

THE COMMITTEE ON THE RIGHTS OF THE CHILD

Session 77 / January 2018

**REPORT ON THE SITUATION OF
INFANT AND YOUNG CHILD FEEDING
IN GUATEMALA**



December 2017

Data sourced from:

UNICEF database

World Breastfeeding Trends Report 2015 Guatemala

DHS 2014-2015 Guatemala

Ministerio de Salud Pública y Asistencia Social

Congreso de la Republica de Guatemala

Coordinadora Nacional para la Reducción de Desastres

Prepared by:

IBFAN Guatemala

Geneva Infant Feeding Association (GIFA) - IBFAN International Liaison Office

SUMMARY

*The following **obstacles/problems** have been identified:*

- Low breastfeeding rates, especially the early initiation of breastfeeding; very high prevalence of stunting in children under 5;
- No information on the adoption of the Law on Protection, Promotion and Support of Breastfeeding;
- No community support to mothers and families on optimal IYCF practices;
- The International Code is fully integrated in the national law; however, the monitoring of the Code violations is still quite weak;
- Training of health professionals does not follow a standardized national program, including all the aspects related to breastfeeding; infant feeding and HIV, infant feeding in emergencies;
- The Baby-Friendly Hospitals Initiative is inadequately implemented, with only 13% of the health facilities and maternity clinics designated as Baby-Friendly, between 2010 and 2015;
- There is no emergency preparedness plan including the protection of breastfeeding.

***Our recommendations** include:*

- **Increase the breastfeeding rates**, through a more effective implementation of the BFHI, in particular the Ten Steps to Successful Breastfeeding, and a more complete training of health personnel working with maternal and child care;
- **Adopt the draft Law on Protection, Promotion and Support of Breastfeeding of June 2016** and ensure proper dissemination to the public and relevant actors concerned by its text; allocate sufficient budget for IYCF policies and programmes;
- **Develop a community support system to mothers and families**, providing counselling on optimal IYCF practices at local level;
- **Monitor the Code violations** and make sure the sanctioning system is effective and operational;
- **Include breastfeeding, infant feeding and HIV and IFE in training programs to the health personnel**, with a complete and standardised program at national level;
- **Enhance the implementation of the BFHI**; increase the number of Baby-Friendly health facilities and proceed with the re-assessment of the accredited ones;
- **Include the protection of breastfeeding in the national plans for emergency preparedness and risk reduction.**

1) General points concerning reporting to the CRC

In 2018, the CRC Committee will review Guatemala’s combined 5th and 6th periodic report.

At the last review in 2010 (session 55), the CRC Committee referred specifically to breastfeeding in its [Concluding Observations](#), expressing its concerns about the fact “*that health professionals have insufficient understanding of the importance of exclusive breastfeeding, including in the case of children of HIV-positive mothers. The Committee is also concerned that the baby-friendly hospital initiative is integrated only in public hospitals, and that private hospitals violate the International Code of Marketing of Breast-milk Substitutes.*” (§ 72, emphasis added) For these reasons, the Committee recommended Guatemala to “*provide training on breastfeeding promotion and support by well qualified and sensitized personnel. It further recommends effective monitoring of implementation of the Code and that the State party draw up appropriate sanctions in case of breaches of the code.*” (§ 73, emphasis added)

2) General situation concerning breastfeeding in Guatemala

General data ¹	2013	2014	2015
Annual number of birth, crude (thousands)	-	-	438
Neonatal mortality rate (per 1,000 live births)	14.3	13.8	13.4
Infant mortality rate (per 1,000 live births)	25.9	25.1	24.3
Under-5 mortality rate (per 1,000 live births)	31.1	30.1	29.1
Maternal mortality ratio (per 100,000 live births) ²	-	-	88
<i>Delivery care coverage (%):</i>			
Skilled attendant at birth	-	-	65.6%
Institutional delivery	63%	65%	65%
C-section	-	-	26%
Stunting (under 5 years)	-	-	46.5%
Wasting (under 5 years)	-	-	0.7%
Underweight (under 5 years)	-	-	12.6%

¹ Data retrieved from UNICEF: www.data.unicef.org

² Additional information on maternal deaths in Guatemala is available at: www.prensalibre.com/Guatemala/Pl-datos/maternidad-vida-y-muerte-en-guatemala-declaracion-ministra-de-salud

