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



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## **SUMMARY**

*The following obstacles/problems have been identified:*

- Significant deficit in data collection on infant and young child feeding.
- No data available on early initiation of breastfeeding within one hour after birth.
- More than 7 children out of 10 are not exclusively breastfed until 6 months of age.
- Almost 13% are predominantly breastfed until 6 months of age, although predominant breastfeeding before 6 months of age is considered as an inadequate practice, because it implies the introduction of complementary foods before the recommended age of 6 months.
- Almost 75% of the children were introduced to their complementary food before 6 months old, which is too early according to the WHO recommendations. Inappropriate complementary feeding practices remain the major cause of malnutrition in children under two years old.
- When bottle feeding, in more than 70% of cases, the dilution of the powder milk or formula has shown to be inadequate.
- Violations of the Code can still be detected, such as the use of health claims or the promotion of “baby competitions”. In addition, professional events are still sponsored by baby food companies.
- Some 35% of mothers did not receive information on breastfeeding during pregnancy.
- In 2010, only 8% of hospitals and maternities were certified as “baby-friendly”.
- Maternity leave does not cover mothers of premature babies up to 40 weeks of corrected age.

*Our recommendations include:*

- Ensure **collection of disaggregated data on infant and young child feeding** (including on early initiation of breastfeeding) at national level.
- Raise awareness about **optimal breastfeeding practices** among the population through a wide national promotion campaign aimed at the public, especially parents and caregivers.
- Strengthen **Code enforcement** and set an **independent monitoring system** to ensure all that violations, including misleading health claims and sponsorship of professional events, are sanctioned.
- Strengthen **BFHI implementation** throughout the country and **upgrade the curricula of health professionals** to integrate accurate training on optimal breastfeeding practices.
- Extend **maternity benefits** to mothers of premature babies up to 40 weeks of corrected age.

## 1) General points concerning reporting to the CRC

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In 2014, the CRC Committee will review Venezuela’s combined 3<sup>rd</sup> and 5<sup>th</sup> periodic report.

At the last review in 2007 (session 46), in its [Concluding Observations](#) (para 59), the CRC Committee recommended Venezuela to:

*“a) strengthen its efforts to reduce neonatal and maternal mortality throughout the country by the provision of quality care and facilities; b) continue to address the problem of malnutrition and low vaccination rates, with special emphasis on rural and remote areas and among refugees and the indigenous populations; c) adopt and enforce the **International Code on Breastmilk substitutes**.”*

## 2) General situation concerning breastfeeding in Venezuela

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### General Data

	2011	2012	2013
Neonatal mortality rate (per 1,000 live births)	9	9	-
Infant mortality rate (per 1,000 live births)	13	13	-
Under-5 mortality rate (per 1,000 live births)	16	15	-
Maternal mortality rate	-	-	110
<i>Delivery care coverage (%):</i>			
Skilled attendant at birth	95*	-	-
Institutional delivery	95*	-	-
C-section rate	-	-	-
Stunting	15.6**	-	-
Wasting	5**	-	-
Overweight	6.1**	-	-

Source: UNICEF. (\*=data from 2003, \*\*=data from 2008-2012)

According to the National Institute of Statistics, in 2011, the total population of Venezuela reached 27,227,930 inhabitants. Women of childbearing age (10-49 years old) constitute 63.81% of the total female population (i.e. 8,729,329 women) and children of 0 to 4 years old constitute 8.95% of the total population (i.e. 2,437,631 children). These figures show that the importance of maternal and child population (women of childbearing age and children under 4), which represents 41.01% of the total population (i.e. 11,166,960 people).

***Breastfeeding indicators (WHO-PAHO). Venezuela 2006-2008.***

Types of Breastfeeding (WHO Indicators)	N°	%
Exclusive breastfeeding	502	27,86
Predominant breastfeeding	232	12,87
Partial breastfeeding	905	50,22
Timely complementary feeding	659	67,59
Complementary feeding	1212	66,48
Continued breastfeeding at 1 years of age	804	50,50
Continued breastfeeding at 2 years of age	164	32,28
Bottle feeding	2257	62,26
Weaning	1723	30,09

Source: National Institute of Nutrition, Infant and Young Child Feeding during the first two years of life. 2009.

**Early initiation of breastfeeding**

Venezuela does not record the number of children breastfed within the first hour after birth; therefore, no data is available on this core indicator. However, research shows that in baby-friendly hospitals and maternities, early initiation of breastfeeding is fulfilled. This observation is significant as it allows guiding data collection at the national and state level and observing the provisions of Venezuelan laws and ministerial decisions that include early bonding and rooming.

