

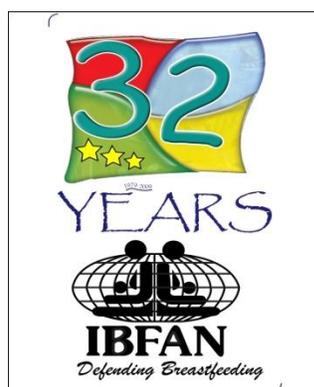
# THE CONVENTION ON THE RIGHTS OF THE CHILD

Session 61

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



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**Prepared by:**

Geneva Infant Feeding Association (IBFAN-GIFA)

[www.ibfan.org](http://www.ibfan.org)

Tel. +41 227989164

**Optimal infant and young child feeding** means that mothers are empowered to initiate breastfeeding within one hour of birth, to breastfeed exclusively for the first 6 months and to continue to breastfeed for 2 years or more, together with nutritionally adequate, safe and age-appropriate, feeding of solid, semi-solid and soft foods starting in the 6<sup>th</sup> month.

## 1) General points concerning reporting to the CRC

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Albania's 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> periodic report will be reviewed by the CRC Committee in 2012.

At the last review in 2005 (session 38), IBFAN presented an alternative report. Issues related to **breastfeeding** were discussed during the last review. There was a recommendation related to the child's right to health and adequate nutrition, (para 55): *"The Committee recommends that the State party ...b) address the issues of malnutrition and iodine deficiency through inter alia, education and promotion of healthy feeding practices"*.

## 2) Breastfeeding, child health and nutrition

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### General data

	1990	2010
Annual number of births		41'000
Neonatal mortality rate (per 1000 live births)		9
Infant – under 1 -mortality rate (per 1000 live births)	36	16
Under 5 mortality rate (per 1000 live births)	41	18
Rank		
Maternal mortality ratio (per 100,000 live births) (adjusted)		31
Delivery care coverage (%):		
Skilled attendant at birth	99%	
Institutional delivery	97%	
C-section	19%	

Studies show that in Albania there are significant differences in mortality in terms of educational levels and wealth, as well as child mortality is closely linked to poverty. According to the national statistics institute, INSTAT, the probability of dying among infants and under-five living in the richest households is almost a quarter of the national average.

Few pregnant mothers receive adequate prenatal care. Neonatal deaths account for the highest number of infant and child deaths. Child survival has improved dramatically since the 1990s. But some regions, especially the northeast and the peri-urban areas of Tirana and Durres, continue to lag behind.

According to MICS 2005 survey conducted by INSTAT, one in fourteen children under age five in Albania are moderately underweight (7.5%) and 1.2 percent of them are classified as severely underweight. Almost one in five children (22 %) is underdeveloped or too short for their age and three percent are exhausted or too thin for their height.

Data show that there are gaps among children underweight in rural and urban areas. Those whose mothers have secondary or higher education are least likely to be underweight or too thin. However boys appear to be underweight, exhausted and underdeveloped in comparison to girls.

### ***Breastfeeding data***

	(2008-2009) <sup>1</sup>
Early initiation of breastfeeding	43%
Children exclusively breastfed (0-5 months)	<b>39%</b>
Introduced to solid foods (6-8 months)	54%
Still breastfeeding at 12-15 months	61%
Continued breastfeeding at 20-23 months	31%

Breastfeeding, although used to be the tradition way of feeding the baby, after the collapse of communism, mostly in urban areas, mothers either refused to breastfeed their babies or stopped breastfeeding too soon and switch to industrial milk and infant formula.

The absolute number of exclusively breastfed children at 3 months has decreased, according to Ministry of Health data collected during child consultations<sup>2</sup>, from 35'300 exclusively breastfed 0-3 months children in 1993, to 22'800 in 2000, and down to 15'700 children in 2010. At the same time, the number of children artificially fed has increased.

