

COMMITTEE ON THE ELIMINATION OF DISCRIMINATION AGAINST WOMEN

Session 59 / October-November 2014

---

**REPORT ON THE SITUATION OF  
INFANT AND MATERNAL HEALTH AND WORK-RELATED  
ISSUES IN CHINA**



September 2014

**Data sourced from:**

The data and information were from opening reports by MOH/NHFPC, ILO and UNAIDS, as and were footnoted.

**Prepared by:**

IBFAN East Asia

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

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

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

**Breastfeeding is an essential part of women’s reproductive cycle:** it is the third link after pregnancy and childbirth. It protects mothers’ health both in the short and long term by, among others, reducing postpartum bleeding, aiding the mother’s recovery after birth (synchronization of sleep patterns, enhanced self-esteem, lower rates of post-partum depression, easier return to pre-pregnancy weight), offering the mother protection from iron deficiency anaemia, delaying the return of fertility thus providing a natural method of child spacing (the Lactational Amenorrhea Method - LAM) for millions of women who do not have access to modern form of contraception, and decreasing the incidence of osteoporosis and the risk of ovarian-, breast- and other reproductive cancers later in life. For these reasons, **promoting, protecting and supporting breastfeeding is part of the State obligation** to ensure women receive appropriate services in connection with the post-natal period. In addition, if a woman cannot choose to breastfeed because of external conditions beyond her control, she is stripped of bodily integrity and denied the opportunity to enjoy the full potential of her body for health, procreation and sexuality. The right to breastfeed does not disappear with the fact that some women may choose alternative methods of feeding their children.

Optimal breastfeeding practices as recommended by WHO Global Strategy for Infant and Young Child Feeding<sup>1</sup> (early initiation of breastfeeding within one hour after birth, exclusive breastfeeding for 6 months followed by timely, adequate, safe and appropriate complementary feeding practices, with continued breastfeeding for up to 2 years or beyond) also provide the key building block for child survival, growth and healthy development<sup>2</sup>. Enabling women to follow such recommendations means empowering them by giving them the opportunity and support to best care for their child.

#### **Breastfeeding and human rights**

Several international instruments make a strong case for protecting, promoting and supporting breastfeeding, and stipulate the right of every human being, man, woman and child, to optimal health, to the elimination of hunger and malnutrition, and to proper nutrition. These include the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), in particular art. 1 and 5 on gender discrimination on the basis of the reproduction status (pregnancy and lactation), art. 12 on women’s right to health and art. 16 on marriage and family life, the International Covenant on Economic, Social and Cultural Rights (CESCR), especially art. 12 on the right to health, including sexual and reproductive health, art. 11 on the right to food and art. 6, 7 and 10 on the right to work, the Convention on the Rights of the Child (CRC), especially art. 24 on the child’s right to health. Interpreted jointly, these treaties support the claim that **‘breastfeeding is the right of both the mother and her child, and is essential to fulfil every child’s right to adequate food and the highest attainable standard of health’**. As duty-bearers, States have the obligation to create a protective and enabling environment for women to breastfeed, through adoption of measures that protect, promote and support breastfeeding.

<sup>1</sup> WHO 2002, Global Strategy on Infant and Young Child Feeding, available at:

<http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html>

<sup>2</sup> IBFAN, What Scientific Research Says? Available at: <http://www.ibfan.org/issue-scientific-breastfeeding.html>

## **SUMMARY**

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

- The popularity of formula feeding in China has weakened the voice of breastfeeding promotion.
- It is hard to ensure mothers' entitlement to paid maternal leave and breastfeeding facilities, especially during the rapid social and live style changing in China.
- The 1995 China's Regulation of Marketing of Breast-milk Substitutes is weakly implemented without real punishment for violations. Marketing promotion has evolved to evade the national regulations, such as advertisement for follow-up formula, soft articles in media and encroach upon academic and welfare issues. These are out of the scope of the national Regulation.
- It is a big challenge for health authorities to supervise and conduct fresh training and reassess such enormous baby friendly health facilities in China.

**Our recommendations** include:

- Optimal breastfeeding and infant and young child feeding practise should be **included into training of health professionals** and be **promoted to general public**.
- The labour union and the women federation should enforce **the paid maternal leaves and maternity insurance in private working units**.
- It is urgent to **strengthen Code implementation** in China and adopted more practical national legislation and other measures to restrict the market promotion for formula, not only products for baby under 6 months, but also babies over 6 months.
- The health authorities should seriously **review BFHI current situation in China**, and launch refreshment trainings, assessment and re-entitlement among all health facilities. It is recommended to set up monitoring and reporting mechanisms jointly with civil society, women units, media, the general public and NGOs.

