

THE COMMITTEE ON THE RIGHTS OF THE CHILD

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**REPORT ON THE SITUATION OF  
INFANT AND YOUNG CHILD FEEDING  
IN THE SYRIAN ARAB REPUBLIC**



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**Data sourced from:**

*UNICEF*

*Maternity Protection Database, ILO*

*International Code Documentation Centre – ICDC*

## 1) General points concerning reporting to the CRC

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The CRC Committee is reviewing the combined 3<sup>rd</sup> and 4<sup>th</sup> periodic report of Syria.

The last review of Syria took place in 2003 (session 33). In its last concluding observations, the Committee made indirect recommendations related to infant and young child feeding. It recommended that Syria (para 41) “(a) ensure that its commitment to public primary health care is met by adequate allocation of human and financial resources, and that all children, especially in rural areas, have access to health care; [...] (c) undertake greater efforts to promote better home-care practices in early childhood”.

## 2) General situation concerning breastfeeding in Syria

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### **General data** (Source: UNICEF 2009)

Annual nr of births	596 000
Under 5 mortality rate	16
Infant mortality rates (under 1 year) (per 1000 live births)	14
Neonatal mortality rate (per 1000 live births)	8
Under 5 children suffering from underweight– moderate& severe	10 %
Children aged <5 overweight	18.7 %
Maternal mortality rate (adjusted 2008)	65 (46)
Institutional delivery	70 %

### **Breastfeeding data** (Source: MICS 2006)

Early initiation of breastfeeding	32 %
% of children exclusively breastfed at 6 months	29 %
% of children fed with complementary foods (6-9 months)	37 %
Continued breastfeeding at 20-23 months	16 %

The data shows that breastfeeding indicators are very low; while 10% of under-five children suffer from moderate and severe underweight (9% suffer from severe underweight). At the same time the number of children under-five that are overweight is very high, nearly 19 %.

In particular, *early initiation of breastfeeding* is very low (32 %), lower than the regional average of 47 % for the Middle East and North Africa<sup>1</sup>. There is growing evidence (reported in Pediatrics and the Journal of Nutrition) of the significant impact of early initiation of breastfeeding, preferably within the first hour after birth, on reducing overall neonatal mortality. It ensures that skin-to-skin contact is made early on,

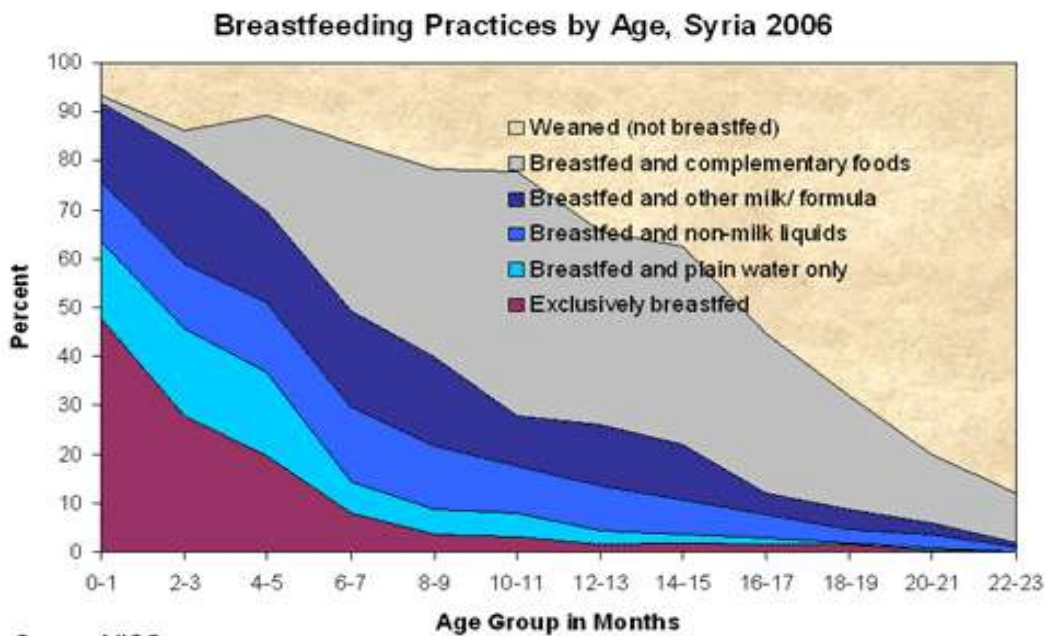
<sup>1</sup> [http://www.childinfo.org/breastfeeding\\_status.html](http://www.childinfo.org/breastfeeding_status.html)