Breastfeeding data

	2008-2009	2014-2015 ³
Early initiation of breastfeeding (within one hour from birth)	42.7%	63.1%
Exclusive breastfeeding under 6 months	49.6%	53.2%
Introduction of solid, semi-solid or soft foods (6-8 months)		76.3%
Bottle-feeding (0-12 months)	19.4%	
Continued breastfeeding at 2 years		56.8%
Median duration of exclusive breastfeeding (in months)		4
Median duration of any breastfeeding (in months)		22

Almost 4 out of 10 newborns are not breastfed within one hour from birth. The early initiation of breastfeeding rate is quite low in Guatemala, even though it has increased since 2008, and this shows a poor application of the Baby-Friendly Hospitals Initiative⁴ and relevant Ten Steps to Successful Breastfeeding⁵ (UNICEF/WHO), as it will be later described. The low rates of institutional delivery and skilled attendants at birth are an additional explanation for the low rate of early initiation of breastfeeding. Further worrying data regard the rate of exclusive breastfeeding under 6 months, which corresponds to only 53%. Interestingly, exclusive breastfeeding is more common when the childbirth has been given at home, rather than in a health facility.⁶

The low breastfeeding rates in Guatemala assume a more severe aspect when comparing them with the data related to child nutrition. In particular, stunting is a major child health issue in the country. **Almost every second child under 5 is stunted.** In 2011, Guatemala was the country with the highest prevalence of stunting in children under 5, in Latin America⁷. Considering the clear link between breastfeeding and the healthy development of a child, **urgent measures need to be taken in order to tackle the high prevalence of malnutrition in Guatemala.**

³ Data retrieved from the IV Encuesta Nacional de Salud Materno Infantil (ENSMI) 2014-2015, Guatemala, available at: <http://dhsprogram.com/publications/publication-FR318-DHS-Final-Reports.cfm>

⁴ www.who.int/nutrition/topics/bfhi/en/

⁵ www.unicef.org/newsline/tensteps.htm

⁶ ENSMI 2014-2015, see page 305

⁷ UNICEF, Improving Child Nutrition, 2013. Available at: www.unicef.org/gambia/Improving_Child_Nutrition_-_the_achievable_imperative_for_global_progress.pdf

3) Government efforts to encourage breastfeeding

National policies

With regards to nutrition, the government of Guatemala has created in 2005 a Food and Nutrition Security Secretariat⁸ and a specific Food Security Committee⁹. Additionally, Guatemala has several policies, laws and guidelines concerning Infant and Young Child Feeding (IYCF) and Maternal Health¹⁰, although **there are no specific budget allocations dedicated to breastfeeding**. As an enhancement of such policies, laws and guidelines, a draft Law on breastfeeding¹¹ was presented to the Congress of Guatemala in June 2016. **The draft Law had the specific goal to increase Protection, Promotion and Support of Breastfeeding and was developed after an analysis of the Demographic and Health Survey 2014-2015 results for Guatemala**. In fact, the DHS revealed that maternal and child health are a weak point in the country, due to the high prevalence of sexual abuses on adolescents, leading to frequent teenage pregnancies, the high level of poverty and bad medical practices.

The draft Law highlights all the positive results coming from optimal breastfeeding practices. From poverty reduction to maternal health improvement and prevention of newborn diseases, there are multiple advantages that justify the choice to breastfeed, for the health both the mother and the child. In the draft Law, it is stated that an increase in the breastfeeding rates would help to avoid 823'000 infant deaths and 20'000 maternal deaths caused by cancer every year.¹²

The draft Law insists also on the role of different actors in the implementation of IYCF policies, capacity-building and training of health professionals, BFHI implementation, monitoring of the

⁸ SESAN, Secretaria de Seguridad Alimentaria y Nutricional, Decree n° 32-2005. The full text of the decree is available at: www.mineduc.gob.gt/portal/contenido/menu_lateral/programas/seminario/docs13/DECRETO%2032-2005%20LEY%20DE%20SEGURIDAD%20ALIMENTARIA%20Y%20NUTRICIONAL.pdf

