

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



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## SUMMARY

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

- Less than 4 infants aged of six months or less out of 10 are exclusively breastfed.
- Large proportions of children aged of 6 months or less are given water and sweetened drinks.
- Lack of knowledge about optimal breastfeeding practices.
- The National Breastfeeding Committee is defunct.
- “Information, Education and Communication” (IEC) materials are available only in English.
- Failure of some hospitals to refresh training courses every 2 years as recommended by the WHO.
- Mothers are not provided with contacts of health care persons.
- Lack of a comprehensive policy on infant & young child feeding (IYCF) that includes infant feeding and HIV.
- Maternity leave of 84 days (12 weeks) is insufficient to facilitate the recommended six months of exclusive breastfeeding.
- Maternity leave of 84 days paid at the normal remuneration rate is only available for the first three children.
- No provisions of paid or unpaid breaks during work hours.
- 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 and the risks of adding sugar in the meals of children aged of 6 months or less.
- **Re-establish the Breastfeeding Committee** in keeping the Fiji Plan of Action for Nutrition strategic objectives.
- **Translate IEC materials** on breastfeeding into Fijian and Hindi to reach wider audience.
- **Review nursing students training on breastfeeding** to ensure it is adequate and relevant to their workplace.
- **Continue to maintain Fiji’s excellent commitment to BFHI** and its reassessment process.
- Provide mothers with all the necessary advice and **contacts of health care persons for women living in rural areas.**
- Adopt and implement a **comprehensive policy on IYCF and HIV.**
- **Extend the maternity leave to 18 weeks** to meet ILO Recommendation 191, which will facilitate a longer period of exclusive breastfeeding.
- Open the benefits of **maternity protection to all female workers in all settings and in both public and private sectors.**
- Extend all benefits of **maternity protection to female workers for every child, not only to the first three.**
- Ensure **integrated response** to protect and support breastfeeding **in case of emergencies** through the implementation of a national plan and designation of persons to coordinate activities.

## 1. General points concerning reporting to the CRC

In 2014, the CRC Committee will review Fiji’s combined 2<sup>nd</sup> to 4<sup>th</sup> periodic report.

At the last review in 1998 (session 18), the Committee considered Fiji’s initial report. In its [Concluding Observations](#) (in para 29), the CRC Committee while acknowledging the Fiji’s efforts to reduce the infant mortality rate and the under five mortality rate, the Committee expressed its concern about the **“prevalence of malnutrition and high rates of maternal mortality, as well as the limited access to health services on remote islands.”**

In para 29, it further recommended Fiji to *“strengthen its coordination efforts through the Coordinating Committee on Children, [...] develop a **comprehensive system of collecting disaggregated data, in order to gather all necessary information on the situation of children in the various areas covered by the Convention, including children belonging to vulnerable groups [...] seek to this effect international cooperation from, inter alia, UNICEF.**”*

## 2. General situation concerning breastfeeding in Fiji

The health services in Fiji are delivered through 900 village clinics, 103 nursing stations, 78 health centers and 17 sub-divisional medical centers. Three divisional hospitals, two specialist hospitals and a private hospital are located in the capital, Suva.<sup>1</sup>

### ***General data***

	2010	2011	2012
Annual number of birth, crude (per 1,000 people) <sup>2</sup>	22	21	21
Neonatal mortality rate (per 1,000 live births) <sup>3</sup>	-	-	10
Infant mortality rate (per 1,000 live births) <sup>4</sup>	19	19	19
Infant – under 5 – mortality rate (per 1,000 live births) <sup>5</sup>	23	23	22
Maternal mortality ratio (per 100,000 live births) (adjusted)	62	-	59 (2013)
<i>Delivery care coverage (%):</i>			
Skilled attendant at birth <sup>6</sup>	-	-	99.7%
Institutional delivery	-	-	-
C-section	-	-	-
Stunting (under 5 years)	-	-	-

<sup>1</sup> WBTi, The World Breastfeeding Trends Initiative: “Fiji”, December 2011. Available at: <http://www.worldbreastfeedingtrends.org/report/WBTi-Fiji-2012.pdf>

<sup>2</sup> World Bank. Available at: <http://data.worldbank.org/indicator/SP.DYN.CBRT.IN/countries/FJ-4E-XT?display=default>

