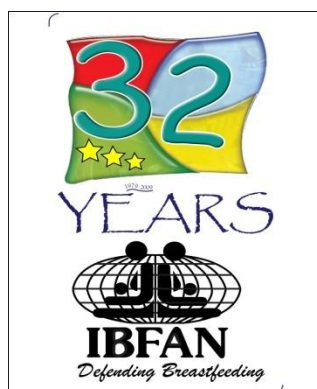


# THE CONVENTION ON THE RIGHTS OF THE CHILD

Session May-June 2014

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## REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN KYRGYZSTAN



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## SUMMARY

*The following obstacles/problems have been identified:*

- High rates of infant and neonatal mortality coexisting with inadequate infant feeding practices, such as early introduction of complementary food, breastmilk substitutes and other liquids and early weaning
- Almost 2 children out of 3 (38%) are not breastfed until the age of 6 months and only 4 children out of 10 are breastfed until the age of 2 years.
- Lack of adequate training of health care workers and health professionals on optimal breastfeeding practices.
- No full implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent WHA (the Code) and no independent monitoring.
- Regional disparities concerning knowledge of HIV/AIDS.
- No information on the total amount of maternity yards in the country and no recent data on the amount of baby-friendly hospitals.
- 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:*

- **Improve the knowledge of mothers/caregivers and health care professionals on adequate breastfeeding practices:** early initiation of breastfeeding within one hour following delivery, exclusive breastfeeding until 6 months of age and continued breastfeeding until 2 years of age or beyond.
- **Implement all provisions of the Code** through national legislation. Ensure effective implementation through **independent monitoring and sanctions** in cases of violations.
- Strengthen **BFHI implementation** independently of any other national measure throughout the country and ensure **effective monitoring** of existing baby-friendly hospitals.
- Ensure that **all women** working in both informal and formal sectors **are entitled to maternity leave benefits**. Ensure that **all women are protected against dismissal during pregnancy and lactation** and are entitled to **paid nursing breaks**.
- Improve knowledge on HIV/AIDS and ensure that **all HIV-positive mothers have access to antiretroviral therapy** in order to prevent mother-to-child transmission.
- 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 Kyrgyzstan’s combined 3<sup>rd</sup> and 4<sup>th</sup> periodic report.

At the last review in 2000 (session 24), the CRC Committee did not refer to breastfeeding in particular but referred to health care in general in its Concluding Observations<sup>1</sup>. In para 44-48, the Committee recommended Kyrgyzstan to: “ensure that its commitment to primary health care, [...] is met by adequate allocation of resources, both human and financial, and that **all children, especially from the most vulnerable groups, have access to health care**. The Committee recommends that the State party take all appropriate measures, including international cooperation, to prevent and combat the damaging effects of environmental degradation on children, including pollution and contamination of water supplies.”

## 2) General situation concerning breastfeeding in Kyrgyzstan

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### General data

	2010 <sup>2</sup>	2011 <sup>3</sup>	2007-2012 <sup>4</sup>
Annual number of birth	130,000		
Neonatal mortality rate (per 1000 live births)	19	16	
Infant mortality rate (per 1000 live births)	33	27	
Infant – under 5 – mortality rate (per 1000 live births)	38	31	
Maternal mortality ratio (per 100,000 live births) (adjusted)	71 <sup>5</sup>		
<i>Delivery care coverage (%):</i>			
Skilled attendant at birth			99
Institutional delivery			97
Stunting (under 5 years)		14 <sup>6</sup>	

### Breastfeeding data

	2007-2012 <sup>7</sup>
Early initiation of breastfeeding (within one hour from birth)	65%
Children exclusively breastfed (0-5 months)	32%
Introduced to solid food (6-8 months)	60%
Breastfeeding at age 2	26%

<sup>1</sup> <http://tb.ohchr.org/default.aspx?Symbol=CRC/C/15/Add.127>

<sup>2</sup> UNICEF, Kyrgyzstan, Maternal, Newborn & Child Survival, 2012, available at:

