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

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1) General points concerning reporting to the CRC

In 2013, the CRC Committee will review Kuwait’s 2nd periodic report.

At the last review in 1998 (session 19), IBFAN did not present a report on the state of breastfeeding. In its last Concluding Observations, in par. 26, the CRC Committee expresses its concern “at the high level of malnutrition among children in [Kuwait], mainly due to poor nutrition” and recommends Kuwait to “take all appropriate measures, such as awareness-raising campaigns in and outside schools and counseling, to sensitize adults, especially parents and domestic servants, and children alike to the importance of quality nutrition”.

2) General situation concerning breastfeeding in Kuwait

Information related to breastfeeding is collected as part of Kuwait Nutrition surveillance System which is a sentinel system have been established since 1995 and still running, but the breastfeeding data collected has not been included in the yearly or the five yearly trend reports, only recently a PedKNSS report 2012 is issued.

**General data**

<table>
<thead>
<tr>
<th>Age group</th>
<th>Kuwaiti Nationality</th>
<th>Non-Kuwaiti</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants under 12 months</td>
<td>30650</td>
<td>22372</td>
<td>53,022</td>
</tr>
<tr>
<td>Children 1-4 y</td>
<td>129197</td>
<td>102604</td>
<td>231,801</td>
</tr>
</tbody>
</table>

(According to Kuwait Health Statistics 2010 Report)

- **Infant mortality rates** = 9.4/1000 population for children less than one year old.
  (According to Kuwait Health Statistics 2010 Report)

- **Maternal mortality rate** = 5.2/ 100000 live births.
  (According to Kuwait Health Statistics 2010 Report)

- **Under five mortality rate** = 2.1/1000 population under five
  (According to Kuwait Health Statistics 2010 Report)

**Breastfeeding data (According to KNSS 2011 Report)**

- Initiation to breastfeeding: 81.8%
- Exclusive breastfeeding: 25.2% (at 3 months) ; 15.2% (at 6 months)
- Complementary feeding at 6 months: 45.3%
Continued breastfeeding at 12-15 months: N/A %
Mean duration of breastfeeding: 2.7 months

Exclusive breastfeeding at BIRTH:
Data collection system at hospital level is newly established in Kuwait, we got data only from one hospital which is working to be baby-friendly hospital, the government hospital of Al-Jahra Hospital.

2012 data:
Breastfeeding rate within first hour post-delivery for Normal vaginal delivery mothers = 95%
Exclusive Breastfeeding rate at discharge from hospital:
- Normal vaginal delivery (64% of total deliveries) = 86%
- C.S. delivery (36% of total deliveries) = 40%

The situation of breastfeeding that comes out of the above data:
Breastfeeding initiation rate (the ever breastfed rate) according to 2011 data, has increased in comparison with year 1996 rate which was 76.6%, but is still considered low.
There is a marked fall off in the first six months post-delivery. The exclusive breastfeeding rate at 6 months (15.2%) is very low and showed only little increment in comparison with previous years’ rates (were 10 and 11.6% in 1996 and 2010 respectively).
Early introduction of supplementary feeds and complementary food is common among Kuwaiti women.

The identified barriers to continuation of breastfeeding: (according to the Breastfeeding Promotion Committee reports)

1- Insufficient coverage and low quality of antenatal education about breastfeeding management which was handled by the mentioned committee by production of an antenatal breastfeeding sheet which was included into the file system since 2008, then that was followed in 2010 by a mass training process which covered 85% of the targeted staff to ensure dissemination of unified updated information among them.

2- Suboptimal maternity hospitals policies and breastfeeding support practices, which was targeted by introducing the baby-friendly hospital initiative (BFHI) practices in all the four government hospitals since 1998 and then few private hospitals only three from 11 private hospitals showed interest in the implementation of the BFHI and all those hospitals are in process toward the BFHI designation.

3- Lack of timely follow-up and competent support, for which the Breastfeeding Promotion Committee started building a follow up system by connecting the maternity facilities with the primary health care services to ensure early and timely follow up for all mothers post-discharge from hospital using a breastfeeding follow-up sheet.

Community support for breastfeeding mothers is getting more organized and strengthened with the increasing numbers of lactation consultants: so far we are 35 certified lactation consultants (IBCLCs) in Kuwait practicing in different sectors both government and private, some already established lactation clinics, others are working hard to get their hospitals certified as BFHI hospitals. BirtKuwait
Association is an NGO which was established recently in 2011, aiming at supporting and empowering women during pregnancy, birth and during breastfeeding. They are doing considerable efforts so far.

