

THE COMMITTEE ON THE RIGHTS OF THE CHILD

Session 81 / May 2019

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



IBFAN
defending breastfeeding

April 2019

Data sourced from:

Ministry of Manpower – Website

UNICEF data

WBTi

WHO

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SUMMARY

The following obstacles/problems have been identified:

- There are very low recorded rates of breastfeeding, but data on breastfeeding has not been collected since 2011.
- There is a national policy on Infant and Young Child Feeding (IYCF), but there is no national action plan for its implementation.
- There is no comprehensive national Information, Education and Communication (IEC) strategy for improving Infant and Young Child Feeding in Singapore. The industry on the other hand, occupies a lot of space.
- The 2019 revision of the SIFECs Code was a step forward, but it remains very weak, as it is a Code of Ethics. Additionally, industry participated in the revision of the SIFECs, which translated into a weak code, implementing only few provisions of the International Code of Marketing of Breastmilk Substitutes.
- There are inadequacies in the curricula of both pre- and in- career trainings to health professionals.
- Only 3 out of the 9 public hospitals are baby friendly in Singapore, recent efforts led to the accreditation of one private hospital.
- Singapore has not ratified ILO Convention 183 and not all women are entitled to the same duration of maternity leave. There is no legislation on mandatory breastfeeding breaks.
- There is no data on ARV coverage for pregnant women living with HIV.
- There is no national plan on Infant Feeding in Emergencies.

Our recommendations include:

- **Systematically collect data on breastfeeding and IYCF practices, in line with WHO definitions and indicators;**
- **Develop a clear action plan, along with a clear budget, for the implementation of the national policy;**
- **Draft and Implement a national IEC strategy on IYCF, providing scientifically accurate information that is free from commercial influence;**
- **Fully integrate all provisions of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions into national legislation. Refuse any industry's participation into the policy-making around the Code. Set up an independent monitoring system of Code violations and sanctions for Code violators;**
- **Revise pre- and in- service curricula to include adequate, scientific information on breastfeeding as well as material on the International Code of Marketing of Breastmilk Substitutes;**
- **Undertake more efforts to accredit more baby-friendly hospitals, both in public and private sector;**
- **Ratify ILO Convention 183, ensure that all women can benefit from at least 14 weeks of paid maternity leave and are entitled to paid breastfeeding breaks upon their return to work;**
- **Collect data on ARV coverage for pregnant women living with HIV and adopt a clear policy on HIV and Infant feeding, in accordance with the WHO "Guideline updates on HIV and Infant Feeding" ;**
- **Use the Operational Guidance on Infant Feeding in Emergency as a basis for developing an operational emergency response plan that ensures an adequate protection of Breastfeeding.**

1) General points concerning reporting to the CRC

In 2019, the CRC Committee will review Singapore’s combined 4th and 5th periodic report.

At the last review in 2011 (session 56), the CRC Committee referred specifically to breastfeeding in its [Concluding Observations](#), recommending Singapore to “strengthen its awareness raising efforts on the importance of exclusive breastfeeding of children up to the age of 6 months. The Committee also calls on the State party to ensure that the main maternity hospital meets the standards and is certified under the Baby Friendly Hospital Initiative (BFHI); to review, strengthen and enforce the local SIFECs code, and adopt and implement the International Code of Marketing of Breast-milk Substitutes; to include breastfeeding breaks in its maternity legislation, and consider ratifying ILO Convention No. 183 (2000) on maternity protection in the workplace.” (§57)

2) General situation concerning breastfeeding in Singapore

General Data

	2015	2016	2017
Annual number of birth, crude (thousands)	50	No data	No data
Neonatal mortality rate (per 1,000 live births) ¹	1	1	1.1
Infant mortality rate (per 1,000 live births) ²	2.1	2.2	2.2
Infant – under 5 – mortality rate (per 1,000 live) ³	2.7	2.8	2.8
Maternal mortality ratio (per 100,000 live births) ⁴		10	
<i>Delivery care coverage (%):</i>			
Skilled attendant at birth ⁵	99.6	99.6	No data
Institutional delivery ⁶			
C-section	No data	No data	No data
Stunting (under 5 years)	No data	No data	No data
Wasting (under 5 years)	No data	No data	No data
Overweight (under 5 years)	No data	No data	No data

