THE CONVENTION ON THE RIGHTS OF THE CHILD

Session 61

September-October 2012

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

August 2012

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1) General points concerning reporting to the CRC

Liberia's combined 2nd to 4th periodic report will be reviewed during the 61st session of the CRC Committee in September 2012. In the last review of the State party's initial report (session 36, 2004), IBFAN submitted an alternative report on the situation of infant and young child feeding.

With regards to infant and young child feeding, after the last review, the CRC Committee recommended that the State party: Para 47 (a): "*increase its efforts to allocate appropriate resources and develop and implement comprehensive policies and programmes to improve the health situation of children, particularly in rural areas; (b)* ***facilitate greater access to primary health services; reduce the incidence of maternal, child and infant mortality; prevent and combat malnutrition, especially in vulnerable and disadvantaged groups of children; promote proper breastfeeding practices; and increase access to safe drinking water and sanitation****…*"

In December 1st 2009, Liberia ratified the African Chart on the Rights and Welfare of Child (ACRWC), signaling its further commitment to children's rights.

2) General situation concerning breastfeeding in Liberia

General data[1]

	2010	**1990**
Under-five mortality rate (per 1000 live births)	103	227
Infant mortality rate (per 1000 live births)	74	151
Neonatal mortality rate (per 1000 live births)	34	
Maternal mortality rates (per100.000 live births)	990	
Delivery care coverage	46% (skilled) 37% % (institutional)	

Liberia is ranked 24th in terms of Under-five mortality, with 103 children dying per every 1000 live births in 2010. The main causes of death among infants and children are: diarrhoea (18%); malaria (16%); pneumonia (14%) HIV/AIDS (3%); measles (2%); injuries (1%) other (16%)[2].

[1] The State of World's Children 2011; Unicef 2011
[2] Unicef, The State of World's Children 2011

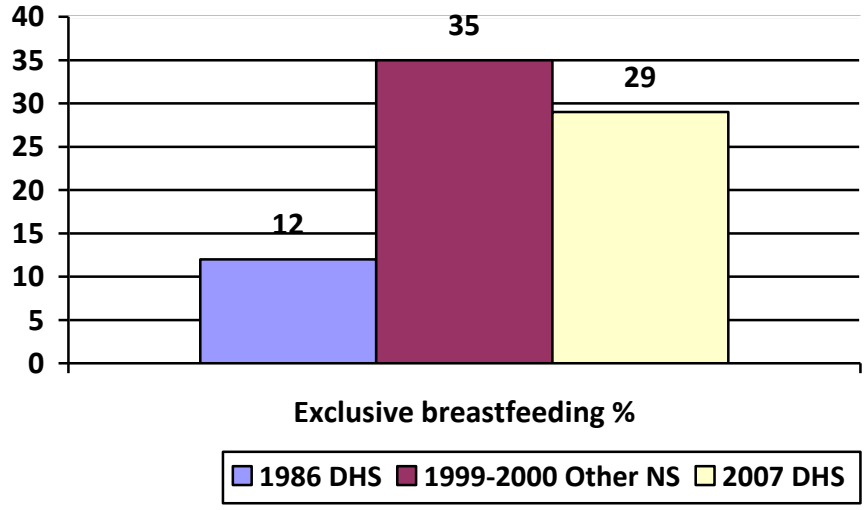
Malnutrition Data

% of children under 5 suffering from:	(2006-2010)[3]
Underweight (moderate and severe)	15 %
Wasting (moderate and severe)	8 %
Stunting (moderate and severe)	42 %

Breastfeeding data

	(2006-2010)[4]	(LDHS 2007)[5]
Early Initiation to breastfeeding	44%	
Complementary feeding at 6 months	51%	
Continued breastfeeding at age 2 (20-23 months)	41%	
Exclusive breastfeeding at		
0 months		36.9%
3 months		32.3%
6 months	34%	6.2%

Figure 1. Exclusive breastfeeding of infants <6 months



Source: Countdown to 2015, Liberia, 2010 Report (See attachment)

With very high numbers of infant and child mortality and with almost half of children under-five suffering from stunting, child survival, growth and development in Liberia is a serious issue.