Kuwaiti children suffer from obesity as malnutrition but not underweight (included below two graphs elaborating that).
Main causes of death among infants and children

<table>
<thead>
<tr>
<th>No.</th>
<th>Causes of death among infants (0 - &lt;1y)</th>
<th>Neonatal deaths (0-28days)</th>
<th>Post-neonatal deaths (1m-&lt;1y)</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Disorders related to preterm and SGA births</td>
<td>87</td>
<td>34</td>
<td>121</td>
<td>24.4</td>
</tr>
<tr>
<td>2.</td>
<td>Congenital malformation of heart</td>
<td>38</td>
<td>41</td>
<td>79</td>
<td>15.9</td>
</tr>
<tr>
<td>3.</td>
<td>Other non-specific malformations</td>
<td>33</td>
<td>11</td>
<td>44</td>
<td>8.9</td>
</tr>
<tr>
<td>4.</td>
<td>Congenital malformation of lung</td>
<td>32</td>
<td>1</td>
<td>33</td>
<td>6.7</td>
</tr>
<tr>
<td>5.</td>
<td>Sepsis of newborn</td>
<td>9</td>
<td>15</td>
<td>24</td>
<td>4.8</td>
</tr>
<tr>
<td>6.</td>
<td>Respiratory distress of newborn</td>
<td>13</td>
<td>6</td>
<td>19</td>
<td>3.8</td>
</tr>
<tr>
<td>7.</td>
<td>Congenital malformation of nervous system</td>
<td>14</td>
<td>4</td>
<td>18</td>
<td>3.6</td>
</tr>
<tr>
<td>8.</td>
<td>Metabolic disorders</td>
<td>7</td>
<td>8</td>
<td>15</td>
<td>3.0</td>
</tr>
<tr>
<td>9.</td>
<td>Congenital malformation of kidney</td>
<td>11</td>
<td>4</td>
<td>15</td>
<td>3.0</td>
</tr>
<tr>
<td>10.</td>
<td>Congenital malformation of musculoskeletal system</td>
<td>11</td>
<td>1</td>
<td>14</td>
<td>2.4</td>
</tr>
</tbody>
</table>

The main causes of death among children (1y - <5y):
1- Accidents (Transport accidents, falls, drowning, exposure to fire smoke and other external causes) = 53 deaths in 2010.
2- Congenital anomalies = 27 deaths in 2010.
3- Central Nervous System diseases = 21 deaths in 2010.
4- Endocrine and metabolic disorders = 10 deaths in 2010.

3) Government efforts to encourage breastfeeding

National measures:
1- Breastfeeding Promotion and BFHI Implementation Program have been established since 1998.
2- Kuwait Nutrition Surveillance System has been established since 1995.
3- New WHO Growth Standards Implementation with Nutrition Counselling Program has been established since 2010.

Specific information concerning the International Code of Marketing of Breastmilk Substitutes:
The International Code of Marketing of Breastmilk Substitutes is enforced in our country Kuwait by the Breastfeeding Promotion and BFHI Implementation Committee who was after the issuance of several Ministerial decrees for this purpose since the establishment of the committee in 1998. Recently the committee has completed a policy document and has been submitted to MOH for issuance of a decree.
to enforce the national code policy which will be a guideline document for the health staff and the breastmilk substitutes companies. We have six subcommittees each representing a governorate that are responsible for the monitoring of the implementation of the code and the violation reports are submitted to the higher national committee to do the necessary action. Funding is not sufficient as the personnel working in this process are not paid any extra fees other than their regular salaries! There are no clear regular incentives for the committee members.

**Courses** related to breastfeeding: Breastfeeding Promotion and BFHI Implementation Program has been established since 1998, a policy and guidelines for implementation have been issued both in English and Arabic languages, the policy has been updated recently to be in line with the Infant and Young Child Feeding Global Strategy. The breastfeeding promotion committee in collaboration with the subcommittees at the governorates is organizing building capacity programs for the maternity, paediatrics, family practitioners and nursing staff in the field of breastfeeding management. The 20 hour WHO/UNICEF course is used as a minimum teaching requirement at the in-service training programs. The food and Nutrition Administration of MOH is organizing the IYCF GS course (40 hour counselling course) for all newly appointed nutrition staff and also for some of the maternity, paediatrics, family practitioners and nursing staff who will do counselling for mothers.

The Kuwait Lactation Society since establishment in 2004 is offering a teaching program as preparatory course for those willing to sit the IBLCE exam on yearly basis. The training process at the governorates level was rather slow in the beginning, with only few teaching courses every year, but in the recent past years the training process became more efficient and now some governorates have completed training all the targeted staff and the rest have trained up to 70% of the staff.

