THE COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS

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

September 2014

**Data sourced from:**
UNICEF. 2012. State of the World Children.
IBFAN-ICDC. 2011. State of the Code by Country.
ILO website Maternity Protection Database

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## ***Breastfeeding: key to child and maternal health***

The 1'000 days between a woman's pregnancy and her child's 2nd birthday offer a unique window of opportunity to shape the health and wellbeing of the child. The scientific evidence is unambiguous: ***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***, provides the key building block for child survival, growth and healthy development[1]. This constitutes the infant and young child feeding practice recommended by the World Health Organisation (WHO)[2].

Breastfeeding is key during this critical period and it is the single most effective intervention for saving lives. It has been estimated that optimal breastfeeding of children under two years of age has the potential to prevent 1.4 million deaths in children under five in the developing world annually[3]. In addition, it is estimated that 830.000 deaths could be avoided by initiating breastfeeding within one hour from birth[4]. Mother's breastmilk protects the baby against illness by either providing direct protection against specific diseases or by stimulating and strengthening the development of the baby's immature immune system. This protection results in better health, even years after breastfeeding has ended.

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, aiding the mother's recovery after birth, offering the mother protection from iron deficiency anaemia and is 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.

## ***Infant and young child feeding 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 **International Covenant on Economic, Social and Cultural Rights (CESCR)**, especially ***article 12 on the right to health***, including sexual and reproductive health, ***article 11 on the right to food*** and ***articles 6, 7 and 10 on the right to work***, the **Convention on the Rights of the Child (CRC)**, ***especially article 24 on the child's right to health***, the **Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)**, in particular ***articles 1 and 5 on gender discrimination on the basis of the reproduction status*** (pregnancy and lactation), ***article 12 on women's right to health*** and ***article 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 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 protecting, promoting and supporting breastfeeding.

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

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

[3] UNICEF, available at: http://www.childinfo.org/breastfeeding.html

## Our recommendations

We would like to propose these further recommendations for consideration by the CESCR Committee:

- Slovenia should start **collecting data on breastfeeding** in conformity with indicators used at the international level;
- The **national legislation on marketing of breastmilk substitutes needs to be reinforced** in order to meet the minimum standards of the International Code of Marketing of Breastmilk Substitutes;
- Slovenia should **assess the status of implementation of policies and programmes** determined in the WHO Global Strategy on Infant and Young Child Feeding.

## 1) General situation concerning breastfeeding in Slovenia

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.[5]

Despites 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

[4] Save the Children, Superfood for babies: how overcoming barriers to breastfeeding will save children's lives, 2012, available at: http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/SUPERFOOD%20FOR%20BABIES%20ASIA%20LOW%20RES%282%29.PDF

[5] http://www.who.int/topics/breastfeeding/en/

***General data***

| | 2010 | 2012 | 2008-2012 | 2013 |
|---|---|---|---|---|
| Annual number of birth, crude (thousands) | - | 20.8 | - | |
| Neonatal mortality rate (per 1,000 live births) | 2 | 2 | - | 2 |
| Infant mortality rate (per 1,000 live births) | 2 | 2 | - | 2 |
| Infant – under 5 – mortality rate (per 1,000 live births) | - | 3 | - | - |
| Maternal mortality ratio (per 100,000 live births) (adjusted) | 12 | - | - | - |
| *Delivery care coverage (%):* | | | | |
| Skilled attendant at birth | | - | 99.9 | - |
| Institutional delivery | | - | - | - |
| C-section | | - | - | - |

***Breastfeeding data***

There are no data available in this regard. **Such data need to be collected.**

## 2) International Code of Marketing of Breastmilk Substitutes

Evidence clearly shows that a great majority of mothers 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 mothers with **incorrect, partial and biased information**.

***The International Code of Marketing of Breastmilk Substitutes*** (the International Code) has been 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 International Code in national legislation, the implementation and enforcement are suboptimal, and violations persist.

As all European Union member states that have implemented the 2006 EU Directive on Infant Formulae and Follow-up Formulae, Slovenia has a "few provisions law" as defined by the IBFAN International Code Documentation Centre in its document *State of the Code by Country (2011).*

**This signifies that the law does not meet the standards of the International Code and should therefore be strengthened.**

## 2) 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.

In 2002 there were 5 BFH certified hospitals.

## 3) 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)***[6] that facilitate six months of exclusive breastfeeding for women employed in all sectors, and facilitate workplace accommodations to feed and/or to express breastmilk.

It is important to note that Slovenia ratified ILO Convention No. 183 (2000) in 2010.

[6] ILO, C183 - Maternity Protection Convention, 2000 (No. 183)

***Maternity leave***

- Mothers have the right to maternity leave if they are insured under the Parental Protection and Family Benefits Act.
- *Qualifying conditions:* mothers shall inform the employer of the intended use of maternity leave before giving birth or within 3 days after the childbirth (unless her medical condition prevents her doing so).
- *Duration:* **105 days**, of which at least 28 must be used before giving birth. Maternity leave may begin up to 45 days prior to giving birth (based on a certificate issued by the appropriate medical authority).
- *Cash benefits* amount to 100% of the income basis and are financed by social security.

