

**THE CONVENTION ON THE
RIGHTS OF THE CHILD**

**REPORT ON
THE SITUATION OF BREASTFEEDING
IN SINGAPORE**

Session 56, January 2011

December 2010

Data sourced from:

1. 2010 Census report
2. Breastfeeding prevalence and practices among Singaporean Chinese, Malay and Indian mothers
L. L. FOO1, S. J. S. QUEK2, S. A. NG1, M. T. LIM2 and M. DEURENBERG-YAP1 Health Promotion
International Advance Access published April 5, 2005
3. <http://www.mom.gov.sg>
4. <http://www.moh.gov.sg>

Report prepared by:

IBFAN: International Baby Food Action Network

Infant and young child feeding in Singapore

1) General points concerning reporting to the CRC

Singapore is being reviewed by the CRC Committee for the second time. At the last review, in 2003, IBFAN sent an alternative report to the CRC Committee.

The CRC Committee made a number of direct recommendations on infant and young child feeding. They included: Paragraph 39: "The Committee recommends the state party: (a) Strengthen its efforts to promote exclusive breastfeeding during the first six months of an infant's life through, inter alia, the adoption and implementation of the International Code of Marketing of Breast Milk Substitutes, obtaining certification for hospitals as baby-friendly hospitals, and extending maternity leave".

Over the last few years we have noted progress in some fields covered by the CRC Committee recommendations, such as for example, maternity protection, but not in most others.

2) General situation concerning breastfeeding in Singapore

General data

- | | |
|--|----------------------------|
| • Total numbers of children | 654,409 (below 15 yrs old) |
| • Number of infants under 12 months | 32,788 |
| of children under 2 years | 71,138 |
| of children under 5 years | 194,432 |
| • Infant mortality rates; maternal mortality rates | 2.2 per 1,000 live births |

Reference: 2010 Census report

Breastfeeding data

- | | |
|---|----------------------|
| • Initiation to breastfeeding | 94.5 % |
| • Exclusive breastfeeding at 1 months | 22% |
| at 2 months | 18% |
| at 4 months | 7% |
| at 6 months | near zero !!! |
| • Complementary feeding at 6 months | no data |
| • Continued breastfeeding at 12-15 months | no data |
| • Mean duration of breastfeeding | 12.7 weeks |

Reference: Breastfeeding prevalence and practices among Singaporean Chinese, Malay and Indian mothers, L. L. FOO1, S. J. S. QUEK2, S. A. NG1, M. T. LIM2 and M. DEURENBERG-YAP1 Health Promotion International Advance Access published April 5, 2005

In recent years, there has been an improvement in the overall breastfeeding rate. However the exclusive breastfeeding rate has improved only marginally and at six months is extremely low at practically 0%! **This is very poor rating!**

3) Government efforts to encourage breastfeeding

Specific information concerning the Code and/or national laws:

In Singapore, there is a National Code on the Marketing of Breast milk Substitutes; however it only regulates infant formula at 6 months and below. According to the International Code Documentation Centre in Penang, *State of the Code by Country* (2009) this is a voluntary code, an industry agreement and it is rather weak.

The Sales of Infant Food Ethics Committee (Singapore) [SIF ECS] of Health Promotion Board (HPB) is responsible for the national code on the marketing of breast milk substitutes. The HPB has a Youth Health Division that looks into infant and child nutrition and health and is responsible for this issue.

The CRC recommendation of 2003 does not seem to have been followed in this area.

Monitoring of violations:

Common examples of violations: advertisement of breast milk substitutes 6-12 months (follow-on formula) which should be forbidden as they replace breastfeeding; advertisement of formula milk using the name of the formula with the indication: Step 2, 3 and 4. (Step 1 being for infants below 6 months is explicitly forbidden).

Civil society

The Association for Breastfeeding Advocacy (Singapore) [ABAS] is an NGO whose work focuses on the protection, promotion and support of breastfeeding.

Courses on breastfeeding

The Association for Breastfeeding Advocacy (Singapore) [ABAS] conducts regular training for healthcare professionals in addition to the training conducted by individual hospitals.

The MOH *Clinical Practice Guidelines for the Breastfeeding of Term and Preterm Infants* are available for training of staff.

4) Baby Friendly Hospital Initiative (BFHI)

In 2008, there were **NO** hospitals/clinics/dispensaries certified as "baby friendly" in Singapore. **This certainly does not show any follow-up to the 2003 CRC recommendation on BFHI!**

The Health Promotion Board has been working through the Association for Breastfeeding Advocacy (Singapore) to implement BFHI. At present, two gaps have been identified that impact negatively on breastfeeding rates:

- Public education and awareness of baby friendly practices that help to establish breastfeeding (eg. Rooming-in) are not well known. With the implementation of BFHI, most mothers-to-be would be educated on baby friendly practices (during pre-natal education) and should therefore be more aware of what they can request.
- International Code: Several elements of the local SIFECs code are not in line with the International Code (eg. Donation of free infant formula to the hospitals). At present, measures are being taken to bring the local SIFECs code to greater alignment with the IC.

5) Maternity protection for working women

Proportion of working women in Singapore: 55.2%

Several laws include provisions protecting pregnant workers. Legislation has been greatly improved since 2004.

