, “Promotion of Breastfeeding in Countries wishing to join the European Union: Analysis of national activities for the promotion of breastfeeding”, 2002. Available at: [http://www.euro.who.int/\\_data/assets/pdf\\_file/0016/152215/E81562.pdf](http://www.euro.who.int/_data/assets/pdf_file/0016/152215/E81562.pdf)

<sup>10</sup> OECD Family Database, “Breastfeeding rates”, 2009. Available at: <http://www.oecd.org/els/family/43136964.pdf>

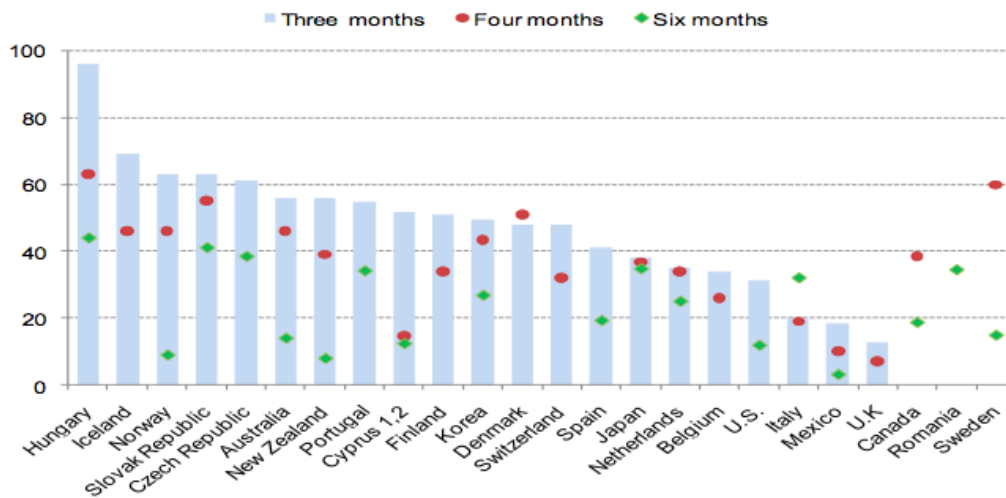
<sup>11</sup> Save the Children, “Nutrition in the First 1,000 Days: State of World’s Mothers”, 2012. Available at: <http://www.savethechildren.ca/document.doc?id=195>

**Early initiation of breastfeeding**

It is of concern that no statistic on this core indicator<sup>12</sup> is available.

Indeed, recent studies show that **C-section could constitute a barrier to early initiation of breastfeeding** within the first hour after delivery.<sup>13</sup> Therefore, monitoring this core indicator is essential to assess the impact of the **high rate of C-section (30.8%)** on the early initiation of breastfeeding.

**Chart CO1.5.B: Proportion of children who were exclusively breastfed at 3, 4 and 6 months, around 2005**



Source: OECD Family Database, “Breastfeeding rates”, 2009.

**Exclusive breastfeeding under 6 months**

We regret that there is **no available data on exclusive breastfeeding at 6 months for the recent years.**

The latest data on exclusive breastfeeding at 6 months was issued in 2005. It can be noted that, at three months of age, more than 90 % of children were exclusively breastfed. At four months of age, the number declined to ±61 % and finally for children of six months of age the amount dropped off to

<sup>12</sup> WHO, “Indicators for assessing infant and young child feeding practices: conclusions of a consensus meeting held 6–8 November 2007 in Washington D.C.”, USA, 2008. Available at: [http://www.unicef.org/nutritioncluster/files/IYCFE\\_WHO\\_Part1\\_eng.pdf](http://www.unicef.org/nutritioncluster/files/IYCFE_WHO_Part1_eng.pdf)

<sup>13</sup> Rowe-Murray H.J., Fisher J.R. “Baby friendly hospital practices: cesarean section is a persistent barrier to early initiation of breastfeeding”, 2002 Jun; 29(2): 124-31. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/12000413>; Örün E. et al. “Factors associated with breastfeeding initiation time in a Baby-Friendly Hospital”, The Turkish Journal of Pediatrics 2010; 52: 10-16. Available at: [http://www.turkishjournalpediatrics.org/pediatrics/pdf/pdf\\_TJP\\_726.pdf](http://www.turkishjournalpediatrics.org/pediatrics/pdf/pdf_TJP_726.pdf)

±42%. This means that **more than one child out of 2 is not exclusively breastfed until 6 months of age**, despite the recommendations issued by WHO.<sup>14</sup>

### **Continued breastfeeding at 2 years**

We regret that no information on this key indicator is available.