⁹ CONASAN, Consejo Nacional de Seguridad Alimentaria y Nutricional

¹⁰ • Constitución política de la República de Guatemala (Articulas 3,44,51 ,52, 58, 65, 66, 94 y 99) • Ley de protección integral de la niñez y adolescencia, Ley PINA (artículo 26) • Código de trabajo (Artículo 153, 155) • Código de Salud (Artículo 4) • Ley de comercialización de Sucedáneos de la Lactancia Materna y su Reglamento • Política del sistema de seguridad alimentaria y nutricional • Acuerdo ministerial748-2010 Bancos de leche humana (BLH), reglamento que crea y regula el funcionamiento de los BLH • Ley de maternidad saludable, Decreto 32-201 O. (Artículo 1 O y 11) • Acuerdo Gubernativo SPG-28-81 de creación de la Comisión Nacional de Promoción de la Lactancia Materna, CONAPLAM • Normas de atención en salud integral para primero y segundo nivel, Ministerio de salud pública y asistencia social • Guías alimentarias para Guatemala, recomendaciones para una alimentación saludable • Guías alimentarias para la población Guatemalteca menor de dos años • Protocolo para el tratamiento ambulatorio de niños con desnutrición aguda severa sin complicaciones en la comunidad • Protocolo para el tratamiento a nivel hospitalario de la desnutrición aguda severa y sus complicaciones en el paciente pediátrico

¹¹ The full text of the draft Law is available at: www.congreso.gob.gt/manager/images/D7D14896-31BF-E98D-14C3-CC4FE79A0689.pdf

¹² See above, page 3

violations of the International Code of Marketing of Breastmilk Substitutes. Finally, it establishes that the role of coordinator and leader of the National Breastfeeding Committee is to be assigned to the Ministry of Health. The draft Law wants to strengthen the legal status of the Committee and its activities of protection, promotion and support of breastfeeding. To date, **no information is available on the process of adoption of the above-mentioned draft Law.**

Pre-session to Session update: A document based on infographics was realized by the MoH, in the context of the Food and Nutrition Security Programme and in cooperation with IBFAN Guatemala, on all the aspects touched by the Law on Marketing of Breastmilk Substitutes and its action plan. It is a very useful instrument to raise awareness on the Law among all the concerned actors.

Furthermore, the ***Banco de Leche Materna*** programme has been launched in Guatemala with the aim of creating breastmilk banks in hospitals, to combat infant malnutrition and mortality. The programme includes the promotion of exclusive breastfeeding through the national health facilities and provides capacity-building for health staff.

Pre-session to Session update: Guatemala has currently 11 breastmilk banks.

Promotion campaigns and community support

The government of Guatemala has developed a system of counselling for development - *Sistema de Consejos de Desarrollo*¹³ - including several levels of outreach: national level, regional level, departmental level, municipality and community levels. However, groups working at the smaller community level (*Consejos Municipales de Desarrollo*, COMUDES and *Consejos Comunitarios de Desarrollo*, COCODES) should be empowered in their ability to disseminate information on optimal IYCF practices and to become a more effective source of counselling for mothers and families.

Guatemala celebrates every year the **World Breastfeeding Week**¹⁴. This is an important occasion to raise awareness of mothers and families on the importance of breastfeeding. There is no additional information regarding other national promotion campaigns on breastfeeding.

The International Code of Marketing of Breastmilk Substitutes

The International Code has been integrated in Guatemala's national law in all its provisions, in 1983¹⁵. The Law of 1983 includes a monitoring system and sanctions for Code violations. The

¹³ [http://sistemas.segeplan.gob.gt/siscodew/ddpgpl\\$modulo.indice](http://sistemas.segeplan.gob.gt/siscodew/ddpgpl$modulo.indice)

¹⁴ An article on WBW 2016 can be found at <http://noticias.com.gt/nacionales/20160802-guatemala-une-semana-mundial-lactancia-materna.html>

Ministry of Health is in charge of the monitoring activity concerning the above-mentioned law and the Code violations. Four monitoring actions have been carried out so far, under the 1983 law, in 1991, 1999, 2008 and 2016. The results of such monitoring have revealed several violations, as shown in the Annex, and for this reason **strengthening the mechanisms of monitoring of the Code is crucial**. Indeed, the monitoring itself depend strongly on the person in charge of heading the Department of Food Registration and Control¹⁶ and on whether he/she gives enough priority to the monitoring of the Code during its/her mandate. Some sanctions have been put in place for companies which violated the Code but these are not covering the total violations still occurring in Guatemala.

Monitoring of national policies and legislation

The **National Committee for Breastfeeding Promotion (CONAPLAM)** was created in 1981 in Guatemala, in order to promote and coordinate activities aimed at improving IYCF practices in the country. Since its creation in 1981, the Committee has been operational with several activities, including the organization of the World Breastfeeding Week and cooperation with other significant partners (PAHO/WHO, INCAP, among others). The presidency of the Committee was given to the Ministry of Health. The above-mentioned draft Law on protection, promotion and support of breastfeeding of 2016, clarified the mandate of the **National Breastfeeding Committee**¹⁷ and defined its funding sources. As mentioned previously, it is not clear whether this draft Law has been adopted or not. IBFAN Guatemala is actively contributing to the monitoring of national policies on IYCF.

