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REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN COSTA RICA

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General Information sourced from:
- *Encuesta Nacional de Hogares (2006)*
- *Encuesta Nacional de Próposito Múltiples (2009)*
- *INEC-Instituto Nacional de Estadística y Censo*
- *Ministry of Health*
- *Interviews to BFHI and national breastfeeding Commission members.*

THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN COSTA RICA

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

Costa Rica is being reviewed by the CRC Committee for the 4th time. At the last review, in May 2005 (Session 39), IBFAN sent an alternative report on the situation of infant and young child feeding in Costa Rica.

During the last review, the CRC Committee made no recommendations on infant and young child feeding. It was concerned with regional **inequalities** concerning **access to health services**, and recommended the government to take an equitable approach to ensuring access to health services for the regions and communities with the lowest coverage rates.

Human Rights
Costa Rica has ratified most international human rights treaties. Recently in 2008, it ratified the *Ibero-American Youth Rights*: rights such as access to health, education and consultation of their views are reflected.

The legal structure of Costa Rica establishes that international treaties and conventions ratified are superior even to the Political Constitution, which gives great strength to these international instruments. In 2010, the Inter American Court for Human Rights accepted the claim of 18 Costa Rican couples against the prohibition of *in vitro fertilization* and gave the country 6 months to change the law. Costa Rica has asked three times to extend the time limit and a wide debate is still taking place at Parliament and in the public opinion. The separation between State and Church is basic to the respect of human rights but Costa Rica is still one of the few countries that has maintained Catholicism as the official religion of the State.

Women
In recent years, the rights of women have fallen exponentially in Costa Rica. The National Women's Institute has implemented policies and strategies that do not fit the agenda of the women's and feminist movement today. For example, in relation to violence against women, some laws have been re-drafted and some articles altered or removed, limiting the power of women; actions to combat the killing of women have not been prioritized. The rights of migrant women in the workplace are violated every day which reflects a rise in xenophobia towards the migrant population, especially towards Nicaraguans. Recently, under the direction of the Ministry of Health, there has been an effort to define a national policy on sexuality.

Children
Children's rights are incorporated in the Code of Childhood and Adolescence. The governing body responsible for children is the *Patronato Nacional de la Infancia* and for adolescents is the *Consejo de la Persona Joven* (children over 14 years). Despite this, there is a lack of institutional support for the young in the range of 12 to 18 years as it has not been clearly defined which institution is to ensure their rights. This vagueness has led to a lack of specific projects for concrete actions in areas such as education, sexuality and the prevention of violence. Another factor that directly affects the monitoring and evaluation of the few programmes for this population is the declining public institutional budgets.

2) General Situation of Breastfeeding in Costa Rica

Table 1. General Data

	2005	2010
Population	4.3 million	4.6 million
Men	50.77%	50.13%
Women	49.23%	49.87%
Births	71,000	67,000
Children <12 years		413,000
Children <5 years		335,000
Children <2 years		138,000
Children <1 year		67,000
Infant mortality (per 10'000 births)	9.25	8.84
VIH /AIDS		
Men	253 / 223	183 / 96
Women	82 / 39	60 / 19
Maternal mortality (per 10'000 births)	3.6	2,7
Nr of working women by sector		
Formal		265,000
Informal		455,000
Access to public health services	96%	94%
Births in hospitals	98%	97%
Poverty	19%	21.3%
Early initiation breastfeeding (1° hour)	Not available	Not available
6 months exclusive breastfeeding	17%	7.8%
Continued breastfeeding, 12 months	56.1%	49.5%
Continued breastfeeding 24 months	46%	21%

Data on Infant and young child feeding (IYCF)

The following tables show the situation of IYCF in Costa Rica. The WHO and Costa Rican policy of **exclusive breastfeeding** during the first 6 months is not being fully implemented. While the rate has increased at 0 and 1 month, the decrease is dramatic at 5-6 months in 2006. New data will be available this year and we hope this has changed.