¹ Data retrieved from UNICEF: <http://data.unicef.org/>

² See above

³ See above

⁴ See above

⁵ See above

⁶ See above

Breastfeeding data

	2011	2016	2017
Early initiation of breastfeeding (within one hour from birth)	No data	No data	No data
Exclusive breastfeeding under 6 months ⁷	0.9%	No data	No data
Introduction of solid, semi-solid or soft foods (6-8 months)	No data	No data	No data
Bottle-feeding	No data	No data	No data
Continued breastfeeding at 2 years	No data	No data	No data
Median duration of breastfeeding ⁸	1.8	No data	No data

The general situation depicted by the latest data on breastfeeding in Singapore is alarming, with less than 1% of babies breastfeed exclusively at 6 months, and the median duration of breastfeeding being only 1.8 months. Breastfeeding rates in Singapore started to decline in the 1950s, and hit its lowest point in the 1970s. Since then, formula feeding became the norm in the country and heavy violations of the International Code of Marketing of Breastmilk Substitutes continue to take place. The 2011 national survey found that mothers cited milk supply as the top reason to stop breastfeeding before the 6 months mark, while 12% of them mentioned inadequate facilities at the workplace to continue breastfeeding. This situation can be explained by multiple factors, such as the aggressive marketing performed by the industry in the country (**See Annex**); a lack of information and breastfeeding support to mothers as well as a lack of maternity protection regulations.

Since 2011, government efforts have been reported. For instance, in 2012, the Health Promotion Board mandated that formula could no longer be given for free in hospitals and in 2013/2014, three hospitals were accredited as “Baby Friendly” in the country. Nevertheless, the lack of recent monitoring makes it difficult to assess the impact of the measure. Collecting data on the main indicators concerning breastfeeding is crucial to assess whether the situation is improving or not, and hence the level of success of government and civil society’s interventions to promote, protect and support breastfeeding.

⁷ Source: WBTi, p.34

⁸ Source: WBTi p.35

3) Government efforts to encourage breastfeeding

National policies⁹

Singapore’s health promotion board recommends exclusive breastfeeding for the first six months and continued breastfeeding up to 2 years. The country also has a national breastfeeding committee, headed by a coordinator which should monitor and review progress on a regular basis. Nevertheless, no action plan was ever developed to implement the policy. Therefore, it is difficult to assess what is the basis for action of the breastfeeding committee. It would be commendable for Singapore to develop a national plan based on its current policy and ensure adequate funding for it.

Information campaigns¹⁰

There is no comprehensive national Information, Education and Communication (IEC) strategy for improving infant and young child feeding in Singapore. On the other hand, promotional activity from the industry is everywhere, as it can be seen from the violations in the Annex to this report. This can lead to a great knowledge gap in mothers and families on infant and young child feeding. It is therefore important for a national IEC policy to be drafted and implemented. The information provided in pamphlets or posters should be vetted before distribution to the public for accuracy and consistency. Additionally, it should be ensured that hospitals do not receive financial incentives from the industry to promote artificial feeding and that all the information they provide to mothers is free from commercial influence. Lastly, all educational materials and papers produced by health professionals should not be sponsored by formula/infant food companies, these should also be vetted. Implementing such measures could be a critical step forward in improving breastfeeding rates in the country.

The International Code of Marketing of Breastmilk Substitutes¹¹

Singapore implements few provisions of the International Code of Marketing of Breastmilk Substitutes through the “Sale of Infant Foods Ethics Committee Singapore Code” (SIFECS Code). The SIFECS Code was last updated in January 2019, and mentions that all stakeholders,

⁹Sources WBTi : https://www.moh.gov.sg/.../management_of_breastfeeding_for_fullterm_infants.pdf ; https://www.moh.gov.sg/.../management_of_breastfeeding_for_preterm_infants.pdf; Health Promotion Board, www.hpb.gov.sg