Scope of maternity protection

- All female employees, and some categories of public servants who have been declared employees.
- Domestic servants and managers as well as seamen are not covered.

Eligibility of maternity protection

- **General:** Female workers who are pregnant must give written notice (+ medical certificate) to employer at least one week before taking leave, with date indicating when the absence begins.
- **Conditions of eligibility under the Children Development Co-Saving Act:** the child is a citizen of Singapore; the child's parents are lawfully married; the mother has worked at least 90 days before the child's birth. Other specificities for self-employed women.

Duration of maternity leave

- **General:** Total leave is 16 weeks (In 2004: 8 weeks). For her first two children, a female employee is entitled to four weeks before and twelve weeks after confinement. Where there is mutual agreement with the employer, four weeks (9th to 16th week) of leave can be taken flexibly over a twelve month period after the child's birth.
- **Compulsory leave:** Four weeks after confinement.

Other related leaves

- **Parental leave:** Childcare leave is allowed in addition to rest days, holidays, annual leave and sick leave. Under certain conditions of eligibility, any employee who has one or two children is entitled to 2 days childcare leave per year if the child is under 7 years. Conditions are different if the employee has three or more children and at least one child below 2 years and 7 years.
- **Adoption leave:** for female employees, 24 days.

Cash benefits

- **Maternity leave benefits:** 100% of the ordinary gross rate of pay for 16 weeks. If the female worker fails to give notice or inform her employer she is entitled to only half of the pay, unless she has been prevented by any sufficient cause.
- **Paid by: Mixed system:** For the first two confinements, the employer pays the maternity benefits for the first eight weeks and the government pays for the second eight weeks. For subsequent confinements, the government pays the whole period of absence. There is a maximum amount payable in each case.
- **Other leaves:** paid by the employer who is then reimbursed.

Health Protection

- **Night work:** For female workers work between 23:00 and 6:00 is prohibited unless the pregnant employee has consented in writing and is not certified as unfit by a medical practitioner.

Anti-discrimination measures

- A contract of service stipulating that a female employee relinquishes her right to maternity benefits is null and void, in so far as it purports to deprive her of that right or to remove or reduce the liability of any employer to make a payment.

Protection from discriminatory dismissal

- No notice of dismissal may be given to a female employee without sufficient cause if she gave birth on or after 31 October 2008 within a period of 6 months preceding the estimated date for her confinement.

It is important to note that maternity protection legislation has recently greatly improved (longer leave, paid in part by government and not only by the employer; protection against dismissal and discrimination). **The law was improved in 2004 and there is probably a link to the 2003 CRC Committee recommendations on this subject.**

However there is no mention of breastfeeding breaks at all. Were this entitlement to be added, legislation in Singapore would be sufficiently strong for the country to ratify ILO Convention No. 183 (2000) on maternity protection.

References: <http://www.mom.gov.sg>; <http://www.ilo.org/dyn/ttravail/travmain.byCountry2>

6) HIV and infant feeding

In Singapore there were 463 cases of HIV/AIDS in 2009, of which 45 were females.

The government policy is that there be no breastfeeding for mothers with HIV. Antenatal screening, early treatment, intra-partum and postpartum treatments have been instituted to reduce the risk of transmission to the infant. This has been effective since, so far, peri-natal transmission (mother to child) is zero.

Reference: <http://www.moh.gov.sg>

7) Obstacles and recommendations

The following obstacles/problems have been identified:

- As mentioned above, two problems have been identified that relate to the poor establishment of breastfeeding: lack of public awareness and education of the importance of breastfeeding (and the risks of artificial feeding) and the lack of knowledge and understanding of the *International Code of Marketing of Breast-milk Substitutes*.

Our recommendations include:

- **Government to take the lead in educating the public via national campaigns on BF and BFHI**
- **Government commitment and support to ensure the main maternity hospital to be certified BFHI**
- **Government to review, strengthen and enforce the local voluntary SIFECs code and to adopt and implement the International Code – including with an independent monitoring process.**
- **Government to add breastfeeding breaks to maternity protection legislation and consider ratifying ILO Convention No. 183 (2000) on maternity protection.**

Advertisement for baby formula products. The main focus is on Ensure Life and Similac 2. The background is orange and white with a sunburst pattern.

- Ensure Life**: COMPLETE, BALANCED NUTRITION. No Trans Fat. Formulated according to the latest American and Australian infant nutrition standards. VANILLA. 900g NET. **\$29.95** (SAVE \$2.00). UP \$32.75.
- Similac 2**: Advance Eye Q Plus Follow-On Milk Powder. 1.8kg. UP \$77.15. **\$73.50**.
- Other products**: Bigen Prominous Milky Hair Colour Assorted (UP \$18.95, \$14.95), Bausch Renu Fr Multi-P Solutik 3x500 (UP \$3, \$24).

FREE delivery! Check in-store for more details.

Personal

Advertisement offering free-delivery for follow-on formula – Similac 2

Advertisement for Friso baby formula. The background is light blue and white.

Friso

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- Buy 1.8kg** Friso Gold 4 with P2 Dual System. Includes a **FREE!** 900g tin (UP \$24.00).

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