The increasing trend of **mixed feeding** before 6 months was reverted during 2006, particularly at 0 and 1 month. This has to be analyzed with relation to the following table. Interestingly, **artificial feeding** lowered over this period with a high in 1990 and a low only in 2002 and again increasing in 2006 but not at 0 month where it decreased very much. Exclusive breastfeeding appears as the start in life for most babies.

Table 2. Percentage of infants under 6 months in relation to the type of feeding (2006)

	At birth	< 3 months	< 6 months
Exclusive Breastfeeding	97	54.2	7.2
Mixed feeding	2	29.3	60.5
Artificial feeding	1	16.5	32.3

Source: Encuesta de Hogares, 2006

Table 3. Trends in breastfeeding before 6 months (1990-2006)

	0 month	3 months	6 months
1990	93.9	75.8	64
1994	92.5	77.6	60.3
1998	95.4	82.4	70.5
2002	97	84.6	72.4
2006	99	83.5	67.7

Table 4. Exclusive Breastfeeding trends in infants below 6 months (1990-2006)

	0 month	3 months	6 months
1990	93.8	42	15.7
1994	93	46.7	27.8
1998	95.4	49.7	34.5
2002	81.2	46.5	16.6
2006	97	37.2	7.8

Table 5. Mixed Feeding Trends in Infants under 6 months (1990-2006)

	0 months	3 months	6 months
1990	0	28.8	43.6
1994	0	23	29.3
1998	0	32.7	39.2
2002	15.8	38.1	55.8
2006	2	29.3	60.5

Table 6. Trends in artificial feeding before 6 months (1990-2006)

	0 months	3 months	6 months
1990	6.2	29	40.6
1994	6.9	23.5	37
1998	4.6	17.6	26.3
2002	3	15.4	27.6
2006	1	16.5	33.3

Infant mortality

In recent years, infant mortality rates have dropped dramatically from 77.5 per 10,000 births in 1965 to 9.25 in 2004. In 2010 it reached 8.84 which shows the great progress in child health that the country has achieved.

3) Government's efforts to promote breastfeeding.

International Code of M**arketing of Breastmilk Substitutes**

On 7 September 1994, Costa Rica approved *Law No 7430 "Fomento a la Lactancia Materna"* that is based on the World Health Assembly *International Code of Marketing of Breast-milk Substitutes* (1981).

This law created the Breastfeeding Commission whose role is to monitor the implementation of the law and to promote other means and policies (rules, regulations) and to coordinate activities

that help to maintain the law at the cutting-edge in relation to infant and young child nutrition. This has been done in an exemplary way.

The Commission is under the responsibility of the Ministry of Health, but its members belong to the following entities: Ministry of Public Education; Ministry of Economy, Industry and Commerce; the Social Security Fund; the Research Institute on Health and Nutrition; the School of Nutrition of the University of Costa Rica; the Federation of Associations of the Private Sector. This last element needs to be reconsidered since it facilitates industry representation and can also create conflicts of interest.

Important legal and institutional links have been built with the National Commission on Consumer Protection (state agency responsible for ensuring the rights of consumers), particularly to protect citizens from Code violations and to respect the national Law. In general, the industry needs to comply with the majority of the recommendations of the Commission before taking legal action in Court, particularly on labelling. The Code is incorporated into national legislation; this has led to success also in judicial processes.

A draft of a new regulation of the Law - to actualize it following new WHA Resolutions - is in the process of discussion between members of the social movement and health authorities before it is presented to Congress. It is important it includes provisions for institutionalized permanent monitoring.

Milk Banks
In the coming months, the Hospital of San Ramon is ready to launch the first human milk bank in Costa Rica; there is institutional commitment to establish two more.

Health Workers Training
With PAHO (Pan American Health Organisation) support, the National Breastfeeding Commission has trained health workers from all health facilities in the 20-hour Lactation Management Course and in BFHI.

Some non governmental organizations –including IBFAN- have received government support and organized every year an updating seminar, with the participation of all private and public breastfeeding facilities of the country.

4) Baby Friendly Hospital Initiative.

