THE CONVENTION ON THE RIGHTS OF THE CHILD
64th Session
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REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN CHINA

July 2013

Data sourced from:
The data and information were from opening reports by MOH/NHFPC, ILO and UNAIDS, as and were footnoted.

Prepared by:
IBFAN East Asia
1) General points concerning reporting to the CRC

In 2013, the CRC Committee will review China’s combined 3rd and 4th periodic report.

At the last review in 2005 (session 40), IBFAN presented a report on the state of breastfeeding. In its last Concluding Observations, in par. 62-63, the CRC Committee expresses its concern “at the persistence of malnutrition as well as the emergence of child obesity and inadequate breastfeeding policies throughout the State party” and recommended to China to “take all necessary measures to provide universal access to maternal and child health services for all children in its jurisdiction, including non-registered children. It further urges the State party to develop policies and programmes to adequately address the problems of malnutrition and obesity in children and to promote breastfeeding through strengthening the implementation of the International Code of Marketing of Breastmilk Substitutes in all parts of the State party, including the China Code for Marketing of Breast Milk Substitutes, and through the promotion of baby friendly hospitals in the Hong Kong SAR”.

Progress in this area:
Children malnutrition and obesity prevention and control was addressed in the National Programme of Action for Child Development in China (2001-2020).

In 2012, the Ministry of Health and the Chinese All Women Federation launched the programme of Child Nutrition Improvement in Poverty Areas. It aims to prevent malnutrition and anemia among infant and young child in 100 poverty areas through distribution of free micro-nutrition sprinkles to 6-24 months children as complementary food supplement 1. The Heinz Company is one of the product suppliers.

The China’s Regulation for Marketing of Breastmilk Substitutes (China’s Regulation) was issued as a compulsive measure in 1995 by six relevant government sectors2, most of which have experienced obligation transition and structure change. It has partly blocked the implementation of the China’s Regulation. The Ministry of Health has been leading to amend the China’s Regulation with other government sectors since 2005. On 3 December 2011, the State Council launched a 1-month public consultation on the draft of amended regulation. The consultation was closed on 2 January 2012. But the taskforce is hung up due to another round of government institutional reforming. The MoH was renamed as National Health Family Planning Commission (NHFPC) in April of 2013.

The Taskforce on Hong Kong Code of Marketing of Breastmilk Substitutes (Taskforce) was set up in June 2010 to develop and promulgate the Hong Kong Code, which aims to protect breastfeeding and contribute to the provision of safe and adequate nutrition for infants and young children. The Hong Kong Code

1Source: The website of the Programme http://china-casting.com/a/xiangmujieshao/20130506/12.html

2 Ministry of Health ; Ministery of Internal Trade ; Ministry of Radio Film and Television, State Press and Publication Administration; National Bureau of Administration for Commerce and Industries ; China Light Industry Association
provides voluntary guidelines to manufacturers and distributors of formula milk; feeding bottle, teats and pacifiers; and, food products for infants and young children aged 36 months or below. On 26 October 2012, the Department of Health launched a 4-month public consultation on the draft of the Hong Kong Code to invite views from the trade and the public. The consultation was closed on 28 February 2013. The Secretariat is now collating all the comments received and will announce the public consultation result as soon as possible.

2) General situation concerning breastfeeding in China
The maternal and child health reporting system include limited indicators on infant and young child feeding (IYCF), but it is not open. National Health Services Survey reports IYCF data every five years which are accepted. Annual nutrition surveillance was conducted since 2011 to monitor the nutrition status of under 5 children, and its data is expected.

General data
- Total numbers of children in your country (Numbers of infants under 12 months; of children under 2; of children under 5)
- Infant mortality rates
- Maternal mortality rates

Table 1. Number of U5 Population in China³

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
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<td>52352</td>
<td>49302</td>
<td>114333</td>
<td>58904</td>
<td>55429</td>
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<tr>
<td>1990</td>
<td>101654</td>
<td>52352</td>
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<td>61306</td>
<td>117852</td>
<td>59833</td>
<td>580182</td>
</tr>
</tbody>
</table>

0-4 yr | 9470  | 4898  | 4572   | 11644  | 6105  | 5539   | 6898   | 3765  | 3133   | 60409  | 33352 | 27018  |