### **Children ever breastfed**

The proportion of children ever breastfed is a reflection of the ‘culture’ of breastfeeding and of care practices around childbirth.<sup>15</sup> In 2012, 96% of Hungarian infants have ever been breastfed at the age of 6 months.<sup>16</sup>

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

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### **European Policies**

An EU funded programme called “Early Childhood Programme” has been implemented since October 2012 and will be running until the end of May 2015. The programme is aimed at supporting the optimal development of children between 0 and 7, especially disadvantaged children, by improving children’s primary health care and developing a new screening test. The government of Hungary received HUF 2.5 billion for the project from EU for the development of children.<sup>17</sup>

### **National Policies**

According to a 2002 study made by the WHO Regional office for Europe,<sup>18</sup> a national government plan has been implemented to promote breastfeeding. This national plan targeted to reach 70% of exclusive breastfeeding at 6 months in 2005 and 80% in 2008. As we saw under section 2, these targets were not reached by the Hungarian government.

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<sup>14</sup> “Breastfeeding should be initiated within the first hour after birth. Exclusive breastfeeding is recommended up to 6 months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond.” WHO recommendations on breastfeeding, Available at: <http://www.who.int/topics/breastfeeding/en/>

<sup>15</sup> WHO, “Indicators for assessing infant and young child feeding practices: conclusions of a consensus meeting held 6–8 November 2007 in Washington D.C.”, USA, 2008. Available at:

[http://www.unicef.org/nutritioncluster/files/IYCFE\\_WHO\\_Part1\\_eng.pdf](http://www.unicef.org/nutritioncluster/files/IYCFE_WHO_Part1_eng.pdf)

<sup>16</sup> WHO-HFA, 2011. “European health for all” database, WHO Regional Office for Europe, Copenhagen, Denmark. Available at: <http://data.euro.who.int/hfadbf/profile/profile.php?w=1280&h=960>

<sup>17</sup> Report, “Twenty year review of the implementation of the Beijing Declaration and Platform for action: Hungary”, May 2014. Available at:

[http://www.unece.org/fileadmin/DAM/Gender/publication/Hungary\\_Report\\_Beijing20\\_Hungary\\_cover.pdf](http://www.unece.org/fileadmin/DAM/Gender/publication/Hungary_Report_Beijing20_Hungary_cover.pdf)

<sup>18</sup> See note 9.

After having been reorganized in 1999 and dissolved 2 years later, the National Committee on Breastfeeding has been revived and now aims at supporting issues related to breastfeeding, including the development of Baby-friendly Hospital Initiative (BFHI).<sup>19</sup>

In 2012, the government launched a National Reform Programme and created a **National Infant and Child Healthcare Programme**. The objectives of this programme are to raise awareness on the situation of child health care and develop, modernize and make the infant and child healthcare supply system more transparent and effective.

Additionally, it can be noted that in 2004, Hungary launched its first four-year **Nutrition Policy Programme**, reconducted for the period 2009-2013.<sup>20</sup>

### **The International Code of Marketing of Breastmilk Substitutes and its implementation in Hungary**

As explained by Prof. Dr. Peter Cholnoky, the national BFHI coordinator, in the report entitled *"Promotion of Breastfeeding in Countries wishing to join the European Union: Analysis of national activities for the promotion of breastfeeding"* (2002-2004)<sup>21</sup>, the national regulations on marketing of breastmilk substitutes have been shifted from the scope of medical law to the scope of food law. Hungary currently follows the European Directive 2006/141/EC of 22 December 2006 on Infant Formula and Follow-on Formulae.<sup>22</sup> Nonetheless, according to our IBFAN International Code Documentation Centre, **only few provisions of the Code have been fully implemented into the national legislation.**<sup>23</sup>

Dr. Cholnoky also emphasized that **baby food companies systematically violate the International Code by providing free sample and promotion materials to mothers.**<sup>24</sup>

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<sup>19</sup> Government of Hungary, *"National Reform Programme 2012 of Hungary"*, p.149 April 2012. Available at:

[http://ec.europa.eu/europe2020/pdf/nd/nrp2012\\_hungary\\_en.pdf](http://ec.europa.eu/europe2020/pdf/nd/nrp2012_hungary_en.pdf)

<sup>20</sup> WHO, Global database on the Implementation of Nutrition Action (GINA). Available at:

<https://extranet.who.int/nutrition/gina/en/node/8445>

<sup>21</sup> Nutrition and Food Security Programme WHO Regional Office for Europe, Dr. Joceline Pomerleau, *"Promotion of Breastfeeding in Countries wishing to join the European Union: Analysis of national activities for the promotion of breastfeeding"*, 2002. Available at: [http://www.euro.who.int/\\_data/assets/pdf\\_file/0016/152215/E81562.pdf](http://www.euro.who.int/_data/assets/pdf_file/0016/152215/E81562.pdf)