<sup>3</sup> UNICEF website, Info by Country: Fiji, Statistics. Available at: [http://www.unicef.org/infobycountry/fiji\\_statistics.html](http://www.unicef.org/infobycountry/fiji_statistics.html)

<sup>4</sup> World Bank Data. Available at: <http://data.worldbank.org/indicator/SP.DYN.IMRT.IN/countries/FJ-4E-XT?display=default>

<sup>5</sup> World Bank Data. Available at: <http://data.worldbank.org/indicator/SH.DYN.MORT/countries/FJ-4E-XT?display=default>

<sup>6</sup> UNICEF website, Info by Country: Fiji, Statistics. Available at: [http://www.unicef.org/infobycountry/fiji\\_statistics.html](http://www.unicef.org/infobycountry/fiji_statistics.html)

**Breastfeeding data**

	2004 <sup>7</sup>	2008-2012 <sup>8</sup>
Early initiation of breastfeeding (within one hour from birth)	57.3%	57.3 %
Children exclusively breastfed (0-5 months)	39.8%	39.8%
Introduced to solid food (6-8 months)	-	-
Breastfeeding at age 2	-	-

**Early initiation of breastfeeding**

The results of the 2004 Fiji Nutrition Survey, taken up by the UNICEF for the period 2008-2012, showed that only 57.3% of the children were initiated to early breastfeeding within one hour following the birth. The survey also highlight that more Fijian mothers initiated breastfeeding within the first hour compared to Indo-Fijian.

**Exclusive breastfeeding**

**Less than 4 infants aged of six months or less out of 10 are exclusively breastfed (39.8%).**

In the same time, **a large proportion of children aged 6 months or less were given water (79.6%) as well as sweetened drinks.** The 2004 study also showed that a relatively high proportion of infants were given other types of fluid before 6 months. Data also showed that more Fijian children compared to Indo-Fijian children were given other fluids throughout infancy and more sweetened drinks were given with increased age. The introduction of fluid supplementation before 6 months and sweetened drinks at an early age is not only unnecessary, it can be a **dangerous source of infection or the cause of tooth decay.** It also interferes with proper feeding of infants as well as **lowers the chances of breastfeeding success**, as sweetened drinks are likely to replace milk during the infant’s feeding processes.

These data reveal a **lack of knowledge about optimal breastfeeding practices**, especially exclusive breastfeeding until 6 months of age, among parents.

**Continued breastfeeding**

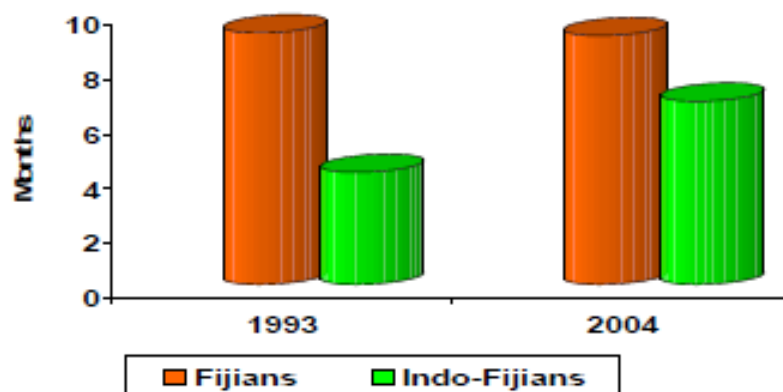
We regret that no information on this key indicator is available for Fiji.

<sup>7</sup> 2004 Fiji Nutrition Survey. Available at : [http://www.nutrition.gov.fj/wp-content/uploads/2013/02/2004.FIJI-NNS-MAIN-REPORT\\_11.04.13.pdf](http://www.nutrition.gov.fj/wp-content/uploads/2013/02/2004.FIJI-NNS-MAIN-REPORT_11.04.13.pdf)

<sup>8</sup> UNICEF website, Info by Country: Fiji, Statistics. Available at: [http://www.unicef.org/infobycountry/fiji\\_statistics.html](http://www.unicef.org/infobycountry/fiji_statistics.html)

**Mean duration of breastfeeding**

**Figure 5.4.2**  
**Mean duration of breastfeeding by ethnicity, 1993 and 2004**



As highlighted in the graphic above, the mean duration of breastfeeding with Fijians tended to be longer (9 months) compared with Indo-Fijians (6.7 months). The duration of breastfeeding in Indo-Fijians had improved in 2004 compared to 1993. **Infants in rural areas were breastfed for shorter periods** (mean duration of 6.8 months) **compared with those in urban areas** (9.8 months).

