THE COMMITTEE ON ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN

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REPORT ON THE SITUATION OF MATERNAL HEALTH AND WORK-RELATED ISSUES IN CONGO

IBFAN

defending breastfeeding

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The right to health of women through the protection, promotion and support of breastfeeding

Working women that become mothers hold a double role that is not always easy to bear. Recognizing "the great contribution of women to the welfare of the family and to the development of society [...] [and] the social significance of maternity" (CEDAW Preamble) means acknowledging that it is a collective responsibility to create an enabling environment for women to fulfil all these roles.

Women should be given the correct information and the legislative and institutional support to act in their children's best interest while continue working and being active in public life.

To this end, maternity protection at work and adequate paid maternity leave in particular, are critical interventions. States have the obligation to strengthen the right to health of women and their children and at the same time to strengthen the right of women to work, allowing new mothers to rest, bond with their child and establish a sound breastfeeding routine.

Breastfeeding is an essential part of women's reproductive cycle: it is the third link after pregnancy and childbirth. It protects mothers' health both in the short and long term by, among others, reducing postpartum bleeding, aiding the mother's recovery after birth (synchronization of sleep patterns, enhanced self-esteem, lower rates of post-partum depression, easier return to pre-pregnancy weight), offering the mother protection from iron deficiency anaemia, delaying the return of fertility thus providing a natural method of child spacing (the Lactational Amenorrhea Method -LAM) for millions of women that do not have access to modern form of contraception, and decreasing the incidence of osteoporosis and the risk of ovarian-, breast- and other reproductive cancers later in life. For these reasons promoting, protecting and supporting breastfeeding is part of the State obligation to ensure to women appropriate services in connection with the post-natal period and more generally, realize women's right to health. In addition, if a woman cannot choose to breastfeed because of external interfering conditions, she is stripped of bodily integrity and control over her body and denied the opportunity to enjoy the full potential of her body for health, procreation and sexuality. The right to breastfeed should not disappear with the fact that some women may choose alternative methods of feeding their children.

Optimal breastfeeding practices as recommended by WHO global strategy for infant and young child feeding[1] – exclusive breastfeeding for 6 months followed by timely, adequate, safe and appropriate complementary feeding practices, with continued breastfeeding for up to 2 years or beyond – also provide the key building block for child survival, growth and healthy development[2]. Enabling women to follow such recommendations means empowering them by giving them the opportunity and support to best care for their child.

Working mothers are also entitled to healthy surroundings at the workplace, and very specifically to the right to breastfeed, to breastfeeding breaks and to breastfeeding facilities.

Breastfeeding and human rights

Several international instruments make a strong case for protecting, promoting and supporting breastfeeding, and stipulate the right of every human being - man, woman and child - to optimal health, to the elimination of hunger and malnutrition, and to proper nutrition. These include the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), in particular art. 1 and 5 on gender discrimination on the basis of the reproduction status (pregnancy and lactation), art. 11 on the right for women to work and on their rights at work, art. 12 on women's right to health and art. 16 on marriage and family life. Adequately interpreted, these treaties support the claim that '**breastfeeding is the right of every mother, and it is essential to fulfil every women's right to the highest attainable standard of health and to favourable conditions at work**'.

As duty-bearers, States have the obligation to create a protective and enabling environment for women to breastfeed, through protecting, promoting and supporting breastfeeding.

[1] WHO 2002, Global Strategy on Infant and Young Child Feeding, http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html

[2] IBFAN, What Scientific Research Says?, http://www.ibfan.org/issue-scientific-breastfeeding.html

General situation concerning breastfeeding in Congo

WHO recommends early initiation of breastfeeding (within an hour from birth), exclusive breastfeeding for the first 6 months, followed by continued breastfeeding for 2 years or beyond, together with adequate and safe complementary foods.

Globally, more than half of the newborns are not breastfed within one hour from birth, less than 40% of infants under 6 months are exclusively breastfed and only a minority of women continue breastfeeding their children until the age of two.

Rates on infant and young child feeding:

Early initiation = Proportion of children born in the last 24 months who were put to the breast within one hour of birth

Exclusive breastfeeding = Proportion of infants 0–5 months of age who are fed exclusively with breast milk

Continued breastfeeding at 2 years = Proportion of children 20–23 months of age who are fed breast milk

Complementary feeding =Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods

Currently**, only 25.3% of newborns in Congo are breastfed within one hour from birth**. This low rate of early initiation impacts the number of babies exclusively breastfed at 6 months. In fact, this amounts to a mere 32.9%. Nevertheless, 69.5% of children enjoyed continued breastfeeding at two years.[3] This suggests that the majority of mothers breastfeed but introduce formula (mixed feeding), water or complementary foods into their child's diet before the recommended age of 6 months. This can be due to a widespread lack of breastfeeding support programs in the country, as well as **restrictions in maternity protection for working mothers**.