Of the total of 24 hospitals, only 10 are certified Baby Friendly (41.6%). A clear focus on re-certification and certification of hospitals and clinics is needed.

In 2010, progress was seen in all the 10 Steps for Successful Breastfeeding, which are part of the Baby Friendly Hospital Initiative (BFHI). For a more detailed analysis of the implementation of the Steps since 1992, please refer to Annex 1.

Since 2009, Costa Rica has a new Breastfeeding Policy, and 11 out of the 24 maternity hospitals (46%) have a written breastfeeding policy communicated to staff.

In 100% of maternities, babies are put to the breast immediately after birth, even if there has been a Caesarean section. This procedure is included in the Guide to Prenatal Childbirth and Postpartum. This said, constant surveillance of the norm is needed particularly in private hospitals.

In 18 (75%) maternity hospitals, mothers are taught to breastfeed and 13 (54%) maternities have been trained in techniques of extracting milk and lactation management. In 17 (70%) hospitals, special breastfeeding clinics have been established to support breastfeeding mothers and babies, and medical professionals.

In the 24 (100%) maternity units breastfeeding is the norm; formulas are given only when medically indicated. A protocol for the use of soy-based formula has been implemented. All maternities have total rooming in. All maternity hospitals comply with this step of breastfeeding on demand and support is directly given to mothers. All maternity hospitals have eliminated the use of bottles and pacifiers. Only the National Children's Hospital uses bottles for some sick children, despite the national regulations.

5) Maternity protection for working women.

All women working in the public and private sectors (except agriculture or livestock enterprises) are entitled to 16 weeks paid maternity leave (4 weeks before delivery and 12 weeks after childbirth), which may be extended by medical prescription up to a year or more.

100% of wages are paid by the social security system (half of which is paid by the employer). If the woman is not entitled to benefits through social security, the employer must pay two-thirds of her salary during her leave.

Two 30-minutes (in some public sectors it is 90 minutes in total) paid breastfeeding breaks per day are compulsory and their implementation is increasing because of women's awareness of their rights and of institutional support. In most cases, rather than taking the breaks, mothers arrive 1 hour later or leave 1 hour earlier (1.5 in some public sector branches, particularly in the health system). Companies employing more than 30 women have to provide a space for women to breastfeed their child without risk but in most cases what is provided is the time and the place to express and store breast milk safely.

The labour law in Costa Rica ensures that women are not discriminated against because of their gender. It is prohibited to dismiss a woman because she is pregnant or lactating. There is a project to reform the law in Congress, to extend paid maternity leave from the current 16 weeks to 24 and to promote exclusive breastfeeding during this period. There is also a provision for permission to increase leave in the case of children with conditions that warrant the constant presence of his/her mother.

Laws are clear and improving but need permanent monitoring of their implementation. Women's organizations are constantly raising awareness of the fact that the informal sector needs to be covered by the law and that Costa Rica has a total population that includes 22.2% of migrants. Most are from Nicaragua and amongst them, 57% are women working as domestic workers, a large majority do not benefit from legal status and are thus in a particularly vulnerable situation and are often abused by employers.

6) HIV and infant feeding

Since 1990 infant feeding protocols exist in the case of children born from mothers HIV+, but have not been updated with the new international guidelines. Therefore, there is no direct communication channel between the policies of the HIV Commission and the ones promoted by the Breastfeeding Committee. Out of the 24 maternity hospitals, 17 have accomplished courses on breastfeeding, including infant feeding and HIV. In 2010, these institutions received this training at least once.

7) Infant Feeding in Emergencies

In Year 2008, after IBFAN and the National Breastfeeding Commission conducted the WBTi-World Breastfeeding Trends Initiative[1] with the wide participation of institutions, a clear gap was identified related to the lack of a national policy on infant feeding in emergencies.

Since then, a national policy has been approved to ensure optimal infant feeding during emergency situations, forbidding donations of formulas and bottles, identifying the bodies responsible to guide on these matters, providing guidelines and training to ensure breastfeeding and relactation when needed, educating and providing guidelines for media and humanitarian organizations, supporting women groups to support each other and to receive technical support.