[3] Unicef, The State of World's Children 2012
[4] Ibid.
[5] Liberia Demographic and Health Survey, 2007

Optimal infant and young child feeding practices rank among the most effective interventions to improve infant health and increase the chances for survival during the first years of a child's life. Increase of breastfeeding rates and appropriate complementary feeding practices can significantly reduce infant and young child morbidity and mortality.

Moreover, given that only 51% of the rural population and 68% of the overall population has access to "improved drinking water sources" (UNICEF 2012), the importance of interventions aimed at increasing exclusive breastfeeding for the first six months is ever more important, as the use of breastmilk substitutes would pose the child to important health risks.

Despite this evidence, breastfeeding rates are very low in Liberia, and data from National Health Surveys indicates to a decrease in the percentage of exclusively breastfed children at 6 months of age (Figure 1).

Liberia has also a very high percentage of under-five children suffering from malnutrition, and stunting in particular (42%). This means that children have not received an adequately nutritious diet during their first years of life. An adequate complementary diet to breastfeeding, based on locally produced foods, is crucial during the first two years of life, as well as a nutritious adequate diet during the first five years of live.

In order to address malnutrition issues with a long-term vision, the solution should be sought in interventions that support local food systems, as well as the knowledge and nutritional practices of mothers/caregivers.

3) Situation of women in Liberia

Liberia's Human Development Index score of 0.329 puts its ranking at 182 (out of 187 countries). The country's Gender Inequality Index score is 0.671 which places Liberia at 139 out of 146 countries with data.
Overall, healthcare services and infrastructure were severely affected by the 14-year conflict, limiting women's access to reproductive and general health services, particularly in rural areas. According to the 2007 DHS, knowledge of at least one method of contraception is high among Liberian women – 86.8%, but actual usage is low: only 13.3% of women reported currently using any form of contraception (including 'traditional' methods).

As reported in the 2008 Liberia state report to the Committee on the Elimination of All forms of Discrimination Against Women (CEDAW), some traditional practices are affecting the right to adequate nutrition and to health of women and children in particular. Malnutrition in the girl child and the female adolescent, including micronutrient deficiencies in iodine, iron, and vitamin A, is recycled into the woman of childbearing age. Poor nutrition literally and figuratively reproduces itself in the form of inter-generational cycles of growth failure, leaving the girls at nutritional disadvantage in subsequent generations with the same serious consequences for maternity, childbirth, infant physical and mental health (i.a., intellectual deficits), and contributes to poor pregnancy outcomes. Linking maternal and

child nutrition and emphasizing the importance of maternal nutrition for mothers' own health and development is an approach to redress and reverse effects of discrimination they are subjected to.

Some of the discriminatory traditional practices are[6]:

- *Son preference* - The practice of son preference involves the preferential treatment by parents of male children. This practice manifests itself in a number of ways including family feeding and nutrition: girls will be breastfed for a shorter period than boys, in families where food is scarce, the most nutritional food is reserved for boys and men, who may be fed first, with the leftover feeding women and girls resulting in higher incidences and degrees of malnourishment and mortality among female children.
- *Nutritional taboos* – This traditional practice prevents pregnant women and children from eating nutritional food such as pineapple, meat, eggs, snail etc. which leads to malnourishment.
- *Early marriages of girls*- which leads to early pregnancies, withdrawal from school, affects their health and nutritional status prior to and during pregnancy with consequences for the child's survival, health and development, and leads to an intergenerational cycle of growth failure.
- *Female genital mutilation and other harmful traditional practices*.

4) Government efforts to encourage breastfeeding

With regards to nutrition, the Liberia State report to the CRC Committee[7] lists a number of policies and programmes that have been devised to address child and maternal health and mortality.