**Exclusive breastfeeding**

Regarding the status of breastfeeding and complementary feeding, Venezuela had only partial data from a 10 years old research. In 1993, the Social Survey (ENSO'93)<sup>1</sup> showed that **12% of children under 2 years of age were never breastfed**; moreover, in 1998, the Population and Family Survey (EPOFAM'98)<sup>2</sup> detected a 7% prevalence of exclusive breastfeeding.

In 2009, a study entitled “*Alimentación de niños y niñas en los dos primeros años de vida. Venezuela 2006-2008*” (Infant and Young Child Feeding during the first two years of life. Venezuela 2006-2008) was published.<sup>3</sup> As a preamble, it is important to emphasize that for 19 years since the creation of the National Breastfeeding Committee (CONALAMA), a remarkable progress has been made in improving breastfeeding practices in the country, as reflected in the 2009 study. The study showed that **between 1990 and 2008, exclusive breastfeeding increased from 7% to 27.86%**. This research showed that, despite the high percentage of general knowledge of breastfeeding in mothers (77%) mostly provided by the health personnel, **more than 7 children out of 10 are not exclusively breastfed**. This questions the

<sup>1</sup> Di Brienza M., Zúñiga G. *Status of the breastfeeding practice in Venezuela and element presentation to guide the generation of information on the subject*. Department of Demographic Studies IIES-UCAB, November, 1998

<sup>2</sup> ENPOFAM'98 - National Population and Family Survey 1998, FNUAP.

<sup>3</sup> Ministry of Popular Power for Health, National Institute of Nutrition. Feeding children in the first two years old of life, Venezuela 2006-2008. Venezuela 2009.

**quality of the information received by the mothers and the training of health professionals** about optimal breastfeeding practices (early initiation of breastfeeding, exclusive breastfeeding up to 6 months of age and continued breastfeeding up to 2 years of age or beyond) during their curricula. It also questions the government's actions to protect and support breastfeeding.

Moreover, the study showed that **12.87% were predominantly breastfed**, although predominant breastfeeding before 6 months of age is considered as an inadequate practice, because it implies the introduction of complementary foods before the recommended age of 6 months.

***Partial Breastfeeding. Venezuela 2006-2008.***

Age (months)	Children Total	Partial Breastfeeding	
	N°	N°	%
<1	385	119	30,91
1	238	144	50,88
2	365	188	51,51
3	244	130	53,28
4	271	158	58,30
5	254	166	65,35
<b>Total</b>	<b>1802</b>	<b>905</b>	<b>50,22</b>

Source: National Institute of Nutrition. Infant and Young Child Feeding during the first two years of life. 2009.

**Continued breastfeeding**

Some 50.5% of children were continuously breastfed at one year of age and 32.28% were continuously breastfed at 2 years of age.

**Weaning and bottle feeding**

**Almost 75% of the children were introduced to their complementary food before 6 months old, which is too early according to the WHO recommendations.** The complementary foods introduced were mostly liquids other than breastmilk or powder cow milk (74.31%), followed by infant formula 25.21%. **The dilution of the powder milk or formula was inadequate in over 70% of cases.**

When researching on the main causes of weaning, it was found that the “child did not want to be breastfed”, followed by “decision of the mother”, “new pregnancy”, “work”, “mother did not have enough milk”, “illness of the mother” or “illness of the child.”

**Complementary feeding**

It is **common to start complementary feeding in an appropriate manner, before six months of age.** The most common complementary foods are cow milk, tubers, plantain, vegetables, non-citrus fruits, beef, poultry and egg (National Institute of Nutrition, Venezuela 2009). Inappropriate complementary feeding practices remain the **major cause of malnutrition in children under two years old.**

An untimely introduction of grains or legumes (12.93%), oats (27.16%), barley (32.78%) and wheat (18.2%) was observed (these foods are recommended for children of nine months of age). On the contrary, rice, corn, tubers and bananas were introduced timely to the majority of children after six months of age.

### 3) Government efforts to encourage breastfeeding

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#### **National Legislation and Policies**

In Venezuela, the government has officially adopted a comprehensive policy on infant and young child feeding; however, it needs to be properly regulated to ensure effective implementation. It is important to mention that one of the public health goals established in the Bolivarian Republic of Venezuela in its “*Plan de la Patria Socialista de la Nación 2013-2019*” is to ensure a healthy feeding and proper nutrition throughout the life cycle, in accordance with constitutional mandates on health, food sovereignty and security, in order to **achieve an increase in the prevalence of exclusive breastfeeding by 70%**.