Table 2. Birth Rates in China

|------|------|------|------|------|------|------|------|------|------|------|------|

Table 3. Mortality Rate of Maternal & Children Under 5-year in Surveillance Region

<table>
<thead>
<tr>
<th>Category</th>
<th>Mortality Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn Mortality Rate (per 1000 Live Births)</td>
<td>Infant Mortality Rate (per 1000 Live Births)</td>
</tr>
</tbody>
</table>

³ Source for Table 1-3: China Health Statistical Yearbook 2011, 2012(Abstract)
Breastfeeding data

- Initiation to breastfeeding in 1 hour after birth: 41.0%
- Exclusive breastfeeding at 6 months: 27.6%
- Complementary feeding at 6 months: 43.3%
- Continued breastfeeding at 12-15 months: 37.0%
- Mean duration of breastfeeding: no data

Breastfeeding declined rapidly during the 1980s due to the promotion of breast-milk substitutes and inappropriate medical practices. With efforts of the Baby Friendly Hospital Initiative (BFHI) since 1992 and implementation of China’s Regulation since 1995, breastfeeding’s superiority has been recognized and mothers are encouraged and supported to breastfeed their infants. However, breastfeeding promotion in community and work place has not yet received enough attention.

China currently encounters two challenges to promote optional breastfeeding practices. One is how to persuade people to not give water to infants 0-5 months. The other is how to ban the marketing promotion of infant formula which undermines mothers’ confidence of successful breastfeeding.

Breastfeeding rates in rural areas are better those in urban areas. National Health Services Survey in China 2008 indicated that 27.6% of mothers exclusively breastfed their infants in 0-6 months (15.8% urban and 30.3% rural); 37.0% of mothers still breastfed their babies at 12-15 months (15.5% urban and 41.8% rural).

Main causes of death among infants and children:
In 2010, the main death causes of infants were pre-mature birth and low birth weight, birth asphyxia, pneumonia, congenital heart disease, and accidental suffocation.

In 2010, the main death causes of children under 5 years old were pre-mature birth and low birth weight, pneumonia, birth asphyxia, congenital heart disease, and accidental suffocation.

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4 Source: Report of National Health Services Survey in China 2008
3) Government efforts to encourage breastfeeding

National measures:
In 1992, the Baby-friendly Hospital Initiative (BFHI) was launched. Since 1994, it is mandatory for mothers to be informed about breastfeeding and to be given help to breastfeed. There are more than seven thousand baby-friendly hospitals in China, which count for one third of baby-friendly hospitals in the world. To help in the continual implementation of the BFHI, WHO China Office and MOH collaborated to adopt the baby friendly hospital reassessment tools. The national protocol of the baby friendly hospital reassessment is developed and is in the process of implementation nationally.

The National Health Family Planning Commission (NHFPC)\(^6\) announced its standing to promote the establishment of breastfeeding rooms in working places and public areas during World Breastfeeding Week 2013.

The International Code of Marketing of Breastmilk Substitutes:
The China’s Regulation of Marketing of Breast-milk Substitutes (1995) is still in force, but promotion of breast-milk substitutes persists in some areas. The national code is in progress of amending to adopt subsequent WHA resolutions.

Monitoring of these laws:
The MoH/NHFPC is in charge of child nutrition and health, especially of the China’s Regulation and BFHI, supported by WHO and UNICEF. IBFAN staff was involved in some official monitoring projects.

Courses on bf, HIV/and infant feeding and/or national research projects on the same issue:
HIV/AIDS is still one of the sensitive topics in China. HIV test is compulsory in ante-natal checks. It is pointed infectious hospitals that are permitted to provide maternal service and counseling to HIV positive women. Most of the maternal hospital and community health centers do not provide service on HIV and infant feeding. Information on HIV and infant feeding is not accessible to the public.\(^7\)

4) Baby Friendly Hospital Initiative (BFHI)

\(^6\) The MoH was renamed as National Health Family Planning Commission (NHFPC) in April 2013

\(^7\) Source: MoH, Implemenition Plan to Prevent Maternal to Child Transmition of HIV, Syphillis and HBV, 2011 Feb
There are about 7,329 BFHs in China, while there are more than 60 thousands health facilities providing maternal service.