1) Maternity protection for working women

Maternity leave should be paid The main reason given by majority of working mothers for ceasing breastfeeding is their return to work following maternity leave. It is therefore necessary to make adjustments in the workload of mothers of young children so that they may find the time and energy to breastfeed. This should not be considered the mother's responsibility, but rather a collective responsibility. States should adopt and monitor an adequate policy of maternity protection in line with ILO Convention 183 (2000)[4] that facilitates six months of exclusive breastfeeding for women employed in all sectors, and facilitate workplace accommodations to feed and/or to express breastmilk.

The Labour Code (Act No. 45/75), and the Social Security Act (Act n. 004-86) state that maternity leave applies to every pregnant worker whose condition has been medically attested and who has the right to interrupt her work without notice and without having to pay for the termination of the contract.

[3] UNICEF data

[4] ILO, C183 - Maternity Protection Convention, 2000 (No. 183)

Duration: Every woman is entitled to interrupt work for a period of 15 consecutive weeks, of which 9 should be taken after the birth. This interruption can be extended to another 3 weeks, in cases of attested disease resulting from the pregnancy. Maternity leave, in particular after birth, should be extended to make it possible for women to respect the WHO recommendations of exclusive breastfeeding until 6 months.

Financing of benefits: Maternity benefits amount to 100% of the salary: half of which is paid by the employer and the other half of the salary and free medical care by the social security system.

Breastfeeding breaks: During a period of 15 months after the birth of the child, the female worker has the right to breastfeeding breaks. This break shall not exceed one hour per day, and can be divided in two smaller breaks of half an hour each. It is not specified if the breaks are paid or not. Breastfeeding breaks should be paid to ensure non-discrimination of lactating women.

Health protection: Pregnant women are protected in some work fields such as in plants, factories, mines, mining sites, workshops and outbuildings. They may not be employed for night work and dangerous and unhealthy work. The Inspector of Labour and Social Legislation may require the examination of women and children by a licensed physician, to ensure that the work which they are performing is not beyond their physical capacity. This requirement is based on the interests of the workers. Finally, it is forbidden for pregnant women to work during the 15 weeks of maternity leave.[5]

82.9% of women are employed in Congo but only 25.5% work in the formal sector and are thus able to benefit from the maternity protection laws above. **The majority of women, 54.9%, is employed in the informal sector are thus uncovered**.[6] Lack of any form of social protection makes women increasingly vulnerable to discrimination in the work place both during pregnancy and after. Additionally, this lack of protection can cause grave health consequences for both mother and child, but it also makes it difficult for a woman to provide adequate care and nutrition to her child.

Already in 2012, the CEDAW Committee pointed to the occupational segregation of women in the informal sector, as one of the major issues related to employment of women in Congo, which results in a lack of social security or other benefits for this category of working women. That is why the CEDAW Committee recommended to the government of Congo to "**extend the national social security fund to informal sector workers, including women, or develop a separate national social protection scheme for those workers."** In 2018, it appears that this recommendation still holds.

[5]http://www.ilo.org/dyn/travail/travmain.sectionReport1?p_lang=en&p_countries=CG&p_sc_id=2000&p_year=2011&p_structure=3

[6] ILO, 2018, Women and men in the informal economy : a statistical picture. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_626831.pdf

2) Baby Friendly Hospital Initiative (BFHI) and training of health workers

Lack of support for women to breastfeed by the health care system and its health care professionals further increase difficulties in adopting optimal breastfeeding practices. The Baby Friendly Hospital Initiative (BFHI), which consists in the implementation by hospitals of the 'Ten steps for successful breastfeeding', is a key initiative to "*ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period*"[7], including breastfeeding support within the health care system. However as UNICEF support to this initiative has diminished in many countries, the implementation of BFHI has significantly slowed down. Revitalization of BFHI and expanding the Initiative's application to include maternity, neonatal and child health services and community-based support for lactating women and caregivers of young children represents an appropriate action to address the challenge of adequate support. The BFHI has been revised in 2018 by UNICEF/WHO and the new 10 steps for successful breastfeeding include full compliance with the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions as its first step.[8]

There is no up-to-date information on the number and quality of the baby-friendly hospitals and health facilities in Congo. The only available data goes back to 2000. This is alarming as mothers might not get the possibility to initiate breastfeeding in a timely manner as well as to obtain adequate counselling on infant feeding. Baby Friendly Hospitals would ensure women's access to information that could "*help to ensure the health and well-being of their families*", as enshrined in Art. 10 (h) of the CEDAW Convention. More information is needed on the state of implementation of the Baby-Friendly Hospital initiative in the country.