The fact that the country lives every year various kinds of emergencies and that the population is well organized for it at community level, makes it possible to continuously enrich this policy with concrete measures for implementation based on lessons learned.

8) Contaminants

The country authorities have followed cases of contamination of infant formulas with *enterobacter sakazaki* and others and taken action to protect babies. In 2010 a national decree was agreed to forbid the use (and sale) of plastic bottles containing *bisphenol* which has been proved to damage health.

9) Obstacles and recommendations

The following <u>obstacles/problems</u> have been identified (for a more detailed analysis please refer to *Annex 2*):

- Only 10 out of 24 hospitals have been designated as Baby friendly hospitals, and there is a lack of focus on re-certification and certification of other hospitals. More than half of the health centers need to start the process even if 100% have been trained; need to include practical daily issues and possible obstacles during training.
- Early initiation of breastfeeding within the first hour is essential for child health and survival: in only 80% of maternities mothers are breastfeeding before leaving the hospital.

[1] WBT*i* is an innovative initiative of the **International Baby Food Action Network (IBFAN) Asia for tracking assessing and monitoring the Global Strategy for Infant and Young Child Feeding** in response to the global need for focus on infant nutrition and survival: http://www.worldbreastfeedingtrends.org/about.php

- One of the reasons behind delayed initiation of breastfeeding is medicalization of child birth practices. The abuse of medical non needed birthing practices, such as caesareans and others that separate mothers and babies require particular attention as they often lead to institutionalized violation of women's right to receive support to breastfeed. Particular attention must be given to private clinics. Natural birthing practices need to be reinforced.
- Today 80% of mothers receive proper information about breastfeeding. However, a wide population of migrants in non legal situation requires special campaigns for accessing prenatal care and adequate services.
- The commercial sector continues to violate the International Code by offering gifts to health professionals, or providing free samples and supplies of formulas or complementary foods. Health workers are not trained on how to properly deal when they find themselves in conflict of interest situations.

Recommendations for public national authorities

1. Develop clear guidelines for all public and private institutions to support, coordinate and implement activities related to the yearly **World Breastfeeding Week celebration**.
2. Ensure that authorities of public and private institutions **train and update human resources** on breastfeeding, lactation management, breastfeeding in special situations such as HIV contexts and emergencies, the protection of the Code and related WHA resolutions and national laws.
3. Educate health workers and other authorities in avoiding **conflicts of interest** particularly when developing public policies and guiding public interest programmes. This policy and action should have a clear public interest ethical background.

   Work jointly with other governmental authorities to ensure that health and public interest prevails over any commercial or private interest in all international, national and commercial agreements.
4. Institutionalize **permanent monitoring** of national marketing law and Code with enough resources, including financial, to stop non ethical marketing. Train health workers at all levels to monitor permanently the implementation of the Code and related WHA resolutions and national laws in all levels of health system.
5. Facilitate actively the access of health workers from public and private sectors to information about rights and duties in relation to breastfeeding, and to mother support and protection of women rights.
6. Assure that **bottle-feeding or feeding with breastmilk substitutes are actively avoided** by the medical staff and other people working in the public and private sectors.

   Monitor that community organizations, committees or commissions and boards and associations, NGOs, public and private institutions have a clear understanding of the negative role played by infant feeding industry marketing strategies and the continuous institutionalized support of health authorities. They should promote, protect and support breastfeeding in their communities and discourage actively the use of formulas, bottles, teats and pacifiers or other similar tools that interfere negatively with the initiation and maintenance of the practice of exclusive and continued breastfeeding.

