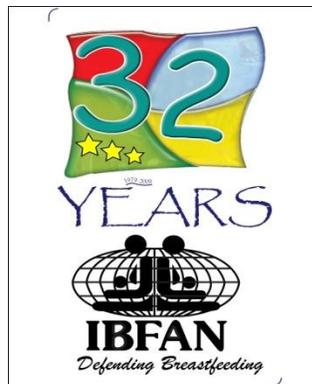


# THE CONVENTION ON THE RIGHTS OF THE CHILD

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



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**References:**

UNICEF, State of the World's Children, 2010 (data for 2008)

ILO Database on maternity protection, 2011

National Obstetric Information System, Department of Health Information, Malta (2010)

## 1) General points concerning reporting to the CRC

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In 2013, the CRC Committee will review Malta's combined 2<sup>nd</sup> and 3<sup>rd</sup> report.

At the last review in 2000 (session 24), when considering the situation of children's health in **Malta**, the CRC Committee was particularly anxious about the *low rates of breastfeeding* and the *high rates of obesity*. In its last [Concluding Observations](#), the CRC Committee recommended in paragraph 36 that "*the State party take effective measures to **increase and promote the use of breastfeeding practices** and to continue and strengthen its special programmes to **address the issue of child obesity and promote a healthy lifestyle among children.***"

Since then, a health promotion campaign on obesity has been organized which includes breastfeeding promotion. It was launched in 2012 through a seminar but presently we do not have full details of future plans.

## 2) General situation concerning breastfeeding in Malta

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### **General data (figures for 2010)**

- Number of births: 4,000 (2008)
- Infant mortality rate: 0.45 (2010); 0.6 (2008)
- Low birth weight: (6%, no date)

### **Breastfeeding data**

- Initiation to breastfeeding: 69% (2010)
- Exclusive breastfeeding at 0 months: 58%; no further information as no data collection after discharge from hospital
- Complementary feeding at 6 months: no information
- Continued breastfeeding at 12-15 months: no information
- Mean duration of breastfeeding: no information

Breastfeeding rates remain low but there is a small increase each year. The initiation to breastfeeding is very low. The lack of breastfeeding data can be interpreted as a lack of interest by the MOH, as well as a lack of acknowledging the importance of the issue in relation to child health.

There was a research project in 2004 that determined why women stopped breastfeeding. It showed that 50% of mothers stopped on the advice on health professionals with no evidence-based reason to do so. Such a research needs to be repeated.

### 3) Government efforts to encourage breastfeeding

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In 2000, a National Breastfeeding Policy was launched but since then, few of its objectives have been met. There are plans to revise the policy in 2013. Unfortunately no comprehensive nutritional programme has been put in place.

#### **Specific information concerning the International Code of Marketing of Breastmilk Substitutes:**

At present compliance with the International Code is voluntary rather than a state obligation. In some cases of violations so far the local Department of Health has insisted on actions to be taken for their removal, such as the case of a poster placed in pharmacies that was sponsored by baby milk companies.

A “White Paper” is currently being drafted, based on the E.U. Directive (which is weaker than the *International Code*).

Violations in local media are rare, however, broad advertising of one year baby milks has become rife due to the broadcasting of foreign media (such as UK and Italian tv).

#### **Monitoring of this legislation:**

Monitoring of violations is not officially coordinated but reports have been made over the years by some Non-Government Organisations as well as individuals and sent to the Maltese Department of Health.

#### **Courses on breastfeeding and infant feeding:**

- A 28-hour Breastfeeding management course is compulsory for health professionals working in maternity settings.  
80% of maternity care midwives and nurse working in Malta have attended this course. A similar one is to be finished by end of 2012 in Gozo.  
Other courses include professional trainings of nurses and midwives; midwives have a module on ‘trends of infant feeding’.

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

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- There are only 2 state hospitals: one in Malta and one in Gozo. The Mater Dei Hospital (Malta) is the major hospital and is working towards being BFHI accredited.
- Private clinics to date have no interest in BFHI.
- It is difficult to obtain interest in and accreditation in Malta as there is no UNICEF presence in country and no scope for an independent organization.

### 5) Maternity protection for working women

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- Maternity leave is of 16 weeks, with compulsory leave for 6 weeks after and 4 weeks before birth. From 2013 a further 2 weeks are given but unpaid.

- Parental leave for both male and female workers whether whole-time or part-time employees, *unpaid, for up to 3 months* until the child reaches 8 years of age.
- Adoption leave is the same as parental leave.
- Cash benefits correspond to 16 weeks leave at 100% of salary. Benefits are paid by Social Security
- Medical benefits: Female workers are entitled to pre-natal and post-natal care including free confinement and hospital care, paid by Social Security.
- Health protection: No night work for a 21-week period commencing on the 8<sup>th</sup> week immediately preceding the expected date of delivery. Specific biological, physical and chemical agents to which pregnant and nursing workers cannot be exposed are listed in the second Schedule of the Protection of Maternity at Work Places Regulations, 2000.  
If a post is unhealthy or unsafe the employer is responsible for assessing it and taking measures to protect the worker (allot another post at same conditions, or give leave of absence)
- There seem to be no specific provisions regarding non-discrimination.
- Job protection: An employer cannot dismiss a pregnant or nursing employee. In addition a female worker who is incapable of work owing to a pathological condition arising out of confinement cannot be dismissed during the 5 weeks following the end of maternity leave. At the end of the period of reassignment or work stoppage, she must be reinstated in her regular job.  
On the other hand, where a female employee does not resume her work at the end of the maternity leave or abandons the service of the employer without good and sufficient cause within 6 months from the date of such resumption, she shall be liable to pay the employer a sum equivalent to the wages she received during the maternity leave.
- Breastfeeding breaks: No provisions.

Generally speaking this legislation is quite strong but it should include specific provisions regarding non-discrimination in the case of maternity and breastfeeding breaks, at the least.

## 6) HIV and infant feeding

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There is generally low prevalence of HIV-AIDS in Malta; higher prevalence is found mostly in the immigrant community.

In the case of HIV-AIDS, new mothers are encouraged to formula feed and given free infant formula

## 7) Recommendations

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***Our recommendations include:***

- ***To develop a national policy to protect, promote and support breastfeeding that includes data collection and the will to improve breastfeeding rates in the country.***
- ***To push for Mater Dei Hospital to become Baby-Friendly accredited as approx 98% of births occur in this hospital.***
- ***To adopt the International Code as law and implement and monitor it.***
- ***To seriously tackle obesity starting with new messages and practices regarding infant feeding. Maltese culture overfeeds children starting with babies.***
- ***To strengthen maternity legislation regarding non-discrimination and breastfeeding breaks and consider ratifying ILO C183 whose standards Malta is not far from reaching.***