***Part-time work***

- Parental leave can also be used as partial absence from work. One of the parents who nurses and cares for a child until the child's third year of age shall have the right to part-time work.

  Part-time work shall include at least a half of the normal obligation for weekly working hours.

***Parental leave***

- After the expiration of maternity leave, one of the parents insured under the Parental Protection and Family Benefits Act has the right to a leave for the purpose of nursing and caring for a child, to be agreed between the parents.
- *The duration* is **260 days** immediately after the expiry of maternity leave (additional 90 days each in case of multiple births). Extensions are foreseen in case of premature birth and for families with several children up to a specific age.
- In general, both parents cannot take parental leave at the same time in the form of full absence from work.
- Cash benefits can amount to at least 55% of the minimum salary and 250% of the national average wage and is financed by social security.

***Paternity leave***

- All employed fathers insured under the Parental Protection and Family Benefits Act are entitled to 90 days of paternity leave (non-transferable). 15 days of this period have to be taken until the child reaches six months of age. The 75 remaining days of paternity leave can be used until the child is 3 years old.
- During 15 days of leave, the father receives 100 per cent of the income basis (amounting to at least 55 per cent of the minimum salary and 250 per cent of the national average wage) financed by social security. For the remaining 75 days the state pays social security contributions for the father.

***Medical benefits***

***Pre-natal, childbirth and post-natal care***

- Specific provisions for maternity include: medical checks and ultrasound examinations during pregnancy, hospitalisation and health care services in connection with confinement during the hospitalisation, home care for the mother and the child (two visits of the nurse).
- *Financing:* Compulsory social insurance scheme. There is no patient contribution for health care during pregnancy and child birth.

***Breastfeeding***

- A woman worker, who breastfeeds a child and works full-time, shall have the right to a breastfeeding break during the working time of at least one hour a day.
- *Remuneration of nursing breaks*: the right to wage compensation for the duration of the breastfeeding break shall be exercised in accordance with the regulations on parental leave.
- *Nursing facilities*: the employer shall ensure suitable rooms with beds for pregnant and nursing mothers to rest. Pregnant and nursing mothers must also be able to lie down in rooms with beds if so required for medical reasons.

## 3) HIV and infant feeding

The HIV virus can be passed from mother to the infant though pregnancy, delivery and breastfeeding. The *2010 WHO Guidelines on HIV and infant feeding*[7] call on national authorities to recommend, based on the AFASS[8] 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.

We have no information in this regard.

## 4) Government measures to protect and promote 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.

[7] *WHO Guidelines on HIV and infant feeding, 2010. Available at*: http://whqlibdoc.who.int/publications/2010/978921599535_eng.pdf

[8] Affordable, feasible, acceptable, sustainable and safe (AFASS)

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 com**prehensive 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.

**National measures to implement the Global strategy on Infant and Young Child Feeding:**
Slovenia developed a National Programme of Food and Nutrition Policy during the period 2005-2010 and since 2007 has a National Program on health protection and promotion, that will last until 2013, and that has a nutrition component[9]. We could not find any information on whether the policies include indications on breastfeeding.

## 4) Recommendations on breastfeeding by the CRC Committee

***The Convention on the Rights of the Child*** has placed breastfeeding high on the human rights agenda.

Article 24 mentions specifically the importance **of breastfeeding as part of the child's right to the highest attainable standard of health**.

Issues like the improvement of breastfeeding and complementary feeding practices, the right to adequate information for mothers and parents, the protection of parents against aggressive marketing of breastmilk substitute products through the implementation of and compliance with the International Code of Marketing of Breastmilk Substitutes as well as the need for strong and universal maternity protection are now systematically discussed during State parties reviews by the CRC Committee.

In June 2013, during its 63th session, the Committee on the Rights of the Child encouraged Slovenia "to **establish Baby Friendly practices** in all Maternity Care Institutions. The Committee

[9] WHO, Global database on the Implementation of Nutrition Actions (GINA), available at: https://extranet.who.int/nutrition/gina/en/policies/1541

urges the State party to **collect data on breastfeeding and infant nutrition and to strengthen the monitoring of existing marketing regulations** related to infant food formula and regulations relating to the marketing of breast-milk substitutes, including bottles and teats, and ensure that such regulations are monitored on a regular basis and action is taken against those who violate the code. Finally the State party is requested to **ensure that no promotional material from milk food companies is allowed in any Maternity Care Institutions**" (Concluding Observations, §57).

**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 and its relevant resolutions of the World Health Assembly (WHA) to the fullest extent, and to ensuring that corporations are held accountable for International 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*".