Training of Health Professionals

Courses intended for health professionals do not follow a standardised national program, including complete curricula on IYCF. There is no real training of health personnel on the norms issued by the Ministry of Health¹⁸ and no information available on specific training on Infant Feeding and HIV. The Galileo University provides a Master's Degree on Child Nutrition Programmes Planning and Management¹⁹, intended for the health professionals and including the Global Strategy on Infant and Young Child Feeding, as well as a Master's Degree on Food

¹⁵ Ley de Comercialización de los Sucedáneos de la Leche Materna (1983), available at: <http://hospitaloccidente.mspas.gob.gt/descargas/2016/marconormativo/leycomercializacionleche.pdf>

¹⁶ Departamento de Registro y Control de Alimentos

¹⁷ This Committee changes name under the above-mentioned draft Law and becomes the CONALAM – Comision Nacional de Lactancia Materna.

¹⁸ Information retrieved from the WBTi report 2015.

¹⁹ MGPA: www.galileo.edu/facisa/carrera/mgpa/

and Nutrition Security Management²⁰. Specific training on the Baby-Friendly Hospital Initiative will be addressed in the following section.

4) Baby-Friendly Hospital Initiative (BFHI)

The BFHI is poorly implemented in Guatemala. Between 2010 and 2015, only 5 out of 39 health facilities and maternity clinics have been designated or re-accredited as Baby-Friendly²¹. This corresponds to **13% of the total**.

In 2011, the BFHI has been renewed and the process of accreditation of 6 new Baby-Friendly health facilities has been started, together with the re-assessment of 5 maternity clinics. 27 health facilities providing second-level care have also started the accreditation process, as of 2015. Apparently, only five hospitals received the certification in 2015 with one more in 2016. Concerning the training of health staff on the Initiative, the Institute of Nutrition of Central America and Panama provides a 20-hour course on the BFHI, aimed at the health professionals. This course is given by the MoH, through its Food Security Programme (PROSAN).

Nevertheless, one of the obstacles to the implementation of the BFHI in Guatemala is represented by the fact that health workers in hospitals and maternity clinics are frequently subject to turnover, which results in a **discontinuous implementation of the BFHI**. The **lack of budget allocations** for the BFHI implementation is another gap highlighted by IBFAN Guatemala, besides the fact that smaller health facilities hardly get to meet the criteria to obtain the Baby-Friendly accreditation. In other words, **a strengthened implementation of the BFHI is necessary, including its inclusion in all the health personnel curricula**.

Pre-session to Session update: 18 external BFHI evaluators have been trained in order to assess new Baby-Friendly health facilities in Guatemala.

5) Maternity protection for working women²²

Maternity leave

²⁰ MGSAN: www.galileo.edu/facisa/carrera/mgsan/

²¹ Data retrieved from the WBTi report of Guatemala, 2015.

²² Acts and regulations on Maternity protection in Guatemala:

Decree No. 1441, promulgating the Labour Code, 1961 ; Decree No. 295, establishing the Organic Law on Social Security, 1946 ; Regulation on the Breastfeeding Period, 1973 ; Constitution of the Republic of Guatemala, 1985 ; Government Decision No. 1149, Guatemalan Social Security Institute (Sickness), 1967 ; Decree for a Healthy Maternity, No. 32-2010, 2010 ; Agreement No.1235, Guatemalan Institute of Social Security (Social Security Programme for Domestic Workers), 2009 ; Agreement No. 410 of the Guatemalan Institute of Social Security of Guatemala, establishing a Regulation on Sickness and Maternity.

Scope: The *Labour Code* covers all women working in the private sector. It also applies to legal persons/enterprises of public nature. Public servants are covered by the *Statute of Public Service* and its *Regulations*. Women working in the informal sector are not covered.

Duration: 84 days (12 weeks). It can be taken 30 days before and 54 days after confinement. No extension in case of *multiple births*.

Benefits: In order to be eligible for benefits a woman must have paid contributions for 3 months out of the 6 preceding pre-natal leave, and cannot carry out any other paid work during the period of leave. Domestic workers must have paid contributions during at least the 6 months immediately before the date she needs to make use of the Social Security services.