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

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

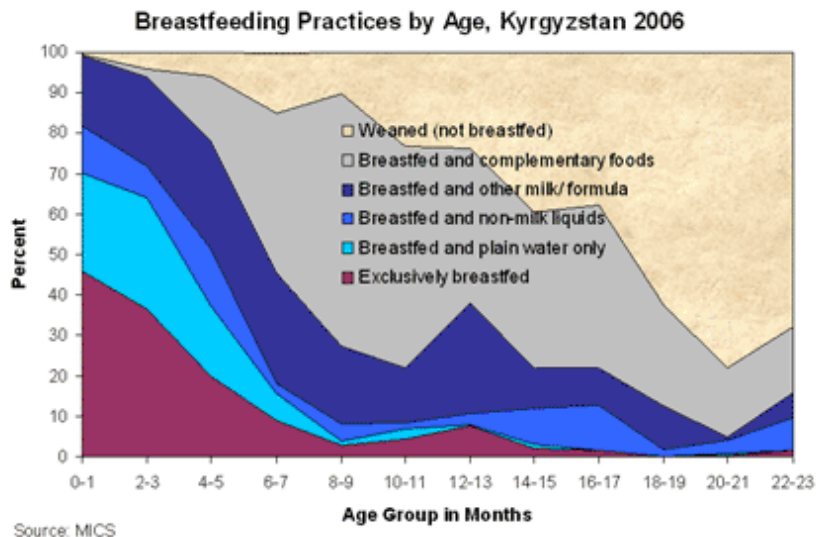
<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

<sup>7</sup> Ibid.

According to UNICEF, almost two thirds of the children are breastfed within an hour after birth, which is a very low rate considering the fact that 99% of women are assisted by skilled attendant and that 97% are delivering in institutional delivery. What is more, only one child out of three is breastfed until the age of 6 months indicating a **lack of knowledge of adequate breastfeeding practices** in the country. Indeed, UNICEF points out in an article<sup>8</sup> that there is **no work being done** by health professionals to provide mothers and families correct information. This influences negatively child feeding practices.



The graph above provides a presentation of the overall feeding patterns among children 0-23 months for 2006, in Kyrgyzstan. It shows that a large portion of children under 6 months are being fed with breastmilk and plain water, or formula milk or not breastfed at all. In addition, a considerable portion of children under 6 months are fed with breastmilk and with solid, semi-solid and soft complementary food. This shows that **complementary food is introduced earlier than the recommended 6-9 months**; a considerable increase of complementary food occurs at the age of 2-3 months. The portion of children that are **weaned prematurely**, that is not breastfed but fed only with other food, increases at 4-5 months and then rapidly at 8-9 months. Ideally, weaning should start at 22-23 months.

<sup>8</sup> Olga Grebennikova, Protecting the health and well-being of future generation, UNICEF, available at: [http://www.unicef.org/ceecis/reallives\\_11199.html](http://www.unicef.org/ceecis/reallives_11199.html)

However, a 2012 Demographic Health Survey (DHS) highlighted changes in breastfeeding practices.<sup>9</sup>

**Table 11. Breastfeeding status by age**

Percent distribution of youngest children under age 2 who are living with their mother, by breastfeeding status, the percentage currently breastfeeding; and the percentage of all children under age 2 using a bottle with a nipple, according to age in months, Kyrgyz Republic 2012

Percent distribution of youngest children under age 2 living with their mother, by breastfeeding status

Age in months	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	Total	Percentage currently breast-feeding	Number of youngest children under age 2	Percentage using a bottle with a nipple	Number of all children under age 2
0-1	5.3	75.0	14.4	0.0	4.4	0.9	100.0	94.7	99	2.8	99
2-3	1.3	61.1	21.4	2.0	4.6	9.6	100.0	98.7	168	14.2	169
4-5	2.7	38.0	21.6	9.0	4.6	24.2	100.0	97.3	149	16.7	152
6-8	4.9	14.0	15.0	3.8	5.0	57.3	100.0	95.1	225	30.7	230
9-11	12.4	10.0	4.0	1.7	1.1	70.9	100.0	87.6	259	31.8	263
12-17	30.4	4.0	0.4	1.2	1.1	62.9	100.0	69.6	409	23.9	426
18-23	60.1	2.2	1.5	1.1	0.0	35.1	100.0	39.9	343	18.0	406
0-3	2.8	66.2	18.8	1.2	4.5	6.4	100.0	97.2	268	10.0	268
0-5	2.7	56.1	19.8	4.0	4.6	12.8	100.0	97.3	417	12.4	421
6-9	5.6	13.0	11.2	3.1	4.4	62.7	100.0	94.4	318	30.6	325
12-15	31.7	3.6	0.5	0.8	1.6	61.7	100.0	68.3	282	25.8	293
12-23	43.9	3.2	0.9	1.1	0.6	50.3	100.0	56.1	753	21.0	832
20-23	63.0	1.3	1.6	1.2	0.0	32.8	100.0	37.0	228	17.2	282

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, or complementary foods (solids and semisolids) are hierarchical and mutually exclusive; thus, the percentages in these categories add to 100 percent. Note that 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.