¹⁰ Sources WBTi : <http://www.moh.gov.sg> ; <http://www.hpb.gov.sg> ; <http://www.hpb.gov.sg/HOPPortal/health-article/12140> Healthy Start for Your Pregnancy ; <http://www.hpb.gov.sg/HOPPortal/health-article/12206> Healthy Start for your baby ; <http://babyfriendly.org.sg/> Baby Friendly Hospital Initiative ; https://www.moh.gov.sg/content/moh_web/home/pressRoom/Parliamentary_QA/2013/baby-friendly-hospital-initiative.html ; <http://www.hpb.gov.sg/HOPPortal/health-article/7112> Sales of Infant Food Ethics Committee Singapore

¹¹ Sources WBTi : <http://www.hpb.gov.sg> ; <http://www.hpb.gov.sg/HOPPortal/health-article/7112>

identified as: the Infant Nutrition Industry, Professionals Associations; Retailers; Healthcare Institutions; Healthcare Personnel and Government Authorities, are obligated to adhere to the Code. The last update includes an expansion of the scope from the current 0-6 months to 0-12 months, expansion of sponsorship restrictions for healthcare institutions, introduction of a penalty framework and the expansion of infant formula labelling in the Sale of Food Act.

The revision of the SIF ECS Code can be considered as a step forward, but it remains weak as it is not a national law but a Code of Ethics. Additionally, various members of the industry participated in the revision of the SIF ECS and are members of the Sale of Infant Foods Ethics Committee. This translates into a weak Code, implementing only few provisions of the International Code of Marketing of Breastmilk Substitutes. The numerous loopholes allow for numerous violations of the Code (see **Annex**). The revised SIF ECS Code has been effective since January 1st 2019, with a one year grace period for compliance, until January 1st 2020. It is desirable for Singapore not to accept Industry's participation into the policy-making around the International Code of Marketing of Breastmilk Substitutes and to translate its provisions into national legislation including strong sanctions for violators.

Monitoring of national policies and legislation¹²

As Singapore does not have a national policy on infant and young child feeding, there is also no national surveillance program that collects data on either breastfeeding rates or the International Code of Marketing of Breastmilk Substitutes. Such a mechanism should be established and should collect data on breastfeeding as well as information on Code violations.

Courses / Training of Health Professionals¹³

Unfortunately, infant and young child feeding is not well addressed in the training of health professionals. Concerning pre-service education programmes, the material on infant and young child feeding is inadequate as it does not contain sufficient information on breastfeeding and the International Code of Marketing of Breastmilk Substitutes. This gap in education could leave future health professionals unprepared for assisting mothers with breastfeeding and countering the heavy presence of the industry in Singaporean health facilities. This weakness of the curricula persists when it comes to in-service training, which are contain insufficient information in the area of infant and young child feeding well as Code implementation. Both

¹²Sources WBTI : <http://www.hpb.gov.sg> ; <http://www.babyfriendly.org.sg> ; <https://www.moh.gov.sg/.../baby-friendly-hospital-initiative.html> ; <http://www.singstat.gov.sg/publications/statistics-singapore-newsletter> - Sep 2013. Prevalence of Breastfeeding in Singapore

¹³ Sources WBTi : <http://www.hpb.gov.sg> ; <http://www.moh.gov.sg>

pre-service and in-service curricula should be revised to include adequate, scientific information that is free of commercial influence, as well as measures to take to maximize successful breastfeeding as well as information on the SIFECs Code and International Code of Marketing of Breastmilk Substitutes. Additionally, it would be helpful for health professionals if national standard guidelines for mother friendly childbirth and support were established, including breastfeeding support.

4) Baby-Friendly Hospital Initiative (BFHI)¹⁴

In 2015, when the WBTi assessment was conducted, only 3 out of 9 hospitals in Singapore were designated as “Baby Friendly,” that is 33%. They were all re-accredited in 2016 and 2017 and 1 private hospital was successfully accredited in 2019, which marks a significant progress in Singapore’s breastfeeding situation.

Nevertheless, more efforts should be undertaken to ensure that all public hospitals implement the Ten Steps to Successful Breastfeeding and are well informed about the accreditation process for BFHI. Additionally, efforts must be continued to engage private hospitals in the process and encourage them to implement the Ten Steps to Successful Breastfeeding.

5) Maternity protection for working women¹⁵

Women employment in Singapore has been increasing for the past ten years and now accounts for 45% of the workforce. Increasing proportion of women in the workforce means that they need to have access to adequate maternity protection measures and breastfeeding support upon return to the workforce.

