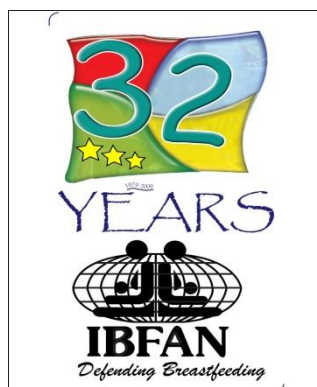


THE CONVENTION ON THE RIGHTS OF THE CHILD

Session 57
May-June 2011

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



MAY 2011

Report prepared by:

GIFA: Geneva Infant Feeding Association

General Information sourced from:

International Baby Food Action Network (IBFAN)

International Code Documentation Centre (ICDC)

International Labour Organisation (ILO)

United Nations Children's Fund (UNICEF)

1) General points concerning human rights and reporting to the CRC

Bahrain is being reviewed by the CRC Committee for the 2nd time. At the last review, in January 2002 (session 29), the CRC Committee made no recommendations on infant and young child feeding.

General data

Annual number of births (in thousands)	14 (2008)	
Infant mortality rate (<1 year) per 1000 born alive	10 (2008)	14 (1994)
Neonatal mortality rate - per 1000 born alive	4 (2004)	
Maternal mortality ratio	46 (2003-2008 reported)	32 (2003-2008 adjusted)
Antenatal care coverage: at least once (%)	97 (2003-2008)	
Delivery care coverage:		
Skilled attendant at birth (%)	98 (2003-2008)	
Institutional delivery (%)	98 (2003-2008)	

Source: State of the World Children, UNICEF, 2010

Breastfeeding and infant nutrition situation

% of children with low birth weight	8 (2003-2008)
Early initiation of breastfeeding	--
Exclusive breastfeeding (> 6 months) (%)	34
Breastfeeding with complementary food (6-9 months) (%)	65
Still breastfeeding (20-23 months) (%)	41

Source: State of the World Children, UNICEF, 2010

There is no data regarding early initiation of breastfeeding.

The problem indicated by the data is the low exclusive breastfeeding rate at 6 months of age: only 34%. The reason is explained by the mixed feeding data at 65%. This means that 99% of women are breastfeeding at 6 months of age, but two thirds are mixing breastfeeding with other complementary foods before the recommended age of 6 months.

2) Legislation related to the *International Code of Marketing of Breast-milk Substitutes (International Code)* and subsequent relevant World Health Assembly resolutions.

Bahrain has all provisions of the International Code of Marketing of Breastmilk Substitutes implemented at the national level through the Decree No 4 (1995) - as defined by the International Code Documentation Centre (Penang) in its document *State of the Code by Country* (2011)¹.

¹ ICDC, *State of the Code by Country*, 2011

Violations of the International Code in Bahrain

In 2006, the Breastfeeding Committee of Bahrain reported that steps were taken to give effect to the 1995 Bahrain Decree No 4, which implements the provisions of the International Code. This consisted in surprise visits to all health centres to check on compliance by baby food companies. This proactive step by the Committee caused a stir among baby food companies.

Promotional materials, gifts to health workers and invitations to attend conferences were found. The worst violations involved leaflets and small gifts as these are passed on to mothers and carry implicit medical endorsement. Monitoring also revealed that new health workers were unaware of the Decree. Government health employees, in general, do not recommend any brand of formula milk when asked by parents. Violations were picked up, recorded and reports were filed with the Bahrain Ministry of Health which told offending health centres to behave. Letters of appreciation were sent to health centres which uphold the Bahrain Decree.

Companies found to be violating the Decree were issued with letters denouncing their malpractices. Some companies tried unsuccessfully through different channels to get the Committee to withdraw their letters. In yet another proactive approach, the Committee held meetings with company representatives and obtained their agreement to comply with the Bahrain Decree but only time will tell if they are sincere in their promises.

The efforts of the Committee were boosted by an immediate response from the Ministry of Health. Plans to control company promotion went into full swing and reminders were sent to all health centres reiterating the Ministry's commitment to breastfeeding. Health centres have started activities such as lectures, meetings and distributing information to revitalise breastfeeding support².

This experience in Bahrain is quite positive and shows the great importance of political will in implementing standards for child health and nutrition. It sets a good example for other countries that have not taken similar steps.

However, it is important to note that monitoring should be systematic from the part of the Breastfeeding Committee so that compliance with Decree No 4 is continuously guaranteed.

3) Baby-Friendly Hospital Initiative (BFHI)

In 2002, only 6 hospitals/maternity facilities out of a total of 28 were certified as Baby-Friendly Hospitals³. The number is very low and the BFHI needs to be strengthened in Bahrain. Data needs to be updated in order to reflect the current situation.

² ICDC, Legal Update, July 2007: <http://www.ibfan.org/art/299-11.pdf> (Accessed on 24 May 2011)

³ http://www.unicef.org/nutrition/files/nutrition_statusbfhi.pdf (Accessed on 24 May 2011)

4) **Maternity protection at work**

Normal duration of the maternity leave is 45 days. Women are entitled to 100% of the earnings during maternity leave. The employer has the responsibility for financing the benefits⁴.

The duration of maternity leave is much shorter than the 14 weeks recommended in the ILO Convention 183 (2000). A short maternity leave makes it impossible for women to reconcile her productive and reproductive roles. It compromises the possibility for women to exclusively breastfeed during the first six months of the child's life.

5) **Recommendations**

- Address the issue of low exclusive breastfeeding at six months. In particular raise awareness on the importance of exclusive feeding with breastmilk, and the dangers of artificial feeding.
- Monitor violations of the national Decree No 4 in a systematic manner throughout the country.
- Improve maternity protection legislation, in particular by increasing the duration of the maternity leave to 14 weeks, as recommended by ILO. Ratify ILO Convention 83 (2000).
- Strengthen the implementation of the Baby-friendly Hospital Initiative in Bahrain by providing the necessary support, and in collaboration with civil society organisations and UNICEF.

⁴<http://www.ilo.org/travaildatabase/servlet/maternityprotection?pageClass=org.ilo.legislation.work.web.ReferencePage&LinkId=8516> (Accessed on 24 May 2011)