Indeed, exclusive breastfeeding between 0-1 months increased from 45% in 2006 to 75% in 2012. Besides, the portion of babies being fed with plain water and breastmilk as well as the use of complementary food decreased between 2006 and 2012. Nevertheless, **exclusive breastfeeding rate at 4-5 months (38%) shows that almost 2 children out of 3 are not breastfed until the age of 6 months and 60.1% of the children are weaned between 18 to 23 months**, which means that only 4 children out of 10 are breastfed until the age of 2 years.

These rates show that a lot has been done by the government regarding the promotion of breastfeeding practices, regarding early initiation of breastfeeding and the use of complementary food. Yet, there is still work to be done, especially in terms of protection and support of breastfeeding practices.

### 3) Government efforts to encourage breastfeeding

#### *National measures*

The Parliament passed the Law on Breastfeeding and Marketing Substitutes of Kyrgyz Republic in December 2008, which is based on the International Code of Breast Milk Substitutes and subsequent WHA resolutions (the Code).

The government adopted a new law on the promotion of breastfeeding practices in March 2009, limiting at the same time advertisement and promotion of infant formulas. It also planned to train health professionals to breastfeeding practices because **doctors seem to be corrupted by baby food industry** and contribute therefore to the opinion that breastmilk contains less vitamins and mineral substances

<sup>9</sup> DHS, Kyrgyz Demographic and Health Survey 2012, Preliminary report, available at:

<http://www.measuredhs.com/pubs/pdf/PR27/PR27.pdf>

than infant formulas<sup>10</sup>. Due to conflicts of interests, **mothers are not receiving the adequate information about their milk** and receive **free samples** of articles of baby food producers. UNICEF emphasizes in its article that there are 21 companies from 15 countries producing breastmilk substitutes in Kyrgyzstan<sup>11</sup>. It also highlights that there is **no program in place to monitor the new law** that has been adopted in 2009.

In 2012, UNICEF<sup>12</sup> wrote a report, in the perspective of launching a country action plan with the Kyrgyz government. This plan will especially focus on maternal and child health and schedules that over 75% of maternity staff would be trained on effective prenatal and neonatal care.

### ***Specific information concerning the Code***

According to the International Code Documentation Centre, Kyrgyzstan has implemented many of the provisions of the Code as legally enforced measures. However, not all of them have been implemented.

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

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According to the WHO<sup>13</sup>, there were 43 baby-friendly hospitals in Kyrgyzstan in 2006. However, there was no record of the total amount of maternity wards in the country.

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

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The Labor Code of Kyrgyz Republic (2003) states that women are entitled to a general duration of the **maternity leave of 126 days** (70 days prior to birth and 56 days after birth). **Women are paid 100 per cent of the salary for the first 10 working days. Then, the maternity benefits decreased to 46 per cent of the wage.** Mothers can extend their maternity leave up to three years but the extend is unpaid. The maternity leave is financed by the State (the employer pays the benefits from his own funds, and is later reimbursed by the State). Employers are required to provide the employee with the same job when women return from maternity leave. According to the Law on Breastfeeding and Marketing Substitutes of Kyrgyzstan, employers should provide break time for nursing mothers. Dismissal of pregnant women is penalized<sup>14</sup>.

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<sup>10</sup> Grebennikova, Protecting the health and well-being of future generation, UNICEF, available at [http://www.unicef.org/ceecis/reallives\\_11199.html](http://www.unicef.org/ceecis/reallives_11199.html)

<sup>11</sup> Ibid.

