THE COMMITTEE ON ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN

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REPORT ON THE SITUATION OF MATERNAL HEALTH AND WORK-RELATED ISSUES IN LAO PEOPLE'S DEMOCRATIC REPUBLIC

IBFAN

defending breastfeeding

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

Working women that 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 all these roles.

Women should be given the correct information and the legislative and institutional support to act in their children's best interest while 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. States have the obligation to strengthen the right to health of women and their children and at the same time to strengthen the right of women to work, allowing new mothers to rest, bond with their child and establish a sound breastfeeding routine.

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 that 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 to women appropriate services in connection with the post-natal period and more generally, realize women's right to health. In addition, if a woman cannot choose to breastfeed because of external interfering conditions, she is stripped of bodily integrity and control over her body and denied the opportunity to enjoy the full potential of her body for health, procreation and sexuality. The right to breastfeed should 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[1] – 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[2]. Enabling women to follow such recommendations means empowering them by giving them the opportunity and support to best care for their child.

Working mothers are also entitled to healthy surroundings at the workplace, and very specifically to the right to breastfeed, to breastfeeding breaks and to breastfeeding facilities.

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. 11 on the right for women to work and on their rights at work, art. 12 on women's right to health and art. 16 on marriage and family life. Adequately interpreted, these treaties support the claim that '**breastfeeding is the right of every mother, and it is essential to fulfil every women's right to the highest attainable standard of health and to favourable conditions at work**'.

As duty-bearers, States have the obligation to create a protective and enabling environment for women to breastfeed, through protecting, promoting and supporting breastfeeding.

[1] WHO 2002, Global Strategy on Infant and Young Child Feeding, http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html

[2] IBFAN, What Scientific Research Says?, http://www.ibfan.org/issue-scientific-breastfeeding.html

General situation concerning breastfeeding in Lao PDR[3]

WHO recommends early initiation of breastfeeding (within an hour from birth), exclusive breastfeeding for the first 6 months, followed by continued breastfeeding for 2 years or beyond, together with adequate and safe complementary foods.

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

Early initiation of breastfeeding in Lao People's Democratic Republic remains low, with **only 39.1% of children being breastfed within one hour from birth**. This in turn impacts the proportion of babies exclusively breastfed at 6 months which amounts to a mere 39.7%. Nevertheless, the continued breastfeeding rate at 2 years amounts at 73.9%.[4] This suggests that the majority of mothers breastfeed but introduce formula (mixed feeding), water or complementary foods into their child's diet before the recommended age of 6 months. **This can be due to restriction in maternity protection for working mothers** as well as a general lack of breastfeeding support programs in the country.

1) Maternity protection for working women

Maternity protection is a fundamental human right and an essential component of gender equaity. Maternity leave should be paid. 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. States should adopt and monitor an adequate policy of maternity protection in line with ILO Convention 183 (2000)[5] that facilitates six months of exclusive breastfeeding for women employed in all sectors, and facilitate workplace accommodations to feed and/or to express breastmilk.

[3] 2011-2012 MICS-DHS
[4] UNICEF data
[5] ILO, C183 - Maternity Protection Convention, 2000 (No. 183)

In 2016, the World Bank estimated that **77% of Lao women participate in the labour force**.[6] Nevertheless, Lao PDR has not ratified **the ILO Convention 183 on Maternity Protection**. The Labor Law of 2013 states that: "Before and after giving birth, women workers shall be entitled to at least one hundred and five days of maternity leave; at least 42 of such leave shall be taken after giving birth." (Art. 98). **This is insufficient and can impact a women's ability to breastfeed her child when going back to work**. Women should not have to choose between working and breastfeeding. **The State party should therefore consider ratifying the ILO Convention 183.** In fact, this convention, coupled with Recommendation No. 191, comprise five core elements of maternity protection: maternity leave; cash and medical benefits related to pregnancy, child-birth and postnatal care; health protection at the work-place for both mother and the unborn child during pregnancy, as well as during breastfeeding; breastfeeding arrangements upon return to work and last but not least: employment protection and non-discrimination. In fact, the Convention guarantees employment security for women and the right to return after her maternity leave to the same job with the same pay after leave. Additionally, special consideration should be given to women in the informal sector, often left uncovered by such laws as well as women living and working in rural areas.

Regarding lactation breaks, the Labor Law ensures that: "*After giving birth, for a period of up to one year, female employees have the right to rest for one hour per day, or care for their child or have the right to leave to take their child for vaccinations according to regulations*" (Art. 98). It is unclear however if those breaks are paid, and if they include other types of arrangements such as leaving work early or coming to work later.

2) 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 and indirect influence through the public health system; submerge mothers with incorrect, partial and biased information that weaken women's agency in choosing how to care for their babies. *The International Code of Marketing of Breastmilk Substitutes (the Code)* has been adopted by the World Health Assembly in 1981 and it has been completed by several relevant WHA Resolutions. 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 of the Code persist.