In particular:

- The Ministry of Health and social Welfare has developed a policy and platform of action to increase general health and child health: *National Health Policy and Plan (NHPP) 2007-2011*.
- A Basic Package of Health Services to be delivered free at the point of service delivery (BPHS), Child Survival strategy and a Nutrition Policy, among others, have been developed as part of the NHPP.
- A programme on Integrated Management of Neonatal and Childhood Illnesses (IMCI) and Infant and Young Child Nutrition is reported to have been underway by 2009.

[6] Committee on the Elimination of All forms of Discrimination Against Women (CEDAW) (2008), Consideration of reports submitted by States parties under article 18 of the Convention on the Elimination of All Forms of Discrimination against Women Combined initial, second, third, fourth, fifth and sixth periodic reports of States parties Liberia, CEDAW/C/LBR/6, New York, CEDAW. http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N08/548/54/PDF/N0854854.pdf?OpenElement

[7] Committee on the Rights of the Child (CRC Committee), Consideration of reports submitted by States parties under article 44 of the Convention, Combined second, third and fourth periodic reports of States parties due in 2009, Liberia' http://www2.ohchr.org/english/bodies/crc/crcs61.htm

- In 2008, the Ministry of Agriculture has adopted a National Food Security and Nutrition Strategy[8]. One of the priorities is to "promote better food utilization and improved nutritional status".

It is unclear whether these policies and programmes are being effectively implemented, monitored and evaluated, what are the result and the impact of such policies and the lessons learned for the future.

5) International Code of Marketing of Breastmilk Substitutes

Liberia has not enacted the International Code of Marketing of Breastmilk Substitutes into domestic legislation.

IBFAN Africa trained a multisectoral team of 23 Government officers in April 2010 on Code awareness and sensitisation. At the end of the same year, the International Code Documentation Center (ICDC) provided technical assistance to the government in drafting the National Law.

UNICEF has encouraged the national government to consider enacting the Code and a draft national law currently exists. However, the draft is pending and it awaits consideration and approval by the Parliament. Political will is needed to this end.

6) Baby Friendly Hospital Initiative (BFHI)

Health care practices in maternity facilities have a major effect on infant feeding. To encourage breastfeeding from the time of childbirth, to prevent arising difficulties and to overcome difficulties should they occur, mothers need appropriate management and skilled help. Support and counseling should be available routinely during antenatal care to prepare mothers; at the time of birth to help them initiate breastfeeding; and in the postnatal period to ensure that breastfeeding is fully established.

In 1991 WHO and UNICEF launched the Baby Friendly Hospital Initiative (BFHI) which is a global effort to implement practices that protect, promote and support breastfeeding. BFHI seeks to provide mothers and babies with a good start for breastfeeding, increasing the likelihood that babies will be breastfed exclusively for the first six months and then given appropriate complementary foods while BF continues for two years or beyond.

The only data we have from 2002 (UNICEF Report), show that only 2 out of 50 hospitals (4%) in Liberia were certified as baby-friendly at this time. This number is highly insufficient given the high number of infant mortality and malnutrition in the country, and the burning issue of lack of health care professionals.

[8]Ministry of Agriculture, National Food Security and Nutrition Strategy, 2008, http://www.foodsecurityportal.org/sites/default/files/National%20Food%20Security%20and%20Nutrition%20Strategy_Mar08_0.pdf

7) Maternity protection for working women

Liberian employment law prohibits discrimination on the basis of gender. Pregnant women have the right to three months paid maternity leave. However these regulations only apply to women working in the formal sector, and according to the 2008 state report issued to the CEDAW committee, 90% of women are employed in the informal sector or agriculture[9]. The World Bank considers 67% of women in Liberia to be employed[10].

At present, there are no child care facilities available in places of employment and no breastfeeding breaks are provided to lactating mothers.

8) HIV and infant feeding

The prevalence of HIV/AIDS in the country is 1.5% (estimated) : 2.5% urban; 0.8% rural[11].
There is a gradual increase in HIV infection as educational level and wealth increase. These patterns have been documented in many other countries where HIV prevalence increases with education for both women and men. Women with secondary and higher education, for example, are almost three times as likely to be infected as those with no education. Prevalence also increases with wealth. Men from the wealthiest households are four times as likely to be HIV-positive as those from the poorest households.