The breastfeeding promotion committee organized the first IYCF conference in 3-5 October 2011 with participation from IBFAN Arab World, ICDC and breastfeeding advocates from the region and the international world (conference report attached).

**Challenges:**
Private Maternity facilities in Kuwait are increasing in number, until now there are 11 private hospitals offering maternity services and on the other hand only four Government hospitals offering maternity services. Most of the Kuwaiti nationality women are attending private clinics and private hospitals during pregnancy and delivery. The indicators of breastfeeding were monitored at the government hospitals and at the immunization clinics from Kuwaiti mothers only, but with recent transition from the Government sector to the private this risks affecting the credibility of our progress in breastfeeding promotion in Kuwait.

The solution included, inviting the private hospitals to join the BFHI program, by now there are three private hospitals that have already joined and are working hard toward BFHI recognition. The non-Kuwaiti nationality mothers are being monitored after introducing the New WHO Growth Standards with Nutrition Counselling Program since 2010 as part of the Kuwait Nutrition Surveillance System.
4) Baby Friendly Hospital Initiative (BFHI)

As mentioned above BFHI Program has been established since 1998 with the establishment of the Breastfeeding Promotion and BFHI Implementation committee.

Until now no hospital has been certified as BFHI. An assessment was done for two hospitals in 2010 one government and one private, unfortunately both failed few 2-3 steps only. This year in December an assessment will be conducted for two government and one private hospitals and an assessors' team will be prepared and trained for this purpose in collaboration with our colleague Dr Genevieve Becker.

The main obstacle is the training process is going very slow as we faced rejection from physicians especially gynaecologists and sometimes even paediatricians. Recently the situation is getting better as more physicians are convinced about the importance of breastfeeding but still it is an optional process and not mandatory.

5) Maternity protection for working women

Numbers/proportions of working women in Kuwait:

According to the State of Kuwait / Central Statistical Bureau "Employment Statistics in Government Sector as of 30/6/2012" and "Main Features of Expatriate Labour Employment in the Private Sector as of 30/6/2013" REPORTS:

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number of Working Females</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>167410</td>
<td>50.5</td>
</tr>
<tr>
<td>Private</td>
<td>94804</td>
<td>8.17</td>
</tr>
<tr>
<td>Total</td>
<td>262214</td>
<td>58.67</td>
</tr>
</tbody>
</table>

Maternity leave:

Within "The rights of an employee" document issued by Civil Service Commission which rules the labour law in governmental sector, the maternity leave offered to mothers is two months fully paid starting from the day of delivery unless the mother wished to start it during pregnancy. Extra two months leave with half paid salary is offered upon request also.

The breastfeeding break is available as one hour leave with conditions, only with agreement of the responsible at work.

Family care leave is 6 months without payment and can be extended up to four years for the whole period of work.

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1 "The rights of an employee" full report link: (http://www.csc.net.kw/thirddoc.htm)
A new law: A Women’s Law is already passed to the Government through the National Assembly since two years, that includes better terms about the maternity leave but due to local political situation and instability of the government and the assembly the issuance of the law is delayed. The new added issues to this law are that the maternity leave will be up to 70 days fully paid and the breastfeeding breaks will be up to two hours with payment. The private sector maternity leave is already 70 days only and fully paid with one hour breastfeeding break. Women working in the informal sector are not included. Ratification of the ILO Convention 183, 2000 is not yet done.

6) HIV and infant feeding

The prevalence of HIV/AIDS in Kuwait is rather low and HIV mothers are very rarely seen. The breastfeeding policies’ of the hospitals enrolled in the BFHI Program in Kuwait include a special section on HIV/AIDS. The national policy about HIV/AIDS and breastfeeding is that, breastfeeding is forbidden and supplementary feeding is considered as long as AFASS measures are implemented. The IYCF Counselling course in which HIV and infant feeding is discussed is taught to the nutrition department staff and other MOH staff concerned with IYCF Counselling.

7) Obstacles and recommendations

Our recommendations include:

- Strengthen maternity hospital policies and practices through the implementation of BFHI, with particular attention to the increasing number of private hospitals. Sensitize physicians about the importance of breastfeeding.
- Analyze the effect of caesarean births on infant feeding and take appropriate measures to mitigate these effects.
- Pay particular attention to the low rates of exclusive breastfeeding.
- Increase coverage of and improve quality of the antenatal education on breastfeeding, as well as of follow-up and support after birth.
- Strengthen implementation of the International Code with particular focus on monitoring of violations by the delegated committees.
- Strengthen maternity protection for lactating women by extending maternity leave to comply with ILO standards (18 weeks) and to cover women working in all sectors.
- Pay attention to child obesity.