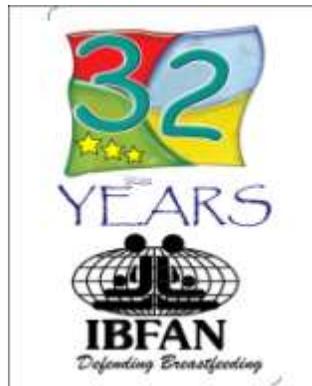


THE CONVENTION ON THE RIGHTS OF THE CHILD

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



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Data sourced from:

Countdown to 2015 Maternal, Newborn & Child Survival. 2010 Report

UNICEF, The State of World's Children 2010

UNICEF, The State of World's Children 2011

ILO, Maternity protection database

International Code Documentation Center (ICDC)

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 6th month.

1) General points concerning reporting to the CRC

Myanmar is being reviewed for the 3rd and 4th time.

In its last periodic review in 2004 (session 36), the CRC Committee recommended that the State party: *“(b) ensure adequate collection of accurate and reliable statistical data on health indicators; (c) facilitate greater access to primary health care services; (d) continue and strengthen its efforts to reduce the incidence of maternal, child and infant mortality; (e) prevent and combat malnutrition, especially among the vulnerable groups of children; (f) **promote exclusive breastfeeding for the first 6 months, with introduction of appropriate infant diet thereafter**; (g) improve access to safe drinking water and sanitation...”* Para 55 again recommends “...*access of all children to safe drinking water and adequate sanitation systems...especially in rural areas...*”.

Myanmar has not ratified the CESCR. It ratified CEDAW in 1997 and the CRC in 1991.

2) General situation concerning the situation of health and breastfeeding

General data ¹

Neonatal mortality rate (per 1000 live births)	33(2009)
Infant mortality rates (per 1000 live births)	54 (2009)
Under 5 mortality rate (per 1000 live births)	71 (2009)
Rank	44
% of children suffering from low birth weight	15% (2005-2009)
% of children under 5 suffering from underweight (moderate and severe)	32% (2003-2009)
% of children under 5 suffering from stunting (moderate and severe)	41% (2003-2009)
% of population using improved drinking water sources (rural urban, 2008)	41 % (71%, 29%)
Maternal mortality ratio (per 100'000 live births) reported	320 (2005-2009)
adjusted	240 (2008)

¹ UNICEF, State of the World's children 2011

The CRC Committee should inquire further on the current situation of the marketing provisions as well as related violations, and recommend that the government develop a comprehensive policy to promote, protect and support optimal feeding of infants and young children.

4) Maternity protection for working women

In Myanmar, maternity protection is covered by two acts, the Social Security Act (1954) and the Leave and Holidays Act (1951) which are both old and would need to be amended.

Are covered by the law, female employees working in industrial establishments, shop trading establishments and public entertainment in which at least five workers are employed and in public entertainment in which at least five workers are employed and in public industrial and transport establishments, ports, mines, oil fields and any other establishments which may be notified. In other words, the scope of the law is very narrow and should be extended to include all female workers, including women working in the informal economy.

Maternity leave is of 12 weeks, 6 weeks before and 6 weeks after confinement. The 6 weeks after confinement are compulsory leave.

There is no paternity leave. However, the 1951 Leave and Holiday Act, stipulates six days a year for "casual leave" for all employees covered by the Act, which they can enjoy with full pay. This leave can be used by fathers to assist their spouses at the time of confinement. These days are paid by the employer.

All female employees entitled to maternity leave are entitled to cash benefits paid by the Social Security Act. The qualifying conditions stipulate that employees have to have contributed 26 weeks to the social insurance system during the 52 weeks before confinement. The amount is fixed by regulations and paid for the whole duration of maternity leave (12 weeks).

There are no provisions regarding health benefits, health protection in the case of dangerous workplaces for pregnant or breastfeeding workers, job protection measures or breastfeeding breaks.

The CRC Committee should recommend that the government improve its maternity protection legislation with numerous new provisions as its present law is both outdated and weak.

5) Baby friendly hospital initiative (BFHI)

We have no information concerning baby friendly hospitals in Myanmar.

The CRC Committee should inquire further on the current number of baby-friendly hospitals, and the efforts made by the government to support this initiative and to re-assess the existing hospitals.

6) Obstacles and recommendations

The following obstacles/problems have been identified:

- Early initiation to breastfeeding is very low and there is lack of data on exclusive breastfeeding for the first 6 months.
- Access to delivery care, as well as to ante- and post-natal care for women is insufficient.
- The *International Code of Marketing of Breastmilk Substitutes* has not been adopted by Myanmar. There is no information regarding monitoring mechanisms.
- We have no information regarding government involvement in the promotion, protection and support of optimal infant and young child feeding.
- Maternity protection legislation is outdated.
- Certified baby-friendly hospitals seem to be inexistent or in very low number.

Our recommendations include:

- **Data collection:** Set up a comprehensive system to collect a wide variety of data on a regular basis in order to measure progress over time.
- **Policy on the promotion, protection and support of breastfeeding:** Develop a comprehensive policy on infant and young child feeding, with an action plan and adequate resources.
- **Raise awareness** including by increasing awareness of parents, health workers and public more generally, on the importance of early initiation of breastfeeding (within 1 hour from birth) and of exclusive breastfeeding for the first 6 months of life.
- **Ante-natal and post-natal care:** Improve health care for pregnant and lactating women, especially through improved and expanded services of ante- and post- natal care.
- **International Code of Marketing of Breastmilk Substitutes:** Draft legislation that takes into account the provisions of the International Code and the WHA's subsequent relevant resolutions on infant and young child feeding and establish clear implementation and monitoring mechanisms, as well as an adequate system of sanctions in case of violations.
- **Baby-Friendly hospitals initiative:** Update data on the number of health care facilities certified currently. Expand support to new hospitals, and re-assess the existing ones.
- **Maternity protection:** Adopt new legislation that updates current laws and reinforces them, including in areas related to scope (extend to more categories of workers); longer length of leave (14 weeks at least); higher cash (at least 66% of salary, ideally 100%) and medical benefits; job protection; non discrimination measures; breastfeeding breaks for mothers returning to work and who are still breastfeeding.