7. Prepare in advance clear policies for **situations of natural disaster or emergency**, to ensure that all workers in the public or private sector provide nutritional and emotional support to breastfeeding mothers and to inform the general population (particularly people affected and those wanting to bring support) about the risks of donating/using bottles, formula and milk powder (and any other product needing water). Promulgate an Executive Order to regulate infant feeding in emergency situations and particularly stop donations of formulas; and to decide on effective measures to support women to breastfeed.
8. Health authorities should be upfront in the defence of a reform of the Labour Code to **extend maternity leave to at least 6 months** postpartum to protect mothers rights and exclusive breastfeeding. Consider ratifying ILO C183 on maternity protection.
9. The Commission on Breastfeeding and the Committee on HIV to **update the Protocols on infant feeding and HIV** so as to include new international standards with continuous follow-up; it is important also to learn from reality and from women's needs.
10. Create more **human milk banks** in all maternities.
11. Start the process for **health services to be certified** as family, women and baby friendly.

ANNEX 1: **BFHI implementation in Costa Rica, 1992-2010**

Steps	**1992**	**2003**	**2010**
1. Have a written breastfeeding policy that is communicated regularly to health care staff	There is no policy on Breastfeeding promotion.	Policy of breastfeeding promotion in accordance with the law, 9 of 24 maternity units have their own policy.	Law No. 7430 on Promotion of Breastfeeding. Also, 11 of the 24 maternity units have a local policy. There is a new Breastfeeding Policy for Costa Rica. August 2009
2. Train all health care staff in skills necessary to implement this policy.	Poor theoretical and practical knowledge of the health care staff.	12 of 24 maternity units have trained more than 80% of its staff. All of them have begun to train their personnel	100% of maternity units have been covered with training through the training of representatives. In 12 of the 24 maternity units have trained 80% of the staff involved with the care of the mother and children.
3. Inform all pregnant women about the benefits and management of breastfeeding. .	Little information to mothers during antenatal sessions	All maternity hospitals follow this path. Moreover, the focus has shifted to include the whole family and the community.	In the 24 maternities the issue of breastfeeding and lactation management has been incorporated in childbirth preparation courses.
4. Help mothers initiate breastfeeding within one half-hour of birth.	The baby is put to the breast during the first half hour, if born by Caesarean section it may take between 8 and 24 hours	All maternity hospitals follow this path. In the case of Caesarean section the period to initiate breastfeeding has been reduced from 4 to 6 hours and in some maternities, units before the first half hour after birth.	In 100% of maternities, babies are put to the breast immediately after birth, even if there has been a Caesarean section. This procedure is included in the Guide to Prenatal Childbirth and Postpartum. This said, constant surveillance of the norm is needed particularly in private hospitals.
5. Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants.	There is no training in postpartum. In 6 maternity facilities mothers have to extract milk.	In all 24 maternity units mothers are taught how to breastfeed. 9 maternity clinics in hospitals have been established to support breastfeeding mothers.	In 18 maternity hospitals, mothers are taught to breastfeed and 13 maternities have been trained in techniques of extracting milk and lactation management. In 17 hospitals, special breastfeeding clinics have been established to support breastfeeding mothers and babies, and medical professionals.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.	In 21 maternities, artificial formula and other liquids are still given to newborns.	All 24 maternity hospitals follow this step of eradicating formulas and bottles unless prescribed for a few special situations.	In the 24 maternity units breastfeeding is the norm; formulas are given only when medically indicated. A protocol for the use of soy-based formula has been implemented.

7. Practice rooming in- that is, allow mothers and infants to remain together 24 hours a day.	In all maternities mothers and new born are separated, they are together, an average of 18 hours a day.	All maternities practice rooming in.	All maternities have total rooming in.
8. Encourage breastfeeding on demand.	Some mothers, following medical indications, conform to a rigid feeding schedule.	All maternity hospitals follow this step of breastfeeding on demand.	All maternity hospitals comply with this step of breastfeeding on demand and support is directly given to mothers.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.		23 maternity hospitals no longer use pacifiers and teats.	All maternity hospitals have eliminated the use of bottles and pacifiers. Only the National Children's Hospital uses bottles for some sick children, despite the national regulations.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.	There is no support group for mothers at the community level	9 maternity hospitals have breastfeeding support groups	Breastfeeding Clinics seek to accomplish this step. In 5 maternity hospitals the community support group assists on a regular basis.