Amount: When the worker is entitled to Social Security benefits she receives an amount in proportion to her contributions. When she is not entitled to Social Security she receives 100 % of her income for the whole period of leave from her employer.

2/3 of the basic salary are paid by the Guatemalan Social Security Institute and the remaining 1/3 by the employer.

Paternity leave

Duration: 2 days

Benefits: 100% of salary, paid by the employer

Breastfeeding breaks

Nursing mothers are entitled to breaks of 2 x 30 minutes per day to breastfeed their baby. This period shall not exceed 10 months unless more favorable provisions are negotiated in a collective agreement or exist according to custom. Nursing breaks are remunerated and calculated as time worked.

Breastfeeding facilities: every working mother should have a place available at work in order to feed her child. Moreover, every employer employing more than 30 women must provide an adequate area (without any dangers) for mothers to feed their children under 3 years of age, and in which to leave them while working, under the supervision of an appropriate, designated, person paid for this task.

Guatemala has ratified in 1989 the ILO Convention 103 on Maternity Protection (revised in 1952), **but not the ILO Convention 183 (2000) on Maternity Protection.**

6) HIV and infant feeding

The estimated number of pregnant women living with HIV is 1'600 (UNICEF, 2015). Only 214 of them received ARVs for the prevention of mother-to-child transmission (PMTCT), which corresponds to **only 13% of the total number of pregnant women living with HIV**. The estimated number of children (aged 0-14) newly infected with HIV is lower than 500. However the **estimated mother-to-child transmission rate is 25%**, as of 2015: an extremely high figure which contrasts with the high antenatal care coverage in the country²³.

Besides the Strategic Plan 2010-2015 on Prevention and Control of STD HIV AIDS, Guatemala has a specific Nutrition Guide for people living with HIV, released in 2011²⁴, which addresses the topic of mother-to-child transmission through breastfeeding. Additionally, the draft Law on promotion, protection and support of breastfeeding states that health services providers should properly inform pregnant women living with HIV on the risk of mother-to-child transmission through breastfeeding (article 40) and families should receive adequate counseling on the matter, as MTC transmission of HIV remains a problem in Guatemala. However, as mentioned previously, **it is not clear whether this draft Law has been adopted or will be adopted in the near future**.

7) Infant feeding in emergencies (IFE)

The CONRED²⁵ – *Coordinadora Nacional para la Reducción de Desastres* – is the national body in charge of disasters reduction in Guatemala. The country faces emergency situations quite often, due to the many volcanoes in its territory. Other recent emergencies were caused by forest fires, low temperature and earthquakes.

Despite the high risk of natural disasters, **there are no specific programmes to protect and support breastfeeding in emergency situations in Guatemala**. The draft Law on protection, promotion and support of breastfeeding addresses this topic, by establishing that in contexts of emergencies, breastfeeding must be protected as the best way to guarantee infants' health and full development. In cases of donations of baby food, they will be distributed only after approval from the governing body (Article 5²⁶).

²³ 91% of women had at least one visit during their pregnancy between 2010 and 2015; 86% of women had at least four visits during their pregnancy between 2010 and 2015. Source: UNICEF STATISTICS

²⁴ Guía de Nutrición para personas con VIH :

www.asociacionpasmo.org/pdf/GUIA%20DE%20Nutricion%20par%20personas%20con%20VIH.pdf

²⁵ <http://conred.gob.gt/site/index.php>

²⁶ Artículo 5. Emergencias. En situaciones de emergencia y desastres debe asegurarse la lactancia materna como medio idóneo para garantizar la vida, salud y desarrollo integral de los lactantes y niños pequeños. Cuando existan

Although the above-mentioned article provides a valuable basic framework for action in contexts of emergencies, **there is need for more specific guidelines referring to IFE in Guatemala.**

ANNEX

Examples of Code violations in Guatemala:²⁷

Conference sponsorship

Companies forge links with health professionals by sponsoring professional conferences. In return for their contribution, they are able to set up booths where they promote their products to healthcare professionals and give out freebies like promotional bags or hospitality services. Such promotional activities violate several articles of the Code; at the very least, they encourage goodwill towards companies and give rise to conflicts of interest.

A case of Code violation from NESTLÉ in Guatemala, in 2013



²⁷ IBFAN-International Code Documentation Center. *Breaking the Rules: Stretching the Rules 2014*, available at: www.ibfan-icdc.org