## 1) General situation concerning breastfeeding in China

WHO recommends: 1) **early initiation of breastfeeding** (within an hour from birth); 2) **exclusive breastfeeding** for the first 6 months; 3) **continued breastfeeding** for 2 years or beyond, together with adequate and safe complementary foods.<sup>3</sup>

Despite these recommendations, globally more than half of the newborns are not breastfed within one hour from birth, less than 40% of infants under 6 months are exclusively breastfed and only a minority of women continue breastfeeding their children until the age of two.

### Rates on infant and young child feeding:

- **Early initiation:** Proportion of children born in the last 24 months who were put to the breast within one hour of birth
- **Exclusive breastfeeding:** Proportion of infants 0–5 months of age who are fed exclusively with breast milk
- **Continued breastfeeding at 2 years:** Proportion of children 20–23 months of age who are fed breast milk

**Complementary feeding:** Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods

The maternal and child health reporting system includes limited indicators on infant and young child feeding (IYCF), but it is not open to consultation. National Health Services Survey reports IYCF data every five years. Since 2011, annual nutrition surveillance has been conducted to monitor the nutrition status of under-5 children, and its data is expected.

### **General data<sup>4</sup>**

**Table 1. Number of US Population in China**

	1982 (10,000)			1990 (10,000)			1982 (10,000)			2008 (10,000)			2009 (10,000)		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	101654	52352	49302	114333	58904	55429	126743	65437	61306	1178521	598339	580182	1164986	591871	573115
0-4 yr	9470	4898	4572	11644	6105	5539	6898	3765	3133	60409	33352	27057	60158	33140	27018

**Table 2. Birth Rates in China**

	1982	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011	2012
Birth rate (‰)	22.28	21.06	17.12	14.03	12.40	12.09	12.10	12.14	12.13	11.90	11.93	13

<sup>3</sup> <http://www.who.int/topics/breastfeeding/en/>

<sup>4</sup> Source for Tables 1-3: China Health Statistical Yearbook 2011, 2012 (Abstract)

**Table 3. Mortality Rate of Maternal & Children under 5-year**

	Newborn Mortality Rate (per 1000 Live Births)			Infant Mortality Rate (per 1000 Live Births)			Mortality Rate of Children Under 5-year(per 1000 Live Births)			Maternal Mortality Rate (per 100 000 Live Births)		
	National	Urban	Rural	National	Urban	Rural	National	Urban	Rural	National	Urban	Rural
1991	33.1	12.5	37.9	50.2	17.3	58.0	61.0	20.9	71.1	80.0	46.3	100.0
2000	22.8	9.5	25.8	32.2	11.8	37.0	39.7	13.8	45.7	53.0	29.3	69.6
2005	13.2	7.5	14.7	19.0	9.1	21.6	22.5	10.7	25.7	47.7	25.0	53.8
2009	9.0	4.5	10.8	13.8	6.2	17.0	17.2	7.6	21.1	31.9	26.6	34.0
2010	8.3	4.1	10.0	13.1	5.8	16.1	16.4	7.3	20.1	30.0	29.7	30.1
2011	7.8	4.0	9.4	12.1	5.8	14.7	15.6	7.1	19.1	26.1	25.1	26.5
2012	9	-	-	12	-	-	14	-	-	-	-	-
2013	8	-	-	11	-	-	-	-	-	-	-	-

***Breastfeeding data<sup>5</sup>***

	2008 -2012
Initiation to breastfeeding in 1 hour after birth	41.0%
Exclusive breastfeeding at 6 months	27.6%
Complementary feeding at 6 months	43.3%
Continued breastfeeding at 12-15 months	37.0%
Mean duration of breastfeeding	-

Breastfeeding declined rapidly during the 1980s due to the promotion of breast-milk substitutes and inappropriate medical practices. With the implementation of the Baby-Friendly Hospital Initiative (BFHI) since 1992 and the adoption of *China's Regulation of Marketing of Breastmilk Substitutes* in 1995, breastfeeding is recognized as a crucial intervention for child's health and mothers are encouraged and supported to breastfeed their infants. However, breastfeeding promotion in the community and at workplace has not received yet enough attention.