ANNEX 2: **Goals, past report recommendations, compliance and new recommendations**

Goals 2005	**Reality 2010**
1. All maternity hospitals will be certified as BFHI.	Of a total of 24 Hospitals, only 10 have been designated as BFHI – **Need to maintain a clear focus towards recertification and certification.**
2. All mothers who have given birth will begin breastfeeding before leaving the hospital.	This is happening only in 80% of maternities – **Need for permanent surveillance from authorities and empowerment of mothers to start breastfeeding during the first hour of life. Medicalization of child birthing practices leads to institutionalized violence against women's right to receive support to breastfeed.**
3. At least 80% of health workers in maternity hospitals will receive training in breastfeeding policies and standards.	This has been fulfilled in all facilities; if it does not reach 100% it is due to staff rotation – **Need to maintain training and to add a lessons learned aspect from health workers' daily xperience.**
4. All maternity hospitals have a breastfeeding clinic.	17 of the 24 hospitals in the country have specialized Breastfeeding Clinics – **This is an innovative policy of Costa Rica that has been successful. Specialists in breastfeeding are trained in all health facilities, private and public- to which all medical staff can refer to easily. The experience is being shared regionally.**
5. 90% of pregnant women receive information about breastfeeding during prenatal visits.	Today, approximately 80% of mothers receive proper information – **There is a need to recognize that a wide population of migrants in non legal situation require special campaigns for accessing prenatal care and adequate services**.
6. The hospitals that have a breast clinic will have a support group for mothers to help in the breastfeeding	Support groups for mothers have been strengthened. In 5 maternity hospitals there are stable groups – **There is a need to join efforts with community and public interest groups to facilitate the**

process.	**sustainability of mother support systems.**
7. Standards on promotion of breastfeeding for personal health care have been developed and distributed, and staff has been trained to use in their institutions.	In October 2011, the "Guide for Breastfeeding and Development" will be launched by authorities. Breastfeeding policies will be reinforced and related to other aspects of child development **– There is a clear need to preserve emphasis on breastfeeding programmes and components, to have proper funding and campaigning also.**
8. In all hospitals and maternities, mothers are allowed to keep their children with them from the moment of birth until they leave the hospital.	This is fulfilled in 100% of maternities **– The policy of rooming in is being implemented; what requires special attention is the abuse of medical non needed birthing practices, such as caesareans and others that separate mothers and babies- natural birthing practices need to be reinforced.**
9. The staff of the delivery room helps mothers to give birth naturally in normal conditions and ensure that infants begin breastfeeding within the first half hour.	80% compliance - **Need to survey private sector and abuse of caesareans and unnecessary medicalization of delivery; policies and programmes to empower women are needed.**
10. All mothers leaving the maternity will have received information about breastfeeding.	Met 100% **- Need to learn from experiences and to reinforce this policy.**
12. All maternity services will replace bottles and pacifiers by cups, syringes or other utensils.	Met at 100% of maternity units – **Need to learn from this successful policy and to have permanent monitoring in place to look after other ways of commercial influence such as gifts for health workers, free supplies of formulas or complementary foods.**
13. All neonatal services, will replace bottles and pacifiers by glasses, cups or other utensils.	Met at 90% of maternity services – **Need to convince health workers of the advantages of replacing bottles based on other facilities results – Need for more participation of health workers in the definition of hospital policies and routines.**
14. All health services will promote that hospitalised children have their mothers with them.	Met at 100% **- Need to learn from successful experience that has empowered mothers to be part of their child's care at hospital**.
15. All health centres have begun the certification process as Baby Friendly Hospitals.	Process not started – **More than half need to start the process even if 100% have been trained; need to include practical daily issues and possible obstacles during training.**
16. All certified health services - family and baby friendly- will be re-evaluated.	Process not started **– Need to share more between health workers and learn from their experiences; ideas to start some kind of re-evaluation between hospitals staff are being developed to facilitate exchange**.