<sup>2</sup> ICDC, State of the Code by Country, 2011

an important factor in preventing hypothermia and establishing the bond between mother and child. Early initiation of breastfeeding also reduces a mother’s risk of post-partum haemorrhage, one of the leading causes of maternal mortality.

One of the reasons behind low breastfeeding rates may be the lack of adequate baby friendly practices in hospitals, where 70 % of deliveries takes place. Inadequate support for infant and young child feeding in health services is a main contributing factor to poor breastfeeding and complementary feeding rates worldwide. Health workers often do not have updated knowledge and skills to effectively support infant and young child feeding, and hospital practices and routines impede the initiation and continuation of appropriate feeding practices.

*Exclusive breastfeeding at 6 months of age is also low (29 %), even though closer to the regional average of 32 %.*



As the figure shows, while exclusive breastfeeding for children 0-1 months is at around 45%, it drastically falls at 6 months. The proportion of children who are not adequately fed dominates the picture. In particular, the proportion of children that are weaned for the first two years of life children is very high.

### 3) ***The International Code of Marketing of Breast-milk Substitutes***

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According to the International Code Documentation Centre, Syria has implemented many, but not all of the provisions of the International Code of Marketing of Breastmilk Substitutes as national law<sup>2</sup>.

**This means that the national law does not completely meet the standards of the International Code, and should therefore be strengthened.**

No information is available on whether the Code is effectively implemented.

**The Committee may want to ask the government on whether there is any specific body designated to monitor the implementation of the law, and what is the procedure whenever any violations are reported.**

### 4) **Baby Friendly Hospital Initiative (BFHI)**

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In 2002, there were 13 baby-friendly facilities in Syria. Where hospitals have been certified as Baby-friendly, monitoring of quality is critical to ensure adequate standards of care and, deliberate efforts should be made to strengthen the reassessment component of the initiative.

**The Committee may want to ask the government is a comprehensive infant feeding policy is in place and for an update of the data on BFHI.**

### 5) **Maternity protection for working women<sup>3</sup>**

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Syria adopted a new Labour Law No. 17/2010, approved by Parliament and the President in March 2010.

After 6 consecutive months of service for the same employer, working women are entitled to maternity leave with full pay of:

- 120 days for the first-born child,
- 90 days for the second-born child and
- 75 days only for the third born child.
- If a woman gives birth to a fourth child, however, she does not benefit from any paid maternity leave.

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<sup>2</sup> ICDC, State of the Code by Country, 2011

<sup>3</sup> Maha Kataa and Sattouf Al Cheikh, Women's access to social protection in Syria, *European Journal of social Sciences*, Volume 13, Nr. 4 (2010)

The structure of the Syrian labour market and the large number of jobs in the informal economy leaves the majority of workers without basic social security. The majority of these are women, who are often exposed to financial, economic, and social risks and vulnerability resulting from their need to find employment and generate income.

Employers tend to under-report the number of women employed in their establishments so as to evade laws requiring the provision of nurseries or other facilities.

Syria has not ratified the ILO Maternity Protection Convention 183 (2000).

## **6) Recommendations**

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- **Improve baby-friendly practices in hospitals and pay particular attention to the situation of early initiation of breastfeeding in hospitals. Given the high number of institutionalized deliveries, this would provide with an opportunity for improving breastfeeding rates, and in particular early initiation of breastfeeding.**
- **Raise awareness about the importance of breastfeeding in combating malnutrition, under-nutrition as well as over-nutrition.**
- **Ratify ILO Convention 183, and extend maternity leave to allow for exclusive breastfeeding up to 6 months, without discrimination among the different children of the same woman. Ensure that employers respect the requirements for maternity protection, as provided by the new Labour Law of 2010.**
- **Strengthen the national law to fully implement the International Code. Monitor the compliance by baby food companies throughout the country, and establish appropriate sanctions for the violations.**