<sup>22</sup> EU Commission Directive 2006/141/EC, 22 December 2006, *"On infant formulae and follow-on formulae and amending Directive 1999/21/EC"*. Available at:

[https://extranet.who.int/nutrition/gina/sites/default/files/EU%202006%20Commission%20Directive%202006-141-EC%20on%20infant%20formulae%20and%20follow-on%20formulae%20%28english%29\\_0.pdf](https://extranet.who.int/nutrition/gina/sites/default/files/EU%202006%20Commission%20Directive%202006-141-EC%20on%20infant%20formulae%20and%20follow-on%20formulae%20%28english%29_0.pdf)

<sup>23</sup> IBFAN, *"State of the conduct by Country: A survey of measures taken by governments to implement the provisions of the International Code of Marketing of Breastmilk Substitutes & subsequent World Health Assembly resolutions"*, International Code Documentation Centre (ICDC), Malaysia, April 2014.

<sup>24</sup> See note 9.

### **Counseling on breastfeeding**<sup>25</sup>

In 2002, a modular course on breastfeeding promotion was organized by the Hungarian Association for Breastfeeding and an 18-hour UNICEF course on ‘Breastfeeding promotion and practice’ was introduced in the country, but with a low coverage rate. However, at the same period, the 40-hour WHO course on breastfeeding counseling was still not introduced in the country.

Breastfeeding promotion was made by health visitors (pediatric district nurses) that contacted every pregnant and new mother and promoted breastfeeding. In addition, there were some lactation clinics to support mothers who breastfeed as well as 21 International Board Certified Lactation Consultant (IBCLC). Some promotion posters and video clips were also diffused in the country by the government.

**Since 2002, we have no information on courses on breastfeeding nor on others efforts to promote breastfeeding in the country.**

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

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In 2002, the national BFHI coordinator, Dr. Cholnoky, deplored that the Initiative was not followed by the medical professionals. At that time, the **lack of knowledge about breastfeeding practices** was identified as the main obstacle to the widespread of the BFHI. However, the practice of ‘rooming-in’ (allowing mothers and infants to remain together) was common.<sup>26</sup>

The National Reform Programme 2012 foresees further implementation of BFHI in the country by the National Committee on Breastfeeding.<sup>27</sup> However, there is no record of such implementation for since the adoption of the National Plan in 2012.

Currently, there are 17 Baby-friendly hospitals<sup>28</sup> out of 119<sup>29</sup> in Hungary.

## **5. Maternity protection for working women**

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With 1.24, the total fertility rate in Hungary is the lowest across the OECD region (the average rate is of 1.7 children per women). **Low fertility and female employment rates are largely explained by insufficient support for parents to reconcile work and care commitments.** Hungary is among the top OECD spenders on families with 3.6 % of GDP allocated to family benefits in 2009. However, 1/3 of these resources are spent helping with childcare costs, while this share is above 43% in countries with

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<sup>25</sup> See note 9.

<sup>26</sup> *Ibid.*

<sup>27</sup> See note 19.

<sup>28</sup> See note 17.

<sup>29</sup> Miriam H.Labbok, “Global Baby-Friendly Hospital Initiative Monitoring Data: Update and Discussion” Breastfeeding Medicine, Vol. 7, N.4, 2012, p.218. Available at: [http://www.researchgate.net/publication/230617756\\_Global\\_baby-friendly\\_hospital\\_initiative\\_monitoring\\_data\\_update\\_and\\_discussion/file/79e415037abf6c5f21.pdf](http://www.researchgate.net/publication/230617756_Global_baby-friendly_hospital_initiative_monitoring_data_update_and_discussion/file/79e415037abf6c5f21.pdf)



higher fertility rates. The prolonged duration of parental leave (see below) and the limited condition of childcare supports<sup>30</sup> establish barriers to employment for many mothers.<sup>31</sup>

### **Maternity leave**

**Duration:** the leave lasts **24 weeks** (including 4 weeks before and 20 weeks after the planned date of birth, or 24 weeks after the date of birth, depending on mother's choice).<sup>32</sup>

**Benefits:** financed by the health insurance, the amount of maternity leave benefits is of **70%** of the daily average gross earnings of the previous year. It is to be noted that the coverage rate was higher in the past: in 1998, the amount of the maternity leave benefits was of 100% of the daily average gross earnings.<sup>33</sup>

Maternity leave benefits are granted to all women in an employment relationship<sup>34</sup> (employees, self-employed person and assimilated groups). However, mothers who are not insured, such as **women working in the informal sector, are not entitled to maternity leave benefits.**<sup>35</sup>