BFHI is theoretically applied in all health facilities (both private and public). In fact it focused on state-owned hospitals, mainly BFHs.

Refresh training for staff and self appraisal is required for BFHs. But it is a big challenge for the health authority itself to administer and monitor the practices of thousands of BFHs, as well as to deal with violations of the Code (China’s Regulation) in hospitals.

5) Maternity protection for working women

In 2011 the number of women who were employed reached 351.53 million across the country and over the years women account for about 46 percent of all employees.\(^8\)

China’s State Council adopted the Special Provisions on Labor Protection of Female Workers (the “New Provisions”) and it was in force in April 2012 when the Provisions on Labor Protection of Female Workers (the “Original Provisions”) issued in 1988 were simultaneously repealed. Compared to the Original Provisions, the New Provisions have introduced new provisions with respect to the scope of labor activities that are tabooed for female workers, paid maternity leave of 14 weeks (before and after giving birth), supervision and administration mechanism, employers’ responsibilities and liabilities, etc.

The coverage of maternity insurance for urban female workers is 95 percent as the official reported. The employer pays the maternity insurance for their women employees. The insurance system pays for maternity benefits to the women during maternal leave that amount to as much as the average salary of their institute in previous years.\(^9\)

Women working in the informal sector should be included, but the implementation is not clear.

The New Provisions provides employed women with the right to one hour breastfeeding break every work day before their baby’s first birthday. The breastfeeding break is paid fully.

Although China did not signed the ILO Convention 183, China’s State Council adopted the Special Provisions on Labor Protection of Female Workers (the “New Provisions”) in April 2012, which titled female workers paid maternity leave of 14 weeks.

6) HIV and infant feeding

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\(^9\) http://www.chinadaily.com.cn/cndy/2013-05/15/content_16499695.htm
Epidemic estimates show that at the end of 2011, a total of 780,000 (620,000-940,000) people were living with HIV in China, accounting for 0.058% (0.046-0.070%) of the total population. China therefore remains a low-prevalence country.

China’s HIV epidemic exhibits five major characteristics: 1) National prevalence remains low, but the epidemic is severe in some areas; 2) the number of people living with HIV continues to increase, but new infections have been contained at low level; 3) gradual progression of HIV to AIDS resulting in an increase of the AIDS-related deaths; 4) sexual transmission is the primary mode of transmission, and continues to increase; 5) China’s epidemics are diverse and evolving.10

In 2011, MoH issued the National Action Plan for AIDS, syphilis and HBV Prevention from Mother to Child Transmission. It is written as HIV positive mothers’ infants should be formula fed and avoid breastfeeding or mix feeding as the measure to prevent HIV/AIDS transmission.

HIV and infant feeding is not generally included in before- and in-services courses, since counseling for HIV positive mothers was only taken by pointed health facilities.

7) Obstacles and recommendations

The following obstacles/problems have been identified:

- The China’s Regulation on BMS is implemented weakly without real punishment for violations. Marketing promotion has evolved to evade the national regulations (1995), such as advertisement for follow-up formula, soft articles in media and encroach upon academic and welfare issues. These are out of the scope of the China’s Regulation on BMS.
- The popularity of formula feeding in China has weakened the voice of breastfeeding promotion.
- It is a big challenge for health authorities to supervise, conduct fresh training and reassess such enormous baby friendly health facilities in China.
- It is hard to ensure mothers’ entitlement to paid maternal leave and breastfeeding facilities, especially during the rapid social and lifestyle changing in China.

Our recommendations include:

- It is urgent to strengthen Code implementation in China and adopted more practical national legislation and other measures to restrict the market promotion for formula, not only products for baby under 6 months, but also babies over 6 months.
- The health authorities should seriously review BFHI current situation in China, and launch refreshment trainings, assessment and re-entitlement among all health facilities. It is recommended to set up monitoring and reporting mechanisms jointly with civil society, women units, media, the general public and NGOs.
- Optional breastfeeding and infant and young child feeding practise should be introduce to medical schooling courses and be advocated to general public.
- The labour union and the women federation should enforce the paid maternal leaves and maternity insurance in private working units.