An increasing number of pregnant HIV+ women have received anti retroviral (ARV) in order to prevent mother-to-child transmission of the virus. However the percentage remains quite unsatisfactory, with only 14% of these women receiving ARV treatment.

[9] Committee on the Elimination of All forms of Discrimination Against Women (CEDAW) (2008), Consideration of reports submitted by States parties under article 18 of the Convention on the Elimination of All Forms of Discrimination against Women Combined initial, second, third, fourth, fifth and sixth periodic reports of States parties Liberia, CEDAW/C/LBR/6, New York, CEDAW. http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N08/548/54/PDF/N0854854.pdf?OpenElement
[10] World Bank (n.d) 'Data: Labor participation rate, female (% of female population ages 15+', http://data.worldbank.org/indicator/SL.TLF.CACT.FE.ZS
[11] Liberia Country Report. Strengthening the legal protection Framework for Girls in India, Bangladesh, Kenya and Liberia. International Development Law Organization , 2010

9) Obstacles and recommendations

The following <u>obstacles/problems</u> have been identified:

- Inadequate infant feeding practices co-exist with high rates of child mortality and malnutrition. A very low percentage of children initiate breastfeeding early (15%), only around one child in 3 is exclusively breastfed till 6 months, while 42% of under-five children suffer stunting and 103 children die before the age of five for every 1000 live births.
- The nutritional status of children is negatively affected by the discrimination and the harmful traditional practices that affect women and girls in Liberia.
  These include the preference of male children with regards to food and nutrition, nutritional taboos, early marriages and other harmful traditional practices. These lead to the inter-generational reproduction of malnutrition and of growth failure.
  90% of women are employed in the informal sector and agriculture and are thus not covered by any type of maternity protection.
- Although there are certain policies and programmes targeting food and nutritional security and child and maternal health, it is unclear whether these are being effectively implemented, monitored and evaluated, and if these have led to any results. Also, it is unclear whether there is a coordinating body that is charged with the implementation of these policies and programmes.
- There is no Infant and Young Child Feeding Policy in place.
- Liberia does not have a law that regulates the marketing of breastmilk substitutes, as it has not yet enacted the International Code on the Marketing of Breastmilk Substitutes.
- Hospitals have not adopted baby-friendly practices and they lack sufficient human resources. In 2002, only two out of 50 hospitals were certified as baby-friendly, however the current situation is unknown.
- The percentage of pregnant HIV+ women receiving ARVs is very low.

<u>Our recommendations</u> include:

- Promote adequate infant and young child feeding practices, with particular attention to exclusive breastfeeding to 6 months and adequate complementary feeding practices.

- Improve the knowledge and strengthen the capacity of mothers/caregivers to adequately use family and local foods in order to prepare adequate nutritious diets for complementary feeding of breastfed infants up to two years, and adequate feeding of older children. Particular attention should be paid to the nutritional status of girl children.

- Accelerate adoption and implementation of the national draft law which enacts the International Code of Marketing of Breastmilk Substitutes.

- Address discriminatory practices that affect girl children and women in general and their nutritional status in particular, in order to break the inter-generational cycle of malnutrition and

growth failure.

- Adequately implement the 2008 National Food Security and Nutrition Strategy and the National Health Policy and Plan, including monitoring and evaluation.
  Adopt a National Infant and Young Child Feeding Policy and assign sufficient resources to the implementation of these policies and programmes.

- Implement the Baby-Friendly Hospital Initiative throughout the country in order to make sure that even though health professionals are lacking, the existing ones have the capacities to support long-term sustainable infant feeding practices.

- Ensure that women working in the informal and agricultural sector are provided with maternity protection measures.

- Increase support to HIV+ mothers with ARVs in order to prevent mother-to-child transmission.