### **Parental leave**<sup>36</sup>

Both parents (women and men) are eligible for:

- **Child Care Fee:** after the expiry of maternity allowance and until the child has reached the age of 2, gainfully employed parents (insured persons) that live with the child and that stay at home to take care of him/her are entitled to benefits of 70% of the daily average gross earning of the previous year financed by the health insurance.
- **Child Home Care Allowance:** parents (including foster parents and guardians) of a child aged between 1 and 3 years who stay away from work to take care of him/her receive an amount equal to the minimum old-age pension financed by the state budget (tax-financed).
- **Child Raising Support:** parents of 3 or more children who raise them at home receive an amount equal to the minimum old-age pension for the period in which their youngest child is between 3 and 8 years old.

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<sup>30</sup> Less than 11% of children under age of 3 are enrolled in formal childcare services.

<sup>31</sup> The Organisation for Economic Co-operation and Development (OECD) Better Life Index, "*Work-Life Balance: Hungary*". Available at: <http://www.oecdbetterlifeindex.org/topics/work-life-balance/>

<sup>32</sup> Hungarian Labour Code § 127 (1) and 138

<sup>33</sup> Act no. 83 of 1997 on Compulsory Health Insurance §42, 48 (1)- (3)

<sup>34</sup> Hungarian Labour Code §2, 127

<sup>35</sup> Act No. 80 of 1997 on Persons Entitled Social Security Benefits and Private Pensions, as well as the Coverage of these benefits §5

<sup>36</sup> Hungarian Labour Code §128, Act no. 83 of 1997 on Compulsory Health Insurance §42 and Act No. 84 of 1998 on Family Support §2,20, 23, 35

### **Paternity leave**

Employed fathers (biological or adoptive) are granted 5 days of extra vacation time paid at 100% (or 7 days in case of twins).<sup>37</sup>

### **Breastfeeding breaks**

Nursing mothers are entitled to, for one hour twice daily, or two hours twice daily in the case of twins during the first six months of breastfeeding, and thereafter for one hour daily, or two hours daily in the case of twins until the end of the ninth month.<sup>38</sup>

## **6. HIV and infant feeding**

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A woman infected with HIV can transmit the virus to her child through breastfeeding. Therefore, the WHO recommends that national authorities in each country decide which infant feeding practice, i.e. breastfeeding with an antiretroviral (ARV) intervention to reduce transmission or avoidance of all breastfeeding, should be promoted and supported by the national Maternal and Child Health services.

In Hungary, data shows that the number of **pregnant women living with HIV who received antiretrovirals for preventing mother-to-child transmission were of 5 in 2010** compared to 9 in 2009.<sup>39</sup> The antenatal HIV screening for pregnant women is performed only upon request by the mother.<sup>40</sup>

Lastly, the ministry of State for health Care has directed the Office of the Chief Medical Officer to prepare a draft document entitled “National HIV/AIDS Policy Programme 2014-2017”. The purpose of the latter is to provide a comprehensive picture on the situation of those infected by HIV and those living with AIDS, describe the activities of organisations operating in this field and make proposals for the future based on these, in order to improve the situation. The document is currently before the social consultation stage.<sup>41</sup> However, **it is unclear whether the mother-to-child transmission is tackled by the Programme.**

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

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Over the last decade, the IFE Core Group (constituted by WHO, UNICEF, UNHCR, WFP, IBFAN-GIFA, CARE USA, Foundation Terre des hommes and the Emergency Nutrition Network (ENN)) issued two

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<sup>37</sup> Hungarian Labour Code §118,146

<sup>38</sup> Hungarian Labour Code §55(1) (e)

<sup>39</sup> Quandl database. Available at: <http://www.quandl.com/hungary/hungary-mortality-and-disease>

<sup>40</sup> The European Journal of Public Health, “National Guidelines for the prevention of mother-to-child transmission of HIV across Europe- how do countries differ?”, March 11 2013. Available at:

<http://eurpub.oxfordjournals.org/content/early/2013/03/09/eurpub.ckt028.full.pdf>

<sup>41</sup> See note 17.

training modules as well as an Operational Guidance that aim to provide concise, practical guidance on how to ensure appropriate infant and young child feeding in emergencies. In 2010, WHA urged all Members States to “ensure that national and international preparedness plans and emergency responses follow the evidence-based Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies, which includes the protection, promotion and support for optimal breastfeeding, and the need to minimize the risks of artificial feeding, by ensuring that any required breast-milk substitutes are purchased, distributed and used according to strict criteria”.

Currently, there is **no information available on any emergency preparedness plan** to ensure integrated response in order to protect and support breastfeeding in case of emergencies in Hungary.