

THE CONVENTION ON THE RIGHTS OF THE CHILD

Session 59

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



December 2011

Data sourced from:

UNICEF, State of the World's Children, 2011

State of the Code by Country, ICDC, 2011

ILO, Labour Code of the Republic of Azerbaijan

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1) General points concerning reporting to the CRC

Azerbaijan's 3rd and 4th periodic report will be reviewed by the CRC Committee in January 2012 (session 59). At the last review in January 2006 (session 41), IBFAN did not present an alternative report.

In its last Concluding Observations, the CRC Committee included a direct recommendation related to *"family-based primary health including health promotion and disease prevention... and the issue of infant, child and maternal mortality"* (paras 50a, b).

2) General situation concerning breastfeeding in Azerbaijan

General data

- Total number of births:	166,000	(2008)
- Infant mortality rates under 1 year of age: 78	(1990)	
(per 1000 live births) 32	(2008)	
- Maternal mortality rates reported (per 100'000 live births):	26	(2003-2008)
- Institutional delivery + skilled attendant at birth:	78%, 88%	(2003-2008)
- infants with low birth weight	10%	(2003-2008)

Breastfeeding data

- Initiation to breastfeeding:	32%	(2003-2008)
- Exclusive breastfeeding at 6 months:	12%	(2003-2008)
- Complementary feeding at 6-9 months:	44%	(2003-2008)
- Continued breastfeeding at 20-23 months:	16%	(2003-2008)

All breastfeeding rates are extremely low: the initiation rates for example underline that there is probably poor promotion of breastfeeding in hospitals and maternity clinics. The same is to be said of the very low rates of exclusive breastfeeding at 6 months.

The fact that a large number of women either give birth in medical institutions or with the help of skilled birth attendants provides a potential way for information flow directly to the mothers.

There is growing evidence (reported in Pediatrics and the Journal of Nutrition) of the significant impact of early initiation of breastfeeding, preferably within the first hour after birth, on reducing overall neonatal mortality. It ensures that skin-to-skin contact is made early on, an important factor in preventing hypothermia and establishing the bond between mother and child. Early initiation of breastfeeding also reduces a mother's risk of post-partum haemorrhage, one of the leading causes of maternal mortality. Colostrum, the mother's milk during the first post-partum days, provides protective antibodies and indispensable nutrients, essentially acting as a first immunization for newborns, strengthening their immune system and reducing the chances of death in the neonatal period (Health and Population). (www.childinfo.org)

- The Committee may ask the country delegation what breastfeeding promotion activities are being implemented and how successful they are. It would be important to develop some form of research to measure progress over the years, for example until the next government report to the CRC.

3) Government efforts to encourage breastfeeding

According to the International Code Documentation Centre, in Azerbaijan there is a law on marketing of breastmilk substitutes that includes several provisions of *the International Code of Marketing of Breastmilk Substitutes (WHO UNICEF 1981)*.

However we have no information concerning the implementation of this law, nor do we have any examples of violations.

Nor is there information regarding the structure set in place within the department of health and nutrition to promote, protect and support breastfeeding, for example a breastfeeding commission and committee.

- The Committee may ask the government delegation what efforts exist to implement the law as well as what system is in place to monitor the law.
- It may also discuss and recommend the setting up of a breastfeeding committee in order to protect, promote and support optimal feeding of infants and young children.

4) Baby Friendly Hospital Initiative (BFHI)

In 2002, 7 hospitals in Azerbaijan were certified as Baby- friendly. As we have no information concerning the total number of maternity centres and hospitals we cannot qualify this number.

- The Committee may want to request more information concerning the initiative, its current functioning and financing, as well if efforts have been made lately to integrate the most recent improvements in the original BFHI.

5) Maternity protection for working women

Scope: Maternity legislation is applicable to employees working in enterprises and workplaces where a contract of employment exists, as well as to employees performing jobs in their homes using the employer's materials. The law does not cover women employed in the informal economy.

Maternity leave and other related types of leave

Normal duration is *126 days starting 70 days prior to childbirth and 56 days after childbirth*. In the event of abnormal or multiple births, women shall be granted 70 days leave after childbirth.