<sup>5</sup> Report of National Health Services Survey in China 2008 and UNICEF statistics by country.

China currently encounters two main challenges to promote optional breastfeeding practices. Firstly, it is necessary to persuade people not to give water to infants below 6 months. Secondly, China should completely ban the marketing of breastmilk substitutes which undermines mothers' confidence in their capacity to breastfeed successfully.

Breastfeeding rates in rural areas are higher than in urban areas. The 2008 National Health Services Survey indicated that 27.6% of mothers exclusively breastfed their infants until they reach the age of 6 months (15.8% in urban areas and 30.3% in rural areas), while 37% of mothers still breastfed their babies at 12-15 months (15.5% in urban areas and 41.8% in rural areas).

### **Main causes of death among infants and children:**

In 2010, the main death causes of infants and children under 5 years were premature birth and low birth weight, birth asphyxia, pneumonia, congenital heart disease, and accidental suffocation.<sup>6</sup>

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

---

The main reason given by majority of working mothers for ceasing breastfeeding is their **return to work following maternity leave**.

It is therefore necessary to make adjustments in the workload of mothers of young children so that they may find the time and energy to breastfeed; this should not be considered the mother's responsibility, but rather a **collective responsibility**. Therefore, States should adopt and monitor an adequate policy of maternity protection in line with *ILO Convention 183 (2000)* that facilitate six months of exclusive breastfeeding for women employed in all sectors, and facilitate workplace accommodations to feed and/or to express breastmilk.

In 2011 the number of employed women reached 351.53 million. Women constitute about 46% of all employees.<sup>8</sup>

In April 2012, China's State Council adopted the *Special Provisions on Labor Protection of Female Workers* (the "New Provisions") and entered into force while the *Provisions on Labor Protection of Female Workers* (the "Original Provisions") issued in 1988 were simultaneously repealed. Compared to the Original Provisions, the New Provisions have introduced innovations with regard to the scope of labor activities that are prohibited for female workers, paid maternity leave of 14 weeks (before and after giving birth), supervision and administration mechanism and employers' responsibilities and liabilities.

---

<sup>6</sup> Ministry of Health, National Maternal and Child Health Surveillance and Report Abstract, 2013, 4(53), 6-12 Available at: <http://www.mchscn.org/admin/xiazai/tongxun/2013年全国妇幼卫生监测及年报通讯第4期.pdf>

<sup>7</sup> ILO, C183 - Maternity Protection Convention, 2000 (No. 183)

<sup>8</sup> China Population & Employment Statistics Yearbook 2012, ISBN 978-7-89458-276-5/F.476

### **Maternity leave**

The coverage of maternity insurance for urban female workers is 95%. During the maternity leave, the female employee will receive a maternity allowance if she is covered by maternity insurance; if she is not insured, the employee will be paid by the employer the same salary she earned before taking the leave.

Women working in the informal sector should be included, but the implementation is not clear.

### **Breastfeeding breaks**

The New Provisions provides employed women with the right to one-hour breastfeeding break every work day before their baby's first birthday. The breastfeeding breaks are paid fully.

## **3) The International Code of Marketing of Breastmilk Substitutes**

---

Evidence clearly shows that a great majority of women can breastfeed and will do so if they have the accurate and full information and support, as called for by the Convention on the Rights of the Child. However, **direct industry influence** through advertisements, information packs and contact with sales representatives, as well as indirect influence through the public health system, submerge women with **incorrect, partial and biased information**.

***The International Code of Marketing of Breastmilk Substitutes*** (the Code) was adopted by the World Health Assembly in 1981. It is a **minimum global standard** aiming to protect appropriate infant and young child feeding by requiring States to regulate the marketing activities of enterprises producing and distributing breastmilk substitutes in order to avoid misinformation and undue pressure on parents to use such products when not strictly necessary. Even if many countries have adopted at least some provisions of the Code in national legislation, the implementation and enforcement are suboptimal, and violations persist.

The 1995 *China's Regulation of Marketing of Breast-milk Substitutes* is currently in force, but promotion of breastmilk substitutes persists in some areas. This national legislation is currently in progress of being amended to implement the subsequent WHA resolutions related to the International Code.

#### 4) Baby-Friendly Hospital Initiative (BFHI) and training of health workers

---

Lack of support to breastfeeding by the health care system and its health care professionals further increase difficulties in adopting optimal breastfeeding practices.