In children aged 6 months or less, 43.5% of Fijian and 56.5% of Indo-Fijian infants were already on breastmilk substitutes. The most common reasons given by mothers to explain the discontinuation of breastfeeding were ‘not enough breast milk’ (33.3%), ‘other reasons’ (25.3%), ‘back to work’ (14.7%), ‘complications’ (12.0%), and **6.7% believed that ‘infant formula was superior to breastmilk’**.<sup>9</sup> This further illustrates a lack of knowledge about breastfeeding.

**3. Government efforts to encourage breastfeeding**

**National Actions**

According to the 2011 World Breastfeeding Trends initiative (WBTi) report on Fiji, a national Infant and Young Child Feeding/Breastfeeding policy has been adopted by the government. The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond. Moreover, it stated the existence of a **National Breastfeeding Committee that is unfortunately now defunct**. The non-health sector members of the

<sup>9</sup> 2004 Fiji National Nutrition Survey. Available at: [http://www.nutrition.gov.fj/wp-content/uploads/2013/02/2004.FIJI-NNS-MAIN-REPORT\\_11.04.13.pdf](http://www.nutrition.gov.fj/wp-content/uploads/2013/02/2004.FIJI-NNS-MAIN-REPORT_11.04.13.pdf)

Breastfeeding Committee who took the lead left and the committee disbanded. It is considered that it **needs a new person passionate about IYCF to re-establish the committee.**<sup>10</sup>

Additionally, the 2011 WBTi report shows that the Ministry of Health teaches health and nutrition in primary schools. Breastfeeding and nutrition are also taught as part of the home economics module in secondary schools. Fiji's College of Medicine and Nursing has structured 18 hours training for medical, nutrition and dietetics students' only, Nursing students receive some form of breastfeeding training, but not the structured 18 hours.<sup>11</sup> It also noted that **"Information, Education and Communication" (IEC) materials are available in English only.** It is important to translate those materials into Fijians and Hindi to reach a wider audience.<sup>12</sup>

During the World Breastfeeding Conference in 2012, Ms. Ateca Kama made a presentation on behalf of the Ministry of Health of Fiji and UNICEF Pacific. According to her, Fiji was in the process of appointing a Special Committee chaired by the Deputy Secretary Public Health, the awareness trainings within the Ministry were planned and Media messages on information were considered. However, we do not have the information on the realisation of those projects.<sup>13</sup>

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

The government of Fiji **has fully implemented the International Code of Marketing of Breast Milk Substitutes in its entirety.**<sup>14</sup> The Code is interpreted and regulated in Fiji through the 2010 Marketing Controls (Foods for Infants and Young Children) under the Food Safety Act.<sup>15</sup> The Marketing Control regulations include children up to 5 years of age. An administrative directive has also been issued to implement the Code entirely in the health facilities.<sup>16</sup>

A national training on the Code was held in May 2011. Two environmental health officers, 2 nurses and 2 dietitians per subdivision were trained. **Informal monitoring in a supermarket in November 2011**

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<sup>10</sup> WBTi, World Breastfeeding Trends Initiative: "Fiji", December 2011, p. 6. Available at: <http://www.worldbreastfeedingtrends.org/report/WBTi-Fiji-2012.pdf>

<sup>11</sup> WBTi, World Breastfeeding Trends Initiative: "Fiji", December 2011, p. 17.

<sup>12</sup> WBTi, World Breastfeeding Trends Initiative: "Fiji", December 2011, p. 21.