Currently, the National Breastfeeding Program is part of the Directorate of Family Health of the Ministry of Popular Power for Health (Ministerio del poder Popular para la Salud , MPPS), which in turn depends on the General Directorate of Health Programs. The MPPS **promotes breastfeeding as a priority of the Public Health and Social Policy Development** and aims to extend the coverage of the program entitled “*National Breastfeeding Program, Mother and Infant Feeding*”.

In 1998, the Organic Law of Children and Adolescents Protection (Ley Orgánica para la Protección de Niños y Adolescentes, LOPNA) was adopted, in compliance with the Convention on the Rights of the Child<sup>4</sup>. **This law establishes the importance of breastfeeding in the country and refers to it in the following articles:** Article 43 (Right to health information), Article 44 (Maternity Protection), Article 45 (Protection of filial maternal bonding specifying the importance of rooming) and Article 46 (Breastfeeding Protection).

Under the Strategic Social Plan framework (Plan Estratégico Social, PES) of the Ministry of Health and Social Development (Ministerio de Salud y Desarrollo Social, MSDS), the Official Standard for Comprehensive Sexual and Reproductive Health<sup>5</sup>, includes **general provisions and guidelines regarding protection, promotion and support of breastfeeding**, as established in the 2002 “*Global Strategy for Infant and Young Child Feeding*”.

In August 2004, the Resolution No. 405 of the MSDS<sup>6</sup> was enacted, which regulates the labeling of infant formula and complementary foods for children. In September of that same year, the MSDS enacted the Resolution No. 444<sup>7</sup>, which aims to protect, promote, support and encourage breastfeeding practices and policies in all health facilities. **Through these two ministerial decisions, the International Code of**

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<sup>4</sup> This law was published in the Official Gazette No. 5266 Extraordinary on October 2, 1998.

<sup>5</sup> This norm was enacted by ministerial decree No. 364, published in Official Gazette No. 37,705 on June 5, 2003.

<sup>6</sup> This resolution was published in the Official Gazette No. 38.002 on August 17, 2004.

<sup>7</sup> This resolution was published in the Official Gazette No. 38.032 on September 28, 2004.

**Marketing of Breastmilk Substitutes (the Code), as well as the Baby-Friendly Hospital Initiative (BFHI), were officially implemented in Venezuela.**

In 2007, a Law on Promotion and Protection of Breastfeeding was adopted, which aims to promote, protect and support breastfeeding as it is the most adequate food to feed infants and young children and thus, to ensure their healthy development.

In 2007, a Law on the Right to a Life Free of Violence<sup>8</sup> was adopted, which mentions the need to ensure early bonding between mother and child and immediate breastfeeding (Chapter 6, Article 51).

In October 2012, the report “*World Breastfeeding Trend initiative*” (WBTi) assessed the status of the implementation of the “*Global Strategy for Infant and Young Child Feeding*” in the country. IBFAN LAC (Latin America and Caribbean) submitted the WBTi Venezuela report along with other 50 country reports during the World Breastfeeding Congress held from 6 to 9 December 2012 in Delhi, India. It was then possible to evaluate and compare Venezuela’s progress in regard with progresses achieved in other countries; the **significant deficit in infant and young child feeding data collection in Venezuela was highlighted<sup>9</sup>.**

#### **The International Code of Marketing of Breastmilk Substitutes and its implementation in Venezuela**

Since 2007, in Venezuela, **the Code is implemented through a law**, according to the International Code Documentation Centre (IBFAN- ICDC), which periodically publishes the State of the Code by country<sup>10</sup>.

The Law on the Promotion and Protection of Breastfeeding<sup>11</sup> states that “*the promotion and advertising of infant and young child formula is prohibited, as well as promotion and advertising of feeding bottles, teats and pacifiers*” (Article 18) and that “*manufacturers and distributors of concerned products are prohibited to donate or distribute in public and private health facilities, either directly or indirectly, objects promoting a designated product, a product line or manufacturers, as well as objects promoting their use, such as pens, calendars, posters, notebooks, growth and vaccination cards, toys, recipes or product samples*” (Article 21).

**Since the adoption of the Resolution No. 405 of 2004 on labeling, several companies have been sanctioned**, such as Wyeth, Mead Johnson, Gerber, Heinz and Nestlé; in all cases, permits were withheld until the sanctioned companies have modified their labeling. Currently, companies have improved their labeling; however, **violations of the Code can still be detected, such as the use of health claims**, notwithstanding the national law, the national resolutions and the Code itself.

Likewise, **advertising in magazines, billboards, radio, TV, and other media is still difficult to control**. For examples, “baby competitions” are held without regulation.

