COMMITTEE ON THE ELIMINATION OF DISCRIMINATION AGAINST WOMEN

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

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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[1] (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[2]. 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.

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

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

SUMMARY

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

- Lack of support to local NGOs working for the protection and promotion of breastfeeding;
- Lack of monitoring and follow-up of existing activities and initiatives aiming at sensitizing on breastfeeding;
- Lack of support groups at the Prefecture level, as well as grandparents support clubs at the district level;
- Lack of regulation of the marketing of breastmilk substitutes;
- Baby-friendly community facilities and structures are mostly non functional;
- Lack of funding for activities aiming to promote and raise awareness on breastfeeding.

***Our recommendations** include:*

- Improve **training of health care and community workers on breastfeeding** and infant young child feeding;
- **Revise the Code of marketing of breastmilk substitutes** in Guinea and make it operational. Unblock the process of adopting the draft law;
- Validate and adopt **national directives related to breastfeeding and infant and young child feeding**;
- **Develop information, education and communication (IEC) materials** on breastfeeding and Infant and young child feeding;
- Strengthen implementation and re-assessment of **baby-friendly hospitals** and facilities at the hospitals and community level.

1) General situation concerning breastfeeding in Guinea

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.[3]

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

Number of infants under 12 months Number of children under 2 years Number of children under 5 years	34 800 2 320 000 12 590 000
Breastfeeding rate at birth	80 %
Exclusive breastfeeding at the age of 3 months **6 months**	 95% **18%**
Breastfeeding rate at 12-15 months	93 %
Median duration of breastfeeding	24 months

The rates are reported only in the EDS, MICS and SMART surveys.

The differences between regions and prefectures are not remarkable.

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

There is generally a decline in breastfeeding associated to the lack of regulation of the marketing of breastmilk substitutes and to the fact that much attention has been given to the treatment at the expense of prevention, and as a consequence, prevention indicators are faring poorly.

Other aspects that explain the very low rate of exclusive breastfeeding are the lack of follow-up and monitoring of awareness-building activities, the lack of support groups in the Prefectures and grandmothers/grandfathers support clubs in the districts.

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

Women working in the public and private sectors have the right to 14 weeks of **maternity leave**, of which 6 weeks should be taken before and 8 after birth.

Maternity leave **benefits** are paid by the employer.

Breastfeeding Breaks: When returning to work, breastfeeding women have two hours of breastfeeding breaks per day.

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

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

persist.

The National law that should implement the International Code in Guinea has been drafted since 1997, but it has not been adopted yet.

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.

In 2008, there were 12 hospitals/clinics/health centres that had the certification as Baby-Friendly Hospitals out of a total of 38 clinics and maternity centres in the country.

Private hospitals have not been assessed so far.

Since 2008, UNICEF, which was the main partner, has stopped its financial support with the consequence of BFHI activities having almost completely stopped. Thus, since 2008, no further structures have been certified, and re-assessment has stopped too. It is only in 2012 that these activities have restarted.

5) 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***[5] call on national authorities to recommend, based on the AFASS6 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.

The national rate of HIV/AIDS is 1.4 %.

[5] WHO, Guidelines on HIV and infant feeding, 2010, available at: http://whqlibdoc.who.int/publications/2010/9789241599535_eng.pdf

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

Guinea has a national directive on Feeding of Infants and Young children born from HIV positive mothers.

Guinea has a directive on IYCF which includes essential nutrition actions and practices that affect women and children's health, as well as aspects related to infant feeding and HIV.

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 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.

Training on breastfeeding:
There is a training on counselling on infants and young child feeding practices by the WHO in 2011, where breastfeeding was included.

At the community level:
At the community level, baby-friendly communitarian structures and support groups exist, but the majority are not functional.

Each year **the world breastfeeding week** is celebrated in the regions and prefectures with the funding of UNICEF and some NGOs such as ACF, TDH.

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[7] 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 January 2013, during its 62nd session, the Committee on the Rights of the Child recommended that Guinea "(a) Increase the **resources allocated to the health sector**, develop and implement comprehensive policies and programmes for improving the health situation of children; (b) Facilitate **greater and equal access to quality primary health services** for mothers and children in all areas of the country in order to end the disparities in health-care provision between the different areas with due emphasis on the issues of chronic malnutrition, malaria and tuberculosis, and adopt the necessary measures to prevent and eliminate noma; and (c) Ensure **decent conditions of work for professionals in the health sector** for improved quality services for children and their mothers" (Concluding Observations, §66).

[7] *"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

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".