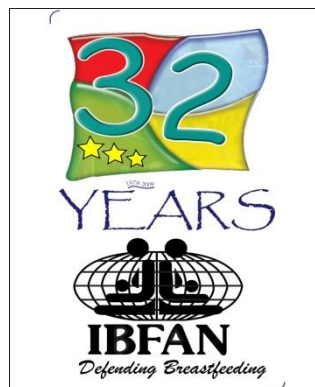


THE CONVENTION ON THE RIGHTS OF THE CHILD

Session 57
May-June 2011

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



MAY 2011

Report prepared by:

GIFA: Geneva Infant Feeding Association

General Information sourced from:

International Baby Food Action Network (IBFAN)

International Code Documentation Centre (ICDC)

International Labour Organisation (ILO)

United Nations Children's Fund (UNICEF)

General data

Annual number of births (in thousands)	118 (2008)	
Infant mortality rate (<1 year) per 1000 born alive	5 (2008)	11 (1990)
Neonatal mortality rate - per 1000 born alive	4 (2004)	
Maternal mortality ratio	29 (2003-2008 reported)	45 (2005, adjusted)
Antenatal care coverage: at least once (%)	100 (2003-2008)	
Delivery care coverage:		
Skilled attendant at birth (%)	100 (2003 -2008)	
Institutional delivery (%)	100 (2003-2008)	

Source: State of the World Children, UNICEF, 2010

Breastfeeding and infant nutrition situation

% of children with low birth weight	5 (2003-2008)
Early initiation of breastfeeding	70 %
Exclusive breastfeeding (< 6 months)	26 %
Breastfeeding with complementary food (6-9 months)	47 %
Still breastfeeding (20-23 months)	16 %

Source: State of the World Children, UNICEF, 2010

The data points to the low number of exclusive breastfeeding at six months and the high number of infants that are being fed through mixed feeding (breastfeeding and complementary). According to UNICEF Cuba, exclusive breastfeeding for six months used to be a common practice but is not anymore¹. Despite good practices in breastfeeding generally “some experts believe that breastfeeding among Cuban mothers is declining slightly due to an increased reliance on powdered formula” (UNICEF 2010)².

Also, early initiation of breastfeeding practices could be improved, given the high rate of institutional deliveries.

2) Legislation related to the *International Code of Marketing of Breast-milk Substitutes* and subsequent relevant World Health Assembly resolutions.

Cuba has partially implemented the International Code of Marketing of Breastmilk Substitutes (International Code) in its national legislation. It a “few provisions law” as defined by the

¹ http://www.unicef.org/infobycountry/cuba_53057.html

² http://www.unicef.org/infobycountry/cuba_53057.html (Accessed on 24 May 2011)

International Code Documentation Centre (Penang) in its document *State of the Code by Country (2011)*³. **This signifies that the national law does not meet the standards of the International Code and should therefore be strengthened.**

3) Baby-Friendly Hospital Initiative (BFHI)

In 2002, 100% of hospital facilities were certified as Baby-friendly⁴. However updated information is lacking. Also the decreasing number of early initiation of breastfeeding, which is currently 70%, indicates that hospitals need to be reassessed and the BFHI needs to be reinvigorated.

4) Maternity protection at work

Cuba has ratified the ILO Convention 83 (2000) in 2004.

Maternity leave⁵

Scope: Maternity protection is conferred by the Labour Code and covers women working for the State, cooperatives and the private sector, and "available" women workers. "Available workers" (trabajadoras disponibles) are those who have to be relocated as a result of structural or institutional changes, a decrease in the level of activity.

Qualifying conditions: Women workers in the public sector, cooperatives or the private sector, who have worked for not less than 75 days in the 12 months immediately preceding the start of maternity leave.

Amount: 100% of the average weekly income received in the 12 months immediately preceding, payable for the whole maternity leave period (18 weeks). Maternity leave is paid by social security.

Duration: 18 weeks (six weeks before confinement and 12 weeks following confinement) that is more than the recommended 14 weeks by the ILO Convention 83 (2000). A pregnant woman shall be obliged to stop work at 34 weeks of pregnancy or 32 weeks in case of multiple pregnancies.

Parental leave: Following the post-natal Maternity leave, a parent, mother or father, may request unpaid leave of up to nine months to care for their children, where the child is under one year of age, and for up to six months, where the child is older than 16 (Leave to take care for children).

³ ICDC, *State of the Code by Country, 2011*

⁴ http://www.unicef.org/nutrition/files/nutrition_statusbfhi.pdf (Accessed on 24 May 2011)

⁵ <http://www.ilo.org/travaildatabase/servlet/maternityprotection?pageClass=org.ilo.legislation.work.web.ReferencePage&LinkId=13030> (Accessed on 24 May 2011)

5) Possible recommendations

- **Raise awareness about the importance of breastfeeding and the risks of artificial feeding for infants, including among the health care professionals.**
In particular, raise awareness about the importance of exclusive breastfeeding, which has been decreasing in the past years.
- **Pay particular attention to the situation of early initiation of breastfeeding in hospitals. Even though 100% of deliveries are institutionalized, early initiation of breastfeeding is at 70%.**
- **Strengthen national laws to fully incorporate the WHO-UNICEF International Code of Marketing of Breastmilk Substitutes. Monitor the situation of the marketing of breastmilk substitutes systematically throughout the country.**
- **Reassess Baby-Friendly Hospitals.**