<sup>12</sup> UNICEF, Country Programme Action Plan Between The Government Of The Kyrgyz Republicv And United Nations Children’s Fund, 2012, available at: [http://www.unicef.org/kyrgyzstan/CPAP\\_2012\\_2016\\_English.pdf](http://www.unicef.org/kyrgyzstan/CPAP_2012_2016_English.pdf)

<sup>13</sup> Dr. Ivan Lejnev and Aigul Kuttumuratova, Approches to an integrated supervisory system in Kyrgyzstan for better maternal and child health, 2009, available at: [http://www.euro.who.int/\\_data/assets/pdf\\_file/0004/82534/KYRG\\_integrated\\_MCH.pdf](http://www.euro.who.int/_data/assets/pdf_file/0004/82534/KYRG_integrated_MCH.pdf)

<sup>14</sup>The World Bank, Kyrgyz Republic, early childhood development, 2013, available at : [http://wbgfiles.worldbank.org/documents/hdn/ed/saber/supporting\\_doc/CountryReports/ECD/SABER\\_ECD\\_Kyrgyz\\_Republic\\_CR\\_Final\\_2013R.pdf](http://wbgfiles.worldbank.org/documents/hdn/ed/saber/supporting_doc/CountryReports/ECD/SABER_ECD_Kyrgyz_Republic_CR_Final_2013R.pdf)

In 2008, during its 42<sup>nd</sup> session, the Committee on Elimination of Discrimination Against Women (CEDAW) addressed the issue of gender equality at the workplace and urged Kyrgyzstan to : *“take measures to ensure equal opportunities for women and men in the labour market; to ensure that all employment-generation programmes are gender-sensitive and that women effectively benefit from all programmes to support entrepreneurship; introduce measures to narrow and eliminate the existing gap between the wages of women and men; take measures allowing for the reconciliation of family and employment responsibilities be strengthened and further measures implemented to promote the sharing of domestic and family responsibilities between women and men.”* (para 36).

## 6) HIV and infant feeding

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UNICEF reported that the prevalence of people of all age living with HIV/AIDS was of 12% in 2011<sup>15</sup>. According to the 2012 Demographic Health Survey, there are slight differences between the knowledge of AIDS within the Kyrgyz population. Rural areas tend to know less about AIDS (88.1%) than urban areas (94.4%). Globally, the different regions have well informed their population (between 90.9 to 98.9%), except for Djalal-Abad (86.7%) and Osh Oblast (75.4%). The survey also underlines that people from urban areas are more likely to be aware of safe sexual practices than those living in the rural areas. The majority of HIV infections are due to intravenous drug use.

According to UNICEF<sup>16</sup>, in 2011, **78% of the HIV-positive pregnant women received antiretroviral treatment** in order to prevent mother-to-child transmission. There is **no information regarding provision of breastmilk substitutes to HIV-positive mothers**.

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

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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 training modules<sup>17</sup> as well as an Operational Guidance<sup>18</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

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<sup>15</sup> UNICEF, Kyrgyzstan, Statistics, available at : [http://www.unicef.org/infobycountry/kyrgyzstan\\_statistics.html](http://www.unicef.org/infobycountry/kyrgyzstan_statistics.html)

<sup>16</sup> UNICEF, Kyrgyzstan, available at : <http://www.unicef.org/kyrgyzstan/health.html>

<sup>17</sup> Infant Feeding in Emergencies Module 1 - For emergency relief staff. Available at:

[http://www.who.int/nutrition/publications/emergencies/ife\\_module1/en/](http://www.who.int/nutrition/publications/emergencies/ife_module1/en/)

Infant Feeding in Emergencies Module 2 Version 1.1 - For health and nutrition workers in emergency situations for training, practice and reference. Available at:

[http://www.who.int/nutrition/publications/emergencies/ife\\_module2/en/](http://www.who.int/nutrition/publications/emergencies/ife_module2/en/)

<sup>18</sup> Infant and Young Child Feeding in Emergencies - Operational Guidance for Emergency Relief Staff and Programme. Available at: <http://www.enonline.net/pool/files/ife/ops-guidance-2-1-english-010307-with-addendum.pdf>

required breast-milk substitutes are purchased, distributed and used according to strict criteria”. Currently, there is **no information available on an emergency preparedness plan** to ensure integrated response to protect and support breastfeeding in case of emergencies in Kyrgystan.

**Data sourced from:**

<http://www.un.org.kg/en/docs/article/document-database/un-agencies/93-unicef/3495-the-day-of-three-laws-in-kyrgyzstan>

[http://www.unicef.org/ceecis/reallives\\_11199.html](http://www.unicef.org/ceecis/reallives_11199.html)

[http://www.childinfo.org/breastfeeding\\_kyrgyzstan.html](http://www.childinfo.org/breastfeeding_kyrgyzstan.html)

[http://www.unicef.org/kyrgyzstan/media\\_10681.html](http://www.unicef.org/kyrgyzstan/media_10681.html)

[http://www.unicef.org/infobycountry/kyrgyzstan\\_statistics.html](http://www.unicef.org/infobycountry/kyrgyzstan_statistics.html)

