THE COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS

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REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN DENMARK

March 2013

Data sourced from:
UNICEF, State of the World's Children, 2012
ICDC, State of the Code by Country, 2011
UNICEF, 2002
ILO website: http://www.ilo.org/dyn/travail/travmain.byCountry2

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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, 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 article 24 on the child's right to health, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), in particular article 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?, http://www.ibfan.org/issue-scientific-breastfeeding.html
[2] WHO 2002, Global Strategy on Infant and Young Child Feeding, http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html
[3] UNICEF, http://www.childinfo.org/breastfeeding.html
[4] Save the Children 2012, *Superfoods for babies: how overcoming barriers to breastfeeding will save children's lives*.

1) General situation concerning breastfeeding in Denmark

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

1) General data

Annual number of births (in thousands)	64 (2010)	
Infant mortality rate (under 1 year) - per 1000 born alive	7 (1990)	3 (2010)
Neonatal mortality rate - per 1000 born alive	2 (2010)	
Maternal mortality ratio	5 (2008, adjusted)	

2) Breastfeeding and infant nutrition situation

% of children with low birth weight	5% (2006-2010)
Early initiation of breastfeeding	-
Exclusive breastfeeding (> 6 months)	-
Breastfeeding with complementary food (6-9 months)	-
Still breastfeeding (20-23 months)	-

2) International Code on 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 and indirect influence through the public health system; submerge mothers with incorrect, partial and biased information. *The International Code of Marketing of Breastmilk Substitutes (the 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 Code in national legislation, the implementation and enforcement are suboptimal, and violations of the Code persist.

Denmark has a "few provisions law" as defined by the International Code Documentation Centre (Penang) 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.**

3) 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, only 8 hospitals were certified BFH. We have no indication concerning the total number of maternities in the country.

4) 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. States should adopt and monitor an adequate policy of maternity protection in line with ILO Convention 183 (2000)[5] that facilitate six months of exclusive breastfeeding for women employed in all sectors, and facilitate workplace accommodations to feed and/or to express breastmilk.

Maternity leave

Scope

- Female employees have the right to take leave before birth at any time to seek medical consulting with financial support from the employer. Under certain conditions unemployed women, persons in a "flexible" job and self-employed are also entitled to maternity protection.

Qualifying conditions

- The female employee has to inform her employer about her pregnancy 3 months prior to the expected date of her confinement.
- She has also to inform the Municipality where she resides.
- For salaried employees she has to have worked for a period of at least 120 hours in the 13 weeks preceding the paid leave.

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

Duration

- 18 weeks (4 weeks before and 14 weeks after birth).
- Compulsory leave is two weeks after delivery.
- Special considerations are made in cases of: difficult pregnancy, health risk for the woman or the foetus, illness or complications of the mother after birth, etc.

Related types of leave

Paternity leave

- 2 paid weeks, continuous within the 14 weeks following birth.

Parental leave

- When the child is 14 weeks old, each parent is entitled to leave duration of 32 weeks with daily benefits. The parents may choose to spend the leave together or in continuation of each other. Parental leave shall be used prior to the child's 9th year.
- Parents can prolong their parental leave with lesser benefits.
- The conditions for eligibility are similar to those of mothers for maternity leave.

Adoption leave

- Similar conditions as maternity, paternity and parental leave.

Cash benefits

Maternity benefits

- Regular employees: 100% of the salary. In some cases 50% is paid by the employer, in others it is the State or the Municipality.

Other leave benefits

- Parental leave, paid 100%, financed by local or regional authorities.
- Paternity leave, paid 50% with exceptions.
- Adoption leave follows maternity, paternity and parental benefits.

Medical benefits

Pre-natal, childbirth and post-natal care

- Women with 6 weeks of residence in Denmark are entitled to maternity care. This includes medical consultations, hospital admission and the help of a midwife.
- This is paid by insurance, employers, municipality or State, or a combination.

Health protection

- The female worker has the right to take time off for prenatal health examinations with full pay from her employer.
- The employer is responsible for the provision of a written workplace assessment on the safety and health conditions of the workplace. Work conditions shall in no case risk the health and safety of any employee.

- If there is a risk for pregnant and nursing employees, the employer has to: adjust working techniques appropriately, modify work schedules, change work conditions, offer another post. This includes arduous work, as well as exposure to biological, chemical or physical agents.

Non-discrimination

- The employee/worker (man or woman) has the right to compensation in case of discrimination on leave (maximum equivalent to 39 weeks).
- In the case of a pregnant woman, the burden of proof is on the employer (compensation up to 78 weeks).
- The employer also has to pay a fine.
- Pregnancy tests are prohibited (European Union Directives).

Overall, maternity protection provisions in Denmark make for strong maternity protection legislation. It is important to note that Denmark has not ratified ILO Convention No. 183 (2000) and it should probably consider doing so.

5) 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[6] 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.

At the last review in January 2011 (session 56), in its Concluding Observations, the CRC Committee made the following recommendations to Denmark:

"*The Committee notes that the State party's legislation on the marketing of breastmilk substitutes does not comply with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions."* (para 47)

"The Committee recommends that the State party implement fully the International Code of Marketing of Breast-milk Substitutes. The State party should also further promote baby-friendly hospitals and encourage the inclusion of breastfeeding in training of nurses. The Committee further recommends that the State party take measures to collect data on breastfeeding in a systematic manner that is in accordance with international rules." (para 48)

[6] "*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

6) Obstacles and recommendations

The Committee could reinforce CRC recommendations, and in particular urge the State party to:

- **Consider collecting data on breastfeeding in a systematic manner and following international rules.**
- **Press for the drafting and adoption of stronger legislation on marketing of breastmilk substitutes – as well as for its implementation and monitoring.**
- **Consider ratifying ILO Convention No. 183 on maternity protection and strengthening national legislation as regards financing of benefits.**

About the International Baby Food Action Network (IBFAN)

IBFAN is a 33-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)3 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*".