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<sup>8</sup> This law was published in the Official Gazette No. 38.700 on September 17, 2007.

<sup>9</sup> World Breastfeeding Trends Initiative (WBTi), Bolivarian Republic of Venezuela National Report. MHSD, IBFAN Venezuela, Caracas October 15, 2012.

<sup>10</sup> Pan American Health Organization. 30 years of Code in Latin America: A journey on various experiences of implementation of the International Code of Marketing of Breast-milk Substitutes in the Region between 1981 and 2011. Washington (DC): PAHO; 2011.

<sup>11</sup> This law was published in the Official Gazette No. 38.763 on September 6, 2007.

Moreover, **scientific and medical events are supported by the dairy and baby food industry despite the accusations raised against such sponsorships.** Since, sponsoring companies have become less prominent and visible, yet the situation still persists. IBFAN Venezuela Coordination monitors on a permanent basis the activities that fall under the scope of the Code.

### **Courses on Breastfeeding and Breastfeeding Support**

In 2009-2010, a cooperation plan with Childcare and Pediatrics Venezuelan Society (Sociedad Venezolana de Puericultura y Pediatría, SVPP) and UNICEF started in order to train pediatricians on the Code and national laws related to breastfeeding. Workshops were held at the national level with the support and participation of IBFAN Venezuela under the title *"Update National Workshop on International Code of Marketing of Breastmilk Substitutes, Subsequent WHA Resolutions and National Law for the Promotion and Protection of Breastfeeding"*. Since 2011, the SVPP and UNICEF cooperation plan continues and **trainings on breastfeeding, including the Code, the subsequent WHA resolutions and the national legislation, are held under the name "Breastfeeding Approach and Advocacy Workshop for Pediatricians"**<sup>12</sup>.

At national level, the course entitled *"Curso de Consejería Comunitaria en Lactancia Materna"* (Breastfeeding Community Counseling) for Health Committees *"Barrio Adentro"* and Community Councils has been implemented in order to support and strengthen the confidence of mothers in the practice of breastfeeding. Nowadays, there are **more than 3,000 accredited breastfeeding counselors** in the country. In addition, there are several breastfeeding support organizations leading various activities including the creation and promotion of **breastfeeding support groups**, graduation ceremonies for breastfed children and monitoring of the national law implementing the Code. In addition, a **WHO/UNICEF training course on breastfeeding counseling and aimed at hospital staff is organized at national level.**

Finally, in the School of Medicine (School of Nutrition - Dietetics-UCV), there is a the **Breastfeeding Support Group called GALACMA-UCV**, which offers consultation service on Breastfeeding Counseling; this group gives training courses such as WHO Breastfeeding Counseling/UNICEF Breastfeeding Basic Course to students, professionals and community in coordination with the National Program for Breastfeeding and Human Milk Bank, University Hospital of Caracas and the MPPS.

These courses have been ongoing since 1998 and until 2012, there have been 21 training courses organized, with some 411 breastfeeding counselors and advisers trained. Besides, 5 courses of instructors on Breastfeeding Counseling have been organized, for a total of 53 facilitators, 9 directors. Last but not least, 2 basic breastfeeding courses of 43 participants have been organized with UNICEF approval.

As a result, some 65% of mothers surveyed reported having received information on breastfeeding during their pregnancy. According to data, this information was provided mostly by the physician in

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<sup>12</sup> World Breastfeeding Trends Initiative (WBTi), Bolivarian Republic of Venezuela National Report. MHSD, IBFAN Venezuela, Caracas October 15, 2012.



prenatal consultation. **However, it is of concern that some 35% of mothers did not receive information on breastfeeding during pregnancy.**<sup>13</sup>

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

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In 1993, the Baby-Friendly Hospital Initiative (BFHI) certification began accrediting the Central Hospital of Maracay, in Aragua state. In the following nine years, a total of nineteen (19) health facilities were accredited. In 2004, the Mother and Child Hospital in Caricuao, Capital District, was accredited too. Since then, there was no certification of baby-friendly hospitals in the country. **In 2010, out of 204 hospitals and maternities, only 17 were certified as “baby-friendly (coverage rate: 8%).**<sup>14</sup>

In hospitals and maternities, the biggest challenge remains in **neonatal care rooms, where infants are routinely fed with formula and the practice of breastfeeding is not encouraged enough.**

#### 5) Maternity protection for working women

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The **highest rates of exclusive breastfeeding are found amongst mothers with low education level.** This fact is a consequence of the lowest chance of these mothers to enter the work market. Consequently, they were considered to have longer availability to breastfeed as well as fewer economic resources to buy industrial baby food; the opposite occurs with mothers with a higher level of education, who are busy with their work and as a consequence, breastfeed their babies less.