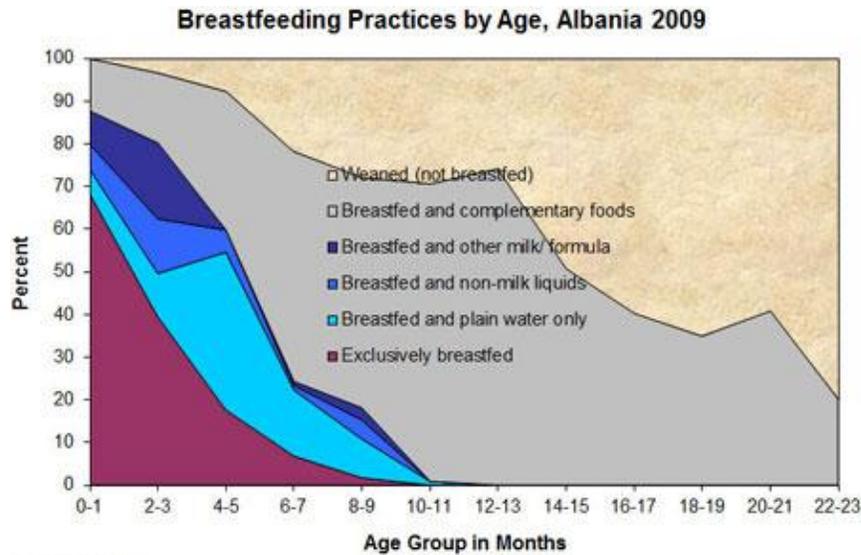
Only 36.9 percent of children 0-6 months in Albania are exclusively breastfed and 38 percent of children 6-9months are receiving breast milk and solid food.

Even though the rate of institutional deliveries is high – 97%- early initiation of breastfeeding is very low, only 43%.

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1 DHS 2008-2009, Final report

2 Ministry of Health, Statistika lidhur me aktivitetin e konsultorit të gruas dhe konsultorit të fëmijëve në vitet 1993-2010, available at <http://www.moh.gov.al/>



The Graph above provides a presentation of the overall feeding patterns among children 0-23 months for 2009, in Albania.

In an ideal situation, there would be no other colours than red before 6-7 months age interval, as children would be fed only with breastmilk until six months. Starting from 6-7 months, any other colour other than grey is not desirable, as children should be fed with breastmilk and solid, semi solid and soft foods at this age interval. Other colours with large areas between the red up to 6-7 months and the grey up to 22-23 months indicate feeding patterns that need to be changed for optimal child survival and development.

In the case of Albania, the problematic feeding patterns that need to be changed, are:

- a large portion of children under 6-7 months are being fed with breastmilk and other water, formula milk or non-milk liquids – light blue, blue and dark blue colors;
- a considerable portion of children under 6-7 months are fed with breastmilk and with complementary foods (solids, semi solids and soft food) – grey area.

Complementary foods are introduced earlier than recommended: complementary foods increase considerably at the age of 3-4 months;

- the portion of children that are weaned prematurely, that is stop breastfeeding and feed only on other foods, increases rapidly at 4-5 months, and then at one year of age. Ideally weaning should start at 22-23 months of age.

### 3) Implementation of the International Code of Marketing of Breastmilk Substitutes

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According to the International Code Documentation Center (ICDC), Albania has a law that implements fully the provisions of the International Code of Marketing of Breastmilk Substitutes.

*Law for the Promotion and Protection of Breastfeeding No 8528 of 1999* prohibits all forms of promotion of designated products, which include infant formula, follow-up formula and complementary foods. The law covers all bases but lacks details. Coverage might be limited by the generality of the provisions. The exact meaning of the law might have been lost in interpretation.

However, IBFAN's last global monitoring report, "Breaking the Rules, Stretching the Rules 2010" shows that there are still violations of the Code in the Country (See Annex). There is no information about the existence of effective and systematic monitoring mechanisms in the country.

Data shows that with the opening of the country to foreign trade and imported goods, the interruption of breastfeeding in favour of manufactured imported infant formulas has increased.

**The CRC Committee should investigate further on the measures taken to effectively monitor and enforce the law.**

### 5) Maternity protection for working women<sup>3</sup>

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In 2005, the female employment rate was 49 %, with the gender gap employment rate at 21 %.

More than half of the women -54 %- are employed in the agriculture sector where working conditions are difficult and in general revenues are low and very often in the threshold of subsistence.

Females constitute only 25.8 % of the employees in the non-agricultural and private sectors, which have higher male employment rates than the public sector. Women are in general employed in the public sector and the government –43 % of the total- that is more vigilant regarding gender employment. Employment in the public sector allows women to benefit from social protection, that unfortunately is not the case in many private companies and self-employed activities.

*Eligibility:* The maternity benefit is payable to a woman with regard to pregnancy and childbirth, provided she has acquired 12 months of social insurance.