[http://www.who.int/gho/countries/kgz/country\\_profiles/en/index.html](http://www.who.int/gho/countries/kgz/country_profiles/en/index.html)

<http://www.unicef.org/programme/breastfeeding/assets/statusbfhi.pdf>

<http://www.measuredhs.com/pubs/pdf/PR27/PR27.pdf>

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

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

[http://www.childinfo.org/country\\_profiles.php?input=81](http://www.childinfo.org/country_profiles.php?input=81)

<http://www.unicef.org/kyrgyzstan/health.html>

[http://wbgfiles.worldbank.org/documents/hdn/ed/saber/supporting\\_doc/CountryReports/ECD/SABER\\_ECD\\_Kyrgyz\\_Republic\\_CR\\_Final\\_2013R.pdf](http://wbgfiles.worldbank.org/documents/hdn/ed/saber/supporting_doc/CountryReports/ECD/SABER_ECD_Kyrgyz_Republic_CR_Final_2013R.pdf)

[http://www.unicef.org/kyrgyzstan/CPAP\\_2012\\_2016\\_English.pdf](http://www.unicef.org/kyrgyzstan/CPAP_2012_2016_English.pdf)

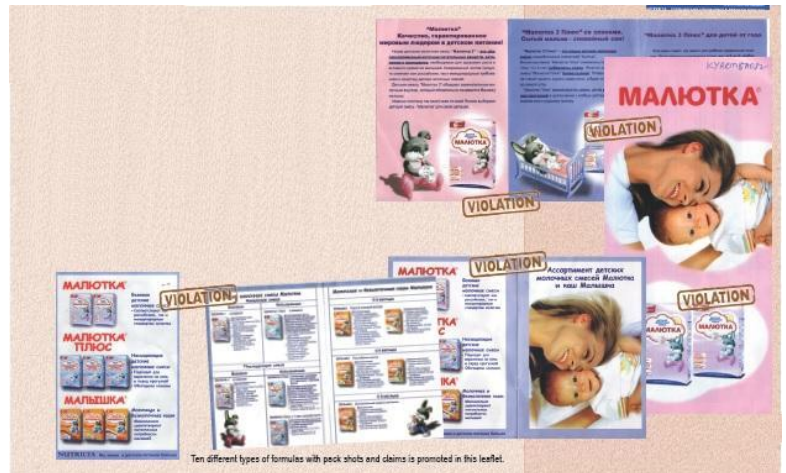


## Annex :

Our report *Breaking the Rules 2010* points to the fact that many violations of the Code were recorded in Kyrgyzstan.

### DANONE

In Kyrgyzstan, the law prohibits the distribution of information and education materials which idealise the consumption of commercial baby foods. **Nutricia** violates the law by distributing different types of leaflets which promote **Malutka** formulas and cereal products. The bunny mascot in different positions on product label is featured below feeding – an image which undermines breastfeeding. The idealising picture of the beautiful smiling mum and her baby is invariably featured below the **Malutka** logo in every leaflet.



### HERO

In Kyrgyzstan, the label of Bebe milk biscuit, also sourced from Ülker, violates the Kyrgyz law by showing an idealising picture of a mother and baby. It contains a message to mothers to start feeding baby complementary foods from 4 months and explains how Bebe has twelve vitamins and seven minerals which are ideal for baby's development. Apart from a sticker in Russian showing the product's nutrient content, everything is in Turkish.



### HIPP

In Kyrgyzstan, Hipp labels its complementary food products as suitable from 4 months. Where they can get away with product promotion, they do so.



**NESTLÉ**

Among the “emerging markets”, Nestlé presence has expanded enormously in Kyrgyzstan. The shelves are full with “modern” colourful packages at outrageous prices tempting local consumers to catch up with the West. Doctors, whose salaries are low, are easily impressed with freebies like calendars, diaries, note books and seminars. Again Nestlé rides roughshod over its own Instructions in this country. In principle, Nestlé’s 6 month rule should apply here but the examples in the shops show many complementary foods and drinks labelled for 4 and 5 months.

When Kyrgyzstan adopted a strong law based on the International Code, the Nestlé people were the first to exert pressure.



Note books for health workers in Kyrgyzstan interspersed with promotion.



Despite many promises Nestlé made around the world to change all its complementary food labels to 6 months, these Nestlé cereals in Kyrgyzstan are still labelled for 4 and 5 months.