***The Baby-Friendly Hospital Initiative*** (BFHI), which consists in the implementation by hospitals of the ‘Ten steps for successful breastfeeding’, is a key initiative to ensure breastfeeding support within the health care system. However, as UNICEF support to this initiative has diminished in many countries, the **implementation of BFHI has significantly slowed down**. Revitalization of BFHI and expanding the Initiative’s application to include maternity, neonatal and child health services and community-based support for lactating women and caregivers of young children represents an appropriate action to address the challenge of adequate support.

There are about 7,329 hospitals certified as “baby-friendly” in China, while there are more than 60,000 health facilities providing maternal health services (12.2%).

The BFHI is theoretically applied in all health facilities (both private and public). In fact, it focused on state-owned hospitals, which are for the most part certified as “baby-friendly”.

Refresh training for staff and self appraisal are required for “baby-friendly” hospitals. However, it is a big challenge for the health authorities themselves to manage and monitor the practices of all 7,329 “baby-friendly” hospitals, as well as to deal with violations of the national Code (i.e. *China’s Regulation of Marketing of Breast-milk Substitutes*) in hospitals.

#### 5) HIV and infant feeding

---

The HIV virus can be passed from mother to the infant through pregnancy, delivery and breastfeeding.

The ***2010 WHO Guidelines on HIV and infant feeding***<sup>9</sup> call on national authorities to recommend, based on the AFASS10 assessment of their national situation, **either breastfeeding while providing antiretroviral medicines (ARVs) or avoidance of all breastfeeding**. The Guidelines explain that these new recommendations do not remove a mother’s right to decide regarding infant feeding and are fully consistent with respecting individual human rights.

Epidemic estimates show that at the end of 2011, some 780,000 people were living with HIV in China, accounting for about 0.058% of the total population. China therefore remains a low-prevalence country.

China’s HIV epidemic exhibits five major characteristics: 1) National prevalence remains low, but the epidemic is severe in some areas; 2) The number of people living with HIV continues to increase, but new infections have been contained at low level; 3) Gradual progression of HIV to AIDS resulting in an

<sup>9</sup> WHO Guidelines on HIV and infant feeding, 2010. Available at : [http://whqlibdoc.who.int/publications/2010/9789241599535\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/9789241599535_eng.pdf)

<sup>10</sup> Affordable, feasible, acceptable, sustainable and safe (AFASS)



increase of the AIDS-related deaths; 4) Sexual transmission is the primary mode of transmission, and continues to increase; 5) China's epidemics are diverse and evolving.<sup>11</sup>

In 2011, the Ministry of Health issued the *National Action Plan for AIDS, syphilis and HBV Prevention from Mother to Child Transmission*. It is written as HIV positive mothers' infants should be formula fed and avoid breastfeeding or mix feeding as the measure to prevent HIV/AIDS transmission.

HIV and infant feeding is not generally included in before- and in-services courses, since counseling for HIV positive mothers was only taken by pointed health facilities.

## 6) Government measures to promote and support breastfeeding

---

Adopted in 2002, the *Global Strategy for Infant and Young Child Feeding* defines 9 operational targets:

1. Appoint a **national breastfeeding coordinator** with appropriate authority, and establish a multisectoral **national breastfeeding committee** composed of representatives from relevant government departments, non-governmental organisations, and health professional associations.
2. Ensure that every facility providing maternity services fully practises all the “**Ten steps to successful breastfeeding**” set out in the WHO/UNICEF statement on breastfeeding and maternity services.
3. Give effect to the principles and aim of the **International Code of Marketing of Breastmilk Substitutes** and **subsequent relevant Health Assembly** resolutions in their entirety.
4. Enact imaginative **legislation protecting the breastfeeding rights of working women** and establish means for its enforcement.
5. Develop, implement, monitor and evaluate a **comprehensive policy on infant and young child feeding**, in the context of national policies and programmes for nutrition, child and reproductive health, and poverty reduction.
6. Ensure that the health and other relevant sectors **protect, promote and support** exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require – in the family, community and workplace – to achieve this goal.
7. Promote timely, adequate, safe and appropriate **complementary feeding with continued breastfeeding**.
8. Provide guidance on feeding infants and young **children in exceptionally difficult circumstances**, and on the related support required by mothers, families and other caregivers.
  - Consider what **new legislation or other suitable measures may be required**, as part of a comprehensive policy on infant and young child feeding, to give effect to the principles and aim of the International Code of Marketing of Breastmilk Substitutes and to subsequent relevant Health Assembly resolutions.