Lao PDR most recent legal measure to implement the Code dates from 2007, with the "Agreement on Infant and Child Food Product Control." Unfortunately, this agreement weakened the pre-existing 2004 "Regulations on Infant and Child Food Product Control." Some paragraphs were changed and made

[6] http://datatopics.worldbank.org/gender/country/lao-pdr

more difficult to understand for readers and a very important provision was removed, which would forbid manufacturers to give free donations to health practitioners. The agreement therefore **covers only a few provisions of the Code and do not cover all the subsequent relevant WHA Resolutions**.[7] Therefore, Code violations occur (See Annex). Better implementing the code would allow mothers to make an informed decision about breastfeeding. Improved llegislation including all the provisions of the Code and WHA Resolutions, as well as awareness-raising activities would ensure women's access to information that would "*help to ensure the health and well-being of their families*", as enshrined in Art. 10 (h) of the CEDAW Convention.

3) Baby Friendly Hospital Initiative (BFHI) and training of health workers

> Lack of support for women to breastfeed 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 to women appropriate services in connection with pregnancy, confinement and the post-natal period*"[8], including 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.

Only 1.9% of Lao's hospitals were labelled baby friendly in 2014.[9] This is alarming as mothers might not get the possibility to initiate breastfeeding in a timely manner as well as to obtain adequate counselling on infant feeding.

4) Last recommendations 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[10] 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.

[7] Marketing of breast-milk substitutes : National Implementation of the International Code Status Report 2018
[8] CEDAW, art. 12.2
[9] National Implementation of the Baby Friendly Hospital Initiative, 2017
[10] "*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

In 2011, in its Concluding Observations, the CRC referred specifically to breastfeeding in the following recommendation: "*The Committee encourages the State party to strengthen its awareness - raising efforts among the public on the importance of exclusive breastfeeding of children at least up to the age of 6 months, and to formally adopt and implement the International Code of Marketing of Breast - milk Substitutes*." (§54)

This recommendation could be renewed by CEDAW since, as written above, legislation providing for the encouraging the full implementation of the Code and subsequent relevant WHA Resolutions as well as awareness raising activities would ensure women's access to information that would help to ensure the health and well-being of their families, as enshrined in Art. 10 (h) of the Convention.

About the International Baby Food Action Network (IBFAN)

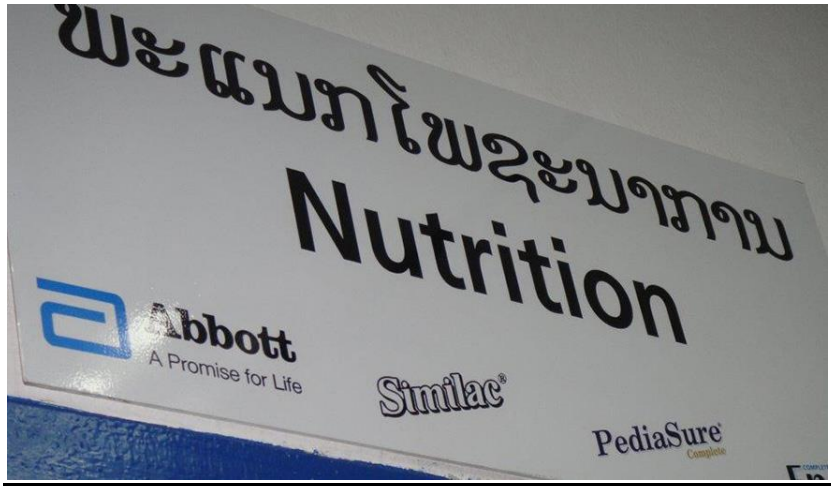
IBFAN is a 39-year old coalition of more than 250 not-for-profit non-governmental organizations in more than 160 developing and industrialized nations. The network works for better child health and nutrition through the protection, promotion and support of breastfeeding and the elimination of irresponsible 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 subsequent 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*".

ANNEX:
Examples of violations of the International Code of Breastmilk Substitutes and subsequent WHA resolutions reported in Lao PDR between 2014 and 2017[11]

Art 6.2 bans the promotion of products within the health care system, Article 6.3 prohibits the display of products, placards and posters or the distribution of company materials unless requested or approved by the government.

Art. 7.3 provides that there should be no financial or material inducement to health workers to promote products. WHA resolutions 58.32 and 65.60 call on countries to ensure that financial support and other incentives for programmes and health workers do not create conflict of interest.

In Lao PDR, a signboard displayed in a hospital nutrition ward showed the Abbott and **Similac** names together with other Abbott brands. By displaying the name of the company and that of its products, Abbott is able to align itself as a sponsor of the nutrition ward and project itself as a health partner.



[11] These examples were retrieved from Breaking the Rules, Stretching the Rules 2017 global monitoring report, IBFAN-ICDC, 2017