<sup>13</sup> Presentation of Ateca Kama on behalf of Ministry of Health Fiji and UNICEF Pacific, "The Scope of the Fiji Law", World Breastfeeding Conference, New Delhi, December 2012. Available at: [http://worldbreastfeedingconference.org/images/128/Ateca%20Kama\(1\).pdf](http://worldbreastfeedingconference.org/images/128/Ateca%20Kama(1).pdf)

<sup>14</sup> WHO-Western Pacific Region website, Breastfeeding: Key Facts. Available at: [http://www.wpro.who.int/mediacentre/factsheets/docs/fs\\_201307\\_breastfeeding/en/](http://www.wpro.who.int/mediacentre/factsheets/docs/fs_201307_breastfeeding/en/)

<sup>15</sup> 2010 Marketing Controls Legislation (children under 5). Available at: <http://www.nutrition.gov.fj/wp-content/uploads/2013/02/MarketingControlsLegislation-IYCF-2010.pdf>

<sup>16</sup> Presentation of Ateca Kama on behalf of Ministry of Health Fiji and UNICEF Pacific, "The Scope of the Fiji Law", World Breastfeeding Conference, New Delhi, December 2012. Available at: [http://worldbreastfeedingconference.org/images/128/Ateca%20Kama\(1\).pdf](http://worldbreastfeedingconference.org/images/128/Ateca%20Kama(1).pdf)

**highlighted a violation of the Code:** complementary food labeling the product as suitable for age 4-6 months has been only partially obscured.<sup>17</sup>

### **Monitoring and Evaluation**

Fiji conducts monitoring and evaluation through the ten-yearly National Nutrition Surveys (NNS). The next survey was planned to be conducted this year (2014). Data from NNS helps in formulating policies and designing intervention programmes for specific target populations.<sup>18</sup>

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

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The Government of Fiji has established a **national BFHI coordinator** with a strong commitment and a community-based effort to organize breastfeeding support groups. Indeed, Fiji started this initiative and by the beginning of 2009, **all its 21 public hospitals were certified as ‘Baby-Friendly’ within the Ministry of Health.**<sup>19</sup>

In order to ensure that hospitals continue to maintain the standards, a re-assessment has been performed four years later. The National Food and Nutrition Committee and the Nutrition Department of the Ministry of Health have created an assessors training programme for the BFHI. The training, based on BFHI guidelines was supposed to be conducted around Fiji.<sup>20</sup>

Based on the case study of Nausori Maternity Unit,<sup>21</sup> which was found to be 80% compliant to BFHI standards, we can assume that main obstacles to the implementation of the 10 Steps are:

1. **Hospitals fail to refresh courses every 2 years as recommended by WHO.**
2. **Lack of providing mothers with contacts of health care persons.** A lot of mothers coming from rural areas, where accessibility to transport is a problem, might not be able to come to the hospital for advice on breastfeeding. Therefore, it is believed that phone contacts, especially of community health workers and community support groups or even the hospital, would be beneficial.

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<sup>17</sup> WBTi, World Breastfeeding Trends Initiative: “Fiji”, December 2011, p. 10.

<sup>18</sup> WBTi, World Breastfeeding Trends Initiative: “Fiji”, December 2011, p. 28.

<sup>19</sup> UNICEF website, “*Fiji becomes first country in the Asia-Pacific region to have all public hospitals declared baby-friendly*”. Available at: [http://www.unicef.org/infobycountry/fiji\\_50740.html](http://www.unicef.org/infobycountry/fiji_50740.html)

<sup>20</sup> Australian Aid Newsletter, “Fiji Health Sector Support Program”, Issue 3, January-March 2012. Available at: <http://www.fhssp.org.fj/wp-content/uploads/2012/10/January-March-2012-Newsletter.pdf>

<sup>21</sup> “*Evidence Based Health Practice*” Fiji Journal of Public Health, Vol 1, Issue 2, October-December 2012. Available at: <http://www.health.gov.fj/PDFs/Fiji%20Journal%20of%20Public%20Health%20Vol1Issue2.pdf>

## 5. Maternity protection for working women

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In a study conducted by the Fiji Journal of Public Health, among mothers who do not exclusively breastfeed, **57% reported work as being the reason for them not to exclusively breastfeed.**<sup>22</sup>

### **Maternity protection**

Pregnant or breastfeeding women are not directly protected from hazardous work or offered alternative work until they are no longer pregnant or breastfeeding.