3) HIV and infant feeding

The HIV virus can be passed from mother to the infant through pregnancy, delivery and breastfeeding. The *2010 WHO Guidelines on HIV and infant feeding*[9] call on national authorities to recommend, based on the AFASS[10] assessment of their national situation, either breastfeeding while providing antiretroviral medicines (ARVs) or avoidance of all breastfeeding. The Guidelines explain that these new recommendations do not remove a women's right to decide regarding infant feeding and are fully consistent with respecting individual human rights.

The prevalence of HIV/AIDS in the country is 3.1% (2017): **4.4 % women (15-49 years)** and 1.9% men (15-24 years) (2017). In 2017, UNAIDS estimated that approximately 100.000 people of all ages are living with HIV in Congo. According to UNAIDS (2017), only 26.7% of young women (aged 15-24) have comprehensive knowledge of HIV infection against 45.3% of men. **Women in Congo are therefore more exposed to HIV infections and are less likely to know how to protect themselves.** Progress should be

[7] CEDAW, art. 12.2
[8] More information can be found on http://www.who.int/nutrition/bfhi/en/ and http://www.who.int/nutrition/bfhi/ten-steps/en/
[9] *2010 WHO Guidelines on HIV and infant feeding*: http://whqlibdoc.who.int/publications/2010/9789241599535_eng.pdf
[10] Affordable, feasible, acceptable, sustainable and safe (AFASS)

made to ensure that all women and girls in the country receive sexual education and know how to protect themselves from HIV and other STIs.

Since 2005, the number of pregnant women having received anti retroviral (ARV) in order to prevent mother-to-child transmission of the virus has decreased from 29% to 11% in 2017. This is particularly concerning as it can increase the rate of mother-to-child transmission and can impair the ability of women living with HIV to breastfeed their child. All women living with HIV should be able to access ARV as well as adequate counseling which include infant feeding counseling, should they be pregnant or new mothers. In this regard, official recommendations regarding Infant Feeding and HIV have been updated by the WHO in 2016.[11]

4) Government measures to protect and promote breastfeeding

The **Innocenti Declarations**[12] have identified operational targets for governments, which include:

- Appoint a breastfeeding coordinator and established a multisectoral national breastfeeding committee;
- Ensure that every facility providing maternity services fully practices the Ten Steps to Successful Breastfeeding;
- Take action to give effect to the principles and aim of the International Code of Marketing of Breast-Milk Substitutes and subsequent relevant World Health Assembly resolutions in their entirety;
- Enact imaginative legislation protecting the breastfeeding rights of working women;
- Develop, implement, monitor and evaluate a comprehensive policy on infant and young child feeding;
- Promote timely, adequate, safe and appropriate complementary feeding;
- Provide guidance in feeding infants and young children in exceptionally difficult circumstances.

As it can be seen by the Infant and Young Child Feeding rates in the country, it seems that breastfeeding is not being protected and promoted as it should be in Congo. The country not implemented the International Code of Marketing of Breastmilk Substitutes and relevant WHA resolutions. According to the International Code Documentation Centre (IBFAN-ICDC), Congo Brazzaville has only a drafted measure for the Code which waits for consideration from the Ministry and the Parliament. This measure has been drafted in the 1990's and since then, there have been no further actions from the government to consider this draft law.