Women working in industry shall be granted 140 days for normal childbirth (70 days before and 70 days after birth); 156 calendar days in the event of abnormal birth (70 calendar days before and 86 after birth); 180 calendar days in the event of multiple births (70 days before and 110 calendar days after birth). Unpaid leave is granted with the employer's consent for up to 14 calendar days for women with children under the age of 16 or single parents or guardians.

Parental leave: A single parent or another family member caring for a child until the age of 3, is eligible for partially-paid social leave. An employee caring for a child may use partially-paid social leave completely or in part at his/her discretion.

Paternity leave: Unpaid leave is granted with the employer's consent for up to 14 calendar days for men whose wives are on maternity leave.

Leaves related to family responsibilities: Upon request of pregnant workers, or who have children under the age of 14, or have handicapped children under the age of 16, or have to take care of a sick family member, the employer shall give them a part-time daily or weekly job with wages based on their experience and seniority. Both sides have to agree on the time of the workday or week. This is also applicable to all fathers, foster parents or legal guardians who have to raise the children themselves alone and without the mother.

Health protection: Women are protected against dangerous or unhealthy work, work in intensive jobs, hazardous workplaces and in underground tunnels and other underground work is prohibited for pregnant workers or women who have children under 3 years of age.

Non-discrimination measures: During hiring, a change in employment or termination of employment, no discrimination among employees is permitted on the basis of sex, family circumstances or other factors unrelated to professional qualifications, job performance, or professional skills of the employees, nor shall it be permitted to establish privileges and benefits or directly or indirectly limit rights on the basis of these factors. Concessions, privileges and additional protection for women shall not be considered discrimination. Refusing to sign a labour contract with a woman who is pregnant or has a child under the age of 3 is prohibited by law. The employer is prohibited from terminating the employment contracts of pregnant women and women with children under age 3.

Breastfeeding: Women workers who have children under the age of 18 months are entitled to breastfeeding breaks, in addition to their regular lunch and rest breaks.

These breaks are at least *30 minutes each, every 3 hours*. If a woman worker has two or more children under 18 months, the duration of the breaks shall be at least one hour.

These breaks can be added to the regular lunch or rest breaks, or can be taken at the beginning of and/or at the end of workdays. If the worker decides to take her feeding breaks at the end of the day, her workday shall be shortened.

This provision is also applicable to all fathers, foster parents or legal guardians who have to raise the children themselves alone and without the mother for a particular reason. Breaks given for feeding children are considered as working time and the average salary of the worker shall remain the same.

The ILO does not mention any information regarding payment of women on maternity leave but given that the country ratified Convention C183 on maternity protection in October 2010, level of payment should be at least at 2/3 of salary.

- Post-birth maternity leave is of only 8 weeks (2 months), making it difficult for women to exclusively breastfeed for 6 months.
- The Committee may consider asking the delegation if the government is considering including women working in the informal economy within the scope of maternity protection as this is starting to take place in a few countries, leading the way.

6) Obstacles and recommendations

The following problems have been identified:

- Very low breastfeeding rates.
- Lack of information on the implementation and monitoring of the International Code of Marketing of Breastmilk Substitutes.
- Lack of information concerning either the existence or not of a breastfeeding policy, breastfeeding committee and a structure aimed at protecting, promoting and supporting breastfeeding.
- Few maternity centres are BFHI.
- Maternity legislation is comprehensive but excludes wide categories of working women. Maternity leave is of only 8 weeks (2 months), making it difficult for women to exclusively breastfeed for 6 months.

Our recommendations include:

- Design various ways, at government level, to improve breastfeeding rates: policies, structure, promotional activities, training of health workers. Raise awareness about the importance of breastfeeding and the risks of artificial feeding for infants, including among the health care professionals.
- Pay particular attention to the situation of early initiation of breastfeeding. Even though 88% of deliveries are attended by a skilled attendant, early initiation of breastfeeding is at 32%.
- Reinforce implementation and set up monitoring mechanisms for marketing legislation of breastmilk substitutes. Disseminate information about its implementation.
- Reactivate the Baby Friendly Hospital Initiative with sufficient funds and monitoring of progress and success rates.
- Continue to strengthen maternity legislation for working women, including by extending it to wider groups of women and developing breastfeeding-friendly workplaces and child care centers.
- Consider extending the post-birth period of the maternity leave in order to allow for exclusive breastfeeding of up to 6 months.