### **Maternity leave**

The Fiji Employment Relations Promulgation of 2007 provides maternity protection to all working women in Fiji, except for members of Republic of Fiji Military Force, Fiji Police and Fiji Prisons and Correction Services. For the latter group, the 2011 General Orders Leave regulation apply.<sup>23</sup>

**Duration:** the leave entitlement lasts for **84 consecutive days.**<sup>24</sup> The Promulgation expressly states that a woman's maternity leave entitlement may be taken at any time **before or after confinement.** However, where the woman chooses to work during the pre-confinement period, she must produce a medical certificate certifying that she is fit to work during that period.<sup>25</sup>

**Benefits:** for the first 3 births, the working woman is entitled to the normal remuneration she would have received as if she had been at work. For her fourth and subsequent births, she is entitled to only half the normal remuneration she would have received as if she had been at work.<sup>26</sup> As a result, it had been noted that **women tend to return to work directly after their fourth birth or more. This may be a direct consequence of their entitlement to only half of her normal remuneration.**<sup>27</sup>

### **Breastfeeding breaks**

There is no provision of paid or unpaid breaks during work hours to facilitate breastfeeding or breastmilk expression.

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<sup>22</sup> *Evidence Based Health Practice*” Fiji Journal of Public Health, Vol 1, Issue 2, October-December 2012. Available at: <http://www.health.gov.fj/PDFs/Fiji%20Journal%20of%20Public%20Health%20Vol1Issue2.pdf>

<sup>23</sup> Government of Fiji, “*General Orders*”, Public Service Commission, 2011, §714. Available at: [http://www.psc.gov.fj/media/ckfinder/files/edited%20aligned%20go2011\\_master.pdf](http://www.psc.gov.fj/media/ckfinder/files/edited%20aligned%20go2011_master.pdf)

<sup>24</sup> Employment Relations Promulgation 2007 §101. Available at: <http://www.labour.gov.fj/erp2008/ERP/A4.pdf>

<sup>25</sup> Employment Relations Promulgation 2007 §101 (3).

<sup>26</sup> Employment Relations Promulgation 2007 §101(2).

<sup>27</sup> WBTi, World Breastfeeding Trends Initiative: “Fiji”, December 2011, p. 14.



## 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.

Since 1999, 8 cases of mother-to-child transmission have occurred. At the end of 2005, 17 HIV positive pregnancies had been recorded, of which 8 children were born HIV positive, 4 negative, and 5 with unknown HIV status.<sup>28</sup> In 2012, 15 infants born of pregnant women living with HIV started on antiretroviral prophylaxis to prevent mother-to-child transmission.<sup>29</sup>

By 2007, 100% of HIV positive pregnant women have received a complete course on ARV for preventing mother-to-child transmission.<sup>30</sup> However, no national guidelines on infant feeding in case of HIV infection have been made available.

## 7) Infant feeding in emergencies (IFE)<sup>31</sup>

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In coordination with UNICEF and WHO, Fiji developed a **flyer on infant feeding during emergencies**. However, **neither national plans nor a focus person have been identified to coordinate activities**.<sup>32</sup>

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<sup>28</sup> Government of Fiji, UNICEF *“Fiji Islands : A situation analysis of children, youth & women”*, 2007. Available at: [http://www.unicef.org/pacificislands/Fiji\\_SitAn.pdf](http://www.unicef.org/pacificislands/Fiji_SitAn.pdf), p.25

<sup>29</sup> *“Towards an AIDS-FREE Generation: Children and AIDS”*, Sixth Stocktaking Report 2013, p.60. Available at: [http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/20131129\\_stocktaking\\_report\\_children\\_aids\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/20131129_stocktaking_report_children_aids_en.pdf)

<sup>30</sup> WBTi, The World Breastfeeding Trends Initiative: *“Fiji”*, December 2011, p. 24. Available at: <http://www.worldbreastfeedingtrends.org/report/WBTi-Fiji-2012.pdf>

<sup>31</sup> 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 training modules<sup>31</sup> as well as an Operational Guidance<sup>31</sup> 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”.

<sup>32</sup> WBTi, World Breastfeeding Trends Initiative: *“Fiji”*, December 2011, p. 26. Available at: <http://www.worldbreastfeedingtrends.org/report/WBTi-Fiji-2012.pdf>