**Exclusive breastfeeding, according to the mother’s work status. Venezuela 2006-2008.**

Work status	Exclusive breastfeeding	
	N°	%
Mother works	88	17,67
Mother does not work	410	82,33
<b>Total</b>	<b>498</b>	<b>100,00</b>

Source: National Institute of Nutrition. Infant and Young Child Feeding during the first two years of life. 2009.

**Maternity leave:** The new 2012 labour law (*Nueva Ley del Trabajo, de los Trabajadores y Trabajadoras, LOTT*) provides a longer postnatal leave (from 12 to 20 weeks). Added to 6 weeks of prenatal leave, the legislation entitles mothers to a 26-week pre- and postnatal leave, equivalent to 6.5 months. However, the legislation on maternity protection could still be improved by **extending maternity leave for mothers with premature babies up to 40 weeks of corrected age.**

<sup>13</sup> Ministry of Popular Power for Health, National Institute of Nutrition, National Food Survey of Children in the First Two Years old of Life. Venezuela 2006-2008. Venezuela 2009.

<sup>14</sup> Miriam H. Labbok, “Global Baby-Friendly Hospital Initiative Monitoring Data: Update and Discussion”, *Breastfeeding Medicine*, Vol. 7, N.4, 2012, p. 215. Available at: [http://www.researchgate.net/publication/230617756\\_Global\\_baby-friendly\\_hospital\\_initiative\\_monitoring\\_data\\_update\\_and\\_discussion/file/79e415037abf6c5f21.pdf](http://www.researchgate.net/publication/230617756_Global_baby-friendly_hospital_initiative_monitoring_data_update_and_discussion/file/79e415037abf6c5f21.pdf)

***Breastfeeding breaks:*** Mothers are entitled to 2 daily breaks of 30 minutes each to nurse their child if their workplace has a daily care center with a lactation room. Otherwise, if there is no lactation room at their workplace, mothers are entitled to 2 daily breaks of 1.5 hour each. We note that even though it is established in the law, lactation rooms in companies and ministries are requested but not supported.

***Paternity protection:*** In September 2008, the Venezuelan government enacted the Law for the Protection of Family, Motherhood and Fatherhood<sup>15</sup>, which states in articles 8 and 9 father’s labour immobility during the first year of his child’s life and postnatal leave for 14 consecutive days (21 consecutive days in case of multiple births).

The legislation also provides protection measures to mothers working in the informal organized sector. These measures exceed the minimum established by the ILO Recommendation No. 191 on Maternity Protection.

## 6) HIV / AIDS and infant feeding

Estimated HIV prevalence (%) among adults (aged 15–49), 2012	0.6
Antenatal care coverage – at least one visit (%), 2008–2012	94
Annual number of births (thousands), 2012	601
Estimated number of pregnant women living with HIV, 2012:	
➤ Estimate	--
➤ Low estimate	1,000
➤ High estimate	2,700
Reported number of pregnant women living with HIV who received ARVs for PMTCT, 2012	690
Estimated percentage of pregnant women living with HIV who received ARVs for PMTCT, 2012:	
➤ Estimate	--
➤ Low estimate	25
➤ High estimate	67

Source: UNICEF 2012.<sup>16</sup>

The Ministry of Popular Power for Health (Ministerio del poder Popular para la Salud , MPPS) developed a national guideline for the prevention of HIV, AIDS and STDs under the HIV/AIDS and Sexually STDs National Programme, intended for health professionals, educators, social workers and organized communities. It provides some recommendations on infant and young child feeding in the context of HIV/AIDS.

A program on the prevention of mother-to-child HIV/AIDS transmission is also carried out with the overall objective to reduce the risk of vertical transmission of HIV/AIDS at national level and to ensure the **supply of infant formula during the first year of life for children exposed to HIV/AIDS.**

<sup>15</sup> This law was published in the Official Gazette No. 38.773.

<sup>16</sup> Available at: <http://data.unicef.org/hiv-aids/emtct>

## 7) Infant Feeding in Emergencies

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The Promotion and Protection of Breastfeeding Law states **that in case of emergencies and disasters, breastfeeding must be protected** as it is the most adequate way to safeguard the life, health and overall development of children (Article 22). It also addresses the need to ensure that adequate spaces are available to facilitate timely breastfeeding. The law also stipulates that the **distribution of breastmilk substitutes is admitted only in cases where breastfeeding is not possible and should be done under proper supervision of the health personnel.**