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<sup>3</sup> European Commission, Social Inclusion and social protection in Albania, 2008, available at [http://www.feantsa.org/files/press\\_and\\_communication/albania\\_study\\_en.pdf](http://www.feantsa.org/files/press_and_communication/albania_study_en.pdf)

*Duration of leave:* The benefit period is 365 calendar days, including a minimum of 35 days prior to and 42 days after childbirth. For women that during the pregnancy would have more than one child, the benefit period shall be 390 calendar days, including a minimum of 60 days prior to and 42 days after child birth.

*Amount of maternity benefits:* The rate of maternity benefit for insured woman is 80% of daily average of the annual assessment basis of last calendar year - for the period prior to birth and for 150 calendar days, - after the birth; 50% of daily average of the annual assessment basis of last calendar year for the rest of period.

*Coverage:* According to National Strategy of Social Inclusion, out of the 39'229 live births that occurred in 2005, only 10'193 – or around 25% - of women received maternity benefits.

Although women are dominant in self-employment in agriculture, most of them are not insured and thus not covered by the social security scheme.

## 6) Obstacles and recommendations

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

1. High rates of malnutrition, stunting in particular, which co-exist with inadequate infant and young child feeding practices.
2. Low rates of early initiation to breastfeeding despite a high number of institutionalized deliveries.
3. Low rates of exclusive breastfeeding at 6 months. With the collapse of communism and after the liberalization of markets, breastfeeding rates have dropped in favour of artificial feeding.
4. Children in rural areas and boys are more likely to suffer from malnutrition. Also, differences in the socio-economic status of women influence the adequacy of child nutrition.
5. Ineffective implementation of the *Law for the Promotion and Protection of Breastfeeding No 8528 of 1999*.
6. Women working in agriculture, which represent a majority of Albanian women, may not be covered by maternity protection.

***Our recommendations include:***

1. **Raise awareness about the importance of breastfeeding for child survival and development and the risks of artificial feeding for infants, including among the health care professionals.**

**In particular, raise awareness about the importance of exclusive breastfeeding, which has been decreasing in the past years, while addressing disparities in feeding practices according to rural/urban divide and to socio-economic status of families.**

**Make breastfeeding information and support available to mothers, whether in health-care institutions, at home, or at the workplace.**

- 2. Improve the knowledge and strengthen the capacity of mothers/caregivers to adequately use family and local foods in order to prepare adequate nutritious diets for complementary feeding of breastfed infants up to two years, and adequate feeding of older children.**

**Particular attention should be paid to the nutritional status of boys.**

- 3. Include breastfeeding issues in the education curricula of medical students and undertake training to health care-professionals.**
- 4. Put in place effective monitoring systems and sanctions to ensure effective enforcement of the International Code of Marketing of Breastmilk Substitutes and relevant WHA Resolutions.**
- 5. Ensure that women working in the informal and agricultural sector are provided with maternity protection measures.**

## ANNEX: Example of Violation of the International Code of Marketing of Breastmilk Substitutes

Source: ICDC, “Breaking the Rules, Stretching the Rules, 2010

### Promotion to health workers & health facilities

- Article 6.2 bans the promotion of products within the health care system.
- Article 6.3 prohibits the display of products, placards and posters or the distribution of company materials unless requested or approved by the government.
- Article 7.3 provides that there should be no financial or material inducement to promote products.
- ❖ In Albania, brochures on **Aptamil 1, 2 and 3, Aptamil HN 25** and **Aptamil Prematil** are distributed in health facilities. Note pads inside a folder marked “*Studies about the care of children*” come with the brochures. They describe how **Aptamil 1, 2 and 3** are the best solution after breastfeeding. (see 1)



**VIOLATION**

Qëndrore për foshnja Mitupa  
Zgjedhje e shëndetshme pas qumësorisë të ëmë

Comfort | HN25 | Prematil

**APTAMIL 1**  
Qumësht për foshnja 0-6 muaj  
"Aksori më i mirë qumështit të ëmë"

**APTAMIL 2**  
Qumësht për foshnja nga 5-12 muaj  
"Zgjedhja më e mirë për moshën e dytë foshnjore"

**APTAMIL 3**  
Qumësht për foshnja nga arratja 1 tejet e lart  
"Hapje e natyreshkëlqim pas qumështit të ëmë"

**QUMËSHIT SPECIAL**

**APTAMIL PREMATEL**  
Qumësht për foshnja të prekshkëlqim dhe me nevojë

**APTAMIL HN25**  
Qumësht për ushqimtarë e foshnjave me diarre

**APTAMIL COMFORT**  
Qumësht për trajtimtarë e dhembësje të foshnjave ndërmjet ushqimit.

mitupa

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