5) Last recommendations by the Committee on the Rights of the Child

[11] http://ibfanasia.org/docs/IBFAN-Asia-Position-Statement-on-HIV-and-Infant-Feeding-2018.pdf

[12] At the 1990 WHO/UNICEF policymakers' meeting on "Breastfeeding in the 1990s: A Global Initiative" the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding was developed and adopted, by all WHO and UNICEF Member States. To mark the 15th anniversary of the adoption of the Innocenti Declaration, a wide coalition of international organizations and governments organized a conference in 2005 which led to the second Innocenti Declaration. For more information: http://innocenti15.net/

The **Convention on the Rights of the Child** has placed breastfeeding high on the human rights agenda. Article 24[13] mentions specifically the importance of breastfeeding as part of the child's right to the highest attainable standard of health. Better breastfeeding and complementary feeding practices, the right to information for mothers and parents, the protection of parents by aggressive marketing of breastmilk substitute products – through the implementation of and compliance with the International Code of Marketing of Breastmilk Substitutes (WHO/UNICEF, 1981) - as well as the need for strong and universal maternity protection are now systematically discussed during State parties reviews by the CRC Committee.

At the last review in 2014 (session 65), in its Concluding Observations, the CRC Committee recommended Congo to *"Adopt a holistic early childhood development strategy and invest in the training of early childhood development teachers and the provision of integrated formal and community-based programmes involving parents and covering health care, **nutrition and breastfeeding**, early stimulation and early learning for children from birth to the first year of school"* (§67(b) emphasis added). It also recommended Congo that: *"the International Code of Marketing of Breast-milk Substitutes should be implemented effectively and a monitoring system put in place to ensure the enforcement of regulations"* (§58(b)).

These two recommendations aim at ensuring that parents can take informed decisions concerning the care and nutrition of their off-springs. Similar recommendations could be offered by CEDAW as it would guarantee women's access to information that would help to ensure the health and well-being of their families, as enshrined in Art. 10 (h) of the Convention.

About the International Baby Food Action Network (IBFAN)

IBFAN is a 39-year old coalition of more than 250 not-for-profit non-governmental organizations in more than 160 developing and industrialized nations. The network works for better child health and nutrition through the protection, promotion and support of breastfeeding and the elimination of irresponsible marketing of breastmilk substitutes. IBFAN is committed to the Global Strategy on Infant and Young Child Feeding (2002) – and thus to assisting governments in implementation of the International Code of Marketing of Breastmilk Substitutes (International Code) and relevant subsequent resolutions of the World Health Assembly (WHA) to the fullest extent, and to ensuring that corporations are held accountable for Code violations. In 1998 IBFAN received the Right Livelihood Award "*for its committed and effective campaigning for the rights of mothers to choose to breastfeed their babies, in the full knowledge of the health benefits of breastmilk, and free from commercial pressure and misinformation with which companies promote breastmilk substitutes*".

[13] "*States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: […] (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents."* Art 24.2 (e), CRC

ANNEX:
Examples of violations of the International Code of Breastmilk Substitutes and subsequent WHA resolutions reported in Congo between 2014 and 2017[14]

Promotion in health facilities and to health workers:

Article 6.2 bans the promotion of products within the health care system.

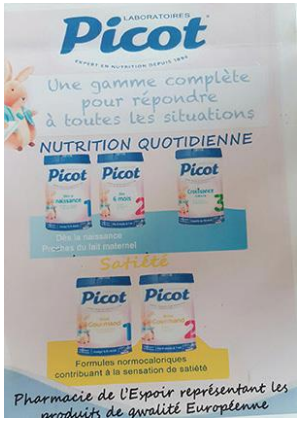
Article 6.3 prohibits the display of products, placards and posters or the distribution of company materials unless requested or approved by the government.

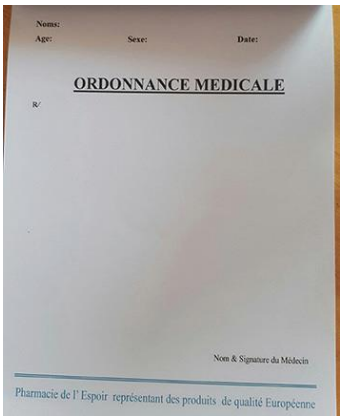
Article 7.3 provides that there should be no financial or material inducement to health workers to promote products.

WHA resolutions **58.32 [2005]** and **WHA 65.60 [2012]** call on countries to ensure that financial support and other incentives for programmes and health workers do not create conflicts of interest.

In Congo, a prescription pad distributed by Picot laboratories displays on its cover a complete range of products to meet all situations. One set of formula products is promoted as close to mother's milk, while another is said to contribute to the sensation of satiety.

A statement printed at the bottom of the cover and on each page of the prescription pad says the importing pharmacy sells products of "*European quality*".





[14] These examples were retrieved from Breaking the Rules, Stretching the Rules 2017 global monitoring report, IBFAN-ICDC, 2017