---

<sup>11</sup> Ministry of Health of the People's Republic of China, 2012 China AIDS Response Progress Report, 31 March 2012. Available at: <http://www.unaids.org.cn/cn/index/page.asp?id=197&class=2&classname=China+Epidemic+%26+Response>

### National measures:

In 1992, the Baby-friendly Hospital Initiative (BFHI) was launched. Since 1994, it is mandatory for mothers to be informed about breastfeeding and to be given help to breastfeed. There are more than 7,000 baby-friendly hospitals in China, which count for one third of baby-friendly hospitals in world. To help in the continual implementation of the BFHI, WHO China Office and MOH collaborated to adopt the baby friendly hospital reassessment tools. The national protocol of the baby friendly hospital reassessment is developed and is in the process of implementation nationally.

During World Breastfeeding Week 2013, the National Health Family Planning Commission (NHFPC)<sup>12</sup> announced its standing to promote the establishment of breastfeeding rooms in working places and public areas.

### Monitoring of these laws:

The Ministry of Health/NHFPC is in charge of child nutrition and health, especially the China's Regulation and BFHI, supported by WHO and UNICEF. IBFAN staff was involved in some official monitoring projects.

### Courses and trainings on breastfeeding and HIV/and infant feeding:

HIV/AIDS is still one of the sensitive topics in China. HIV test is compulsive in ante-natal checks. It is pointed infectious hospitals that are permitted to provide maternal service and counseling to HIV positive women. Most of the maternal hospital and community health centers do not provide service on HIV and infant feeding. Information on HIV and infant feeding is not accessible to the public.<sup>13</sup>

## 7) Recommendations on breastfeeding by the Committee on the Rights of the Child

---

The **Convention on the Rights of the Child** has placed breastfeeding high on the human rights agenda. Article 24<sup>14</sup> mentions specifically the importance of breastfeeding as part of the child's right to the highest attainable standard of health. Better breastfeeding and complementary feeding practices, the right to information for mothers and parents, the protection of parents by aggressive marketing of breastmilk substitute products – through the implementation of and compliance with the International Code of Marketing of Breastmilk Substitutes (WHO/UNICEF, 1981) - as well as the need for strong and universal maternity protection are now systematically discussed during State parties reviews by the CRC Committee.

In September 2013, during its 64th session, the Committee on the Rights of the Child recommended that China “**promote exclusive breastfeeding and the establishment of baby-friendly hospitals and effectively enforce the International Code of Marketing of Breast-Milk Substitutes** with appropriate controls on the marketing of artificial infant formula” (Concluding Observations, §66 (d)).

---

<sup>12</sup> The Ministry of Health was renamed as National Health Family Planning Commission (NHFPC) in April 2013

<sup>13</sup> Ministry of Health, Implementation Plan to Prevent Maternal to Child Transmission of HIV, Syphilis and HBV, February 2011

<sup>14</sup> “States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: [...] (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents.” Art 24.2 (e), CRC

Additionally, it urged China to “take all measures to **eliminate child and maternal mortality** in mainland China, including by **improving health infrastructure** and the **availability of and accessibility to emergency obstetric and neonatal care** and **skilled birth attendants** at primary health facilities in rural and poor areas.” (Concluding Observations, §63).<sup>15</sup>

#### **About the International Baby Food Action Network (IBFAN)**

IBFAN is a 35-year old coalition of more than 250 not-for-profit non-governmental organizations in more than 160 developing and industrialized nations. The network works for better child health and nutrition through the protection, promotion and support of breastfeeding and the elimination of irresponsible marketing of breastmilk substitutes. IBFAN is committed to the Global Strategy on Infant and Young Child Feeding (2002) – and thus to assisting governments in implementation of the International Code of Marketing of Breastmilk Substitutes (International Code) and relevant resolutions of the World Health Assembly (WHA) to the fullest extent, and to ensuring that corporations are held accountable for Code violations. In 1998, IBFAN received the Right Livelihood Award “for its committed and effective campaigning for the rights of mothers to choose to breastfeed their babies, in the full knowledge of the health benefits of breastmilk, and free from commercial pressure and misinformation with which companies promote breastmilk substitutes”.

---

<sup>15</sup> Concluding observations on the combined third and fourth periodic reports of China, adopted by the Committee at its sixty-fourth session (16 September–4 October 2013). Available at :

[http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fCHN%2fCO%2f3-4&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fCHN%2fCO%2f3-4&Lang=en)