Maternity leave

Singapore has not ratified ILO Convention 183 (2000) on maternity protection. Currently, maternity leave protection and benefits are provided for under the Child Development Co-Savings Act (part III) and the Employment Act (Part IX). Mothers are eligible to 16 weeks of paid maternity leave if they meet the following criteria: (1) The child is a Singapore citizen; (2) the mother has served her employer for a continuous period of at least 3 month before the birth of her child or, if she is self-employed, has been working for at least three months and would lose

¹⁴ Sources WBTi : www.babyfriendly.org.sg ; <https://www.moh.gov.sg/.../baby-friendly-hospital-initiative.html>

¹⁵ Sources WBTi : <http://www.mom.gov.sg/legislation/employment> ; <http://www.mom.gov.sg/legislation/workplace-safety-and-health>

income during her maternity leave; (3) the mother has given her employer at least one week notice before going on maternity leave, and informed them as soon as possible of the delivery.¹⁶ If such notice is not given, the mother is only entitled to half her salary during the period of her maternity leave. If those three conditions are met, and this is a women's first or second child, the employer will pay for the first 8 weeks of the leave, while the other half is reimbursed by the government. In case of a third or subsequent birth, the whole duration of the maternity leave is covered by the government.¹⁷

If one of the three conditions is unmet, for instance, when the child will not be a Singaporean citizen, but the mother satisfies the other two criteria, she will be entitled to 12 weeks of maternity leave but only if this is her first or second child. Additionally, the first 8 weeks of leave will be paid by the employer but the last four weeks of her leave can be unpaid, at the discretion of her employer.¹⁸ These conditions also apply if the child is a Singaporean citizen, the mother is working, but she is not legally married to the child's father.

Singapore's maternity leave legislation is problematic as it discriminates between different groups of working women. It would be commendable for the State to ratify ILO Convention 183 on maternity protection and ensure that at least 14 weeks of fully paid maternity leave be available to all women working in Singapore, regardless of the child's nationality or whether she is legally married to the child's father.

Paternity leave

From January 1st 2017, fathers are entitled to 2 weeks of paternity leave, funded by the government, if they meet the following requirements: (1) His child is a Singapore citizen; (2) he has been lawfully married to the child's mother since the child's conception; (3) he has served his employer for a continuous period of at least three months before the birth of his child or, if he is self-employed, has been working for at least three months and has lost income during the paternity period.¹⁹

Additionally, if the father meets those requirements, he is also eligible to up to four weeks of shared parental leave, meaning that his wife can decide to give such time up from her own maternity leave.²⁰

The paternity leave legislation in Singapore should be improved to allow all fathers working in Singapore to paid paternity leave.

¹⁶ <https://www.mom.gov.sg/employment-practices/leave/maternity-leave/eligibility-and-entitlement>

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ <https://www.mom.gov.sg/employment-practices/leave/paternity-leave>

²⁰ Ibid.

Breastfeeding breaks

Singaporean mothers are not entitled to specific breastfeeding breaks. They are allowed to breastfeed or express milk during regular breaks, when they have time. This is highly problematic, as it impairs a mother’s possibility to continue breastfeeding upon her return to work. The State should ensure that all working mothers are entitled to paid breastfeeding breaks upon their return to work, and provide mothers with adequate nursing facilities on site.

6) HIV and infant feeding²¹

It is estimated that, in 2017, 7600 adults were living with HIV in Singapore. Of those, approximately 700 are women. 77% of them are reportedly receiving antiretroviral therapy (ART). Nevertheless, there is no data regarding the ART coverage of pregnant or lactating women.²² Data on the matter should be collected. Additionally, there is no specific policy on infant feeding and HIV. **Singapore should consider the possibility that HIV-positive mothers who receive ART and have adequate support and follow-up, including ART for the baby, be allowed to exclusively breastfeed for 6 months, with possible continuation of breastfeeding and complementary feeding for one or two years, as recommended by the 2016 WHO “Guideline updates on HIV and Infant Feeding.”**

7) Infant feeding in emergencies (IFE)²³

There are currently no Singaporean policies dealing with nutrition and IYCF during emergencies and natural disasters. Singapore should consider holding consultations with relevant stakeholders on the matter, in order to formulate a clear emergency response plan that ensures an adequate protection of breastfeeding and proper management of artificial feeding, as outlined in the **Operational Guidance on Infant Feeding in Emergencies.**²⁴

²¹ Source WBTi: <http://www.hpb.gov.sg/HOPPortal/health-article/1416> Pregnancy and HIV ; <http://psh.sagepub.com/content/23/1/38.full.pdf> Pregnancy Outcomes in HIV-positive Women in Singapore. Proceedings of Singapore Healthcare. Volume 23. Number 1. 2014.

²² <http://www.unaids.org/en/regionscountries/countries/singapore/>

²³ WBTi (2015) p.30

²⁴ The last updated version of the IFE Operational Guidance was published in 2017 and is available online at: www.ennonline.net/operationalguidance-v3-2017

ANNEX:
Examples of violations of the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions reported in Singapore between 2014 and 2017 by IBFAN-ICDC.²⁵

Code Article 11.3 – Minimum Requirement: “Independently of any other measures taken for implementation of this Code, manufacturers and distributors of products within the scope of the Code should regard themselves as responsible for monitoring their marketing practices according to the principles and aim of this Code, and for taking steps to ensure that their conduct at every level conforms to them.

Abbott:



Through the Abbott Strong Mums Club, mothers are courted with samples of Similac Total Comfort 2. Coupons offering price reductions, gifts such as mittens, face towels and baby slings featuring product names and logos are also offered as incentives. Gifts are sent directly to homes of mothers who signed up to the club. Even though follow-up formulas are not covered in the scope of the narrow Singapore Code, samples of these products are sent to mothers before their babies are old enough to be fed these products. This is a dangerous practice, as follow-up formulas are not suitable for babies below 6 months. Additionally, through Abbott Strong Mums, mothers are also enticed to make minimum purchases of Similac products to the tune of SGD150-180 to get a choice of gifts which include discount coupons or toys. These offers are made through ads on Abbott’s Facebook page. Other Strong Mums Facebook

²⁵ These examples were all retrieved from Breaking the Rules, Stretching the Rules 2017 global monitoring report, IBFAN-ICDC, 2017

bargains offer a “buy 6 get 1 FREE special.” Purchases can be made through a major supermarket chain.

Promotion to the public and in shops – Article 5.1 of the Code prohibits advertising and all other forms of promotion of products under the scope of the Code. Articles 5.2 and 5.4 prohibit companies from giving samples and gifts to mothers. Article 5.3 bans promotional devices at the retail level. Article 5.5 prohibits marketing personnel from seeking direct or indirect contact with pregnant women and mothers.

In Singapore, gifts of food cutters, mashers and cutlery are offered with the purchase of **Similac Total Comfort** at the stage when babies start complementary feeding. Additionally, **Similac IQ Plus** are sold in twin pack offer packs that tells shoppers that the products “*nourish the mind and stimulate the senses.*”



FrieslandCampina uses its new *LockNutri* technology to promote its **Friso** range of formula milks. *LockNutri* also appears on **Friso** formula labels as a promotional device. Described as an advanced production technology that protects native protein structure against overheating, Friesland claims *LockNutri* allows for easier absorption of nutrients for tissue building and growth.

A motherhood magazine advertises **Enfamil A+ Stage 2** as containing “360° DHA Plus” that are “*important building blocks for brain and eye development*”.



Promotion in health facilities and to health workers - Article 6.2 bans the promotion of products within the health care system. Article 6.3 prohibits the display of products, placards and posters or the distribution of company materials unless requested or approved by the government. Article 7.3 provides that there should be no financial or material inducement to health workers to promote products. WHA resolutions 58.32 (2005) and 65.60 (2012) call on countries to ensure that financial support and other incentives for programmes and health workers do not create conflicts of interest.



A brochure entitled, “A happy world, brought to you by **Similac Total Comfort**” tells mothers that the “small gentle proteins” in the product offers complete “nutrition with a gentle touch” so that they can focus on the joys of parenthood with the assurance that they are giving their babies the very best.



Danone-**Dumex** screening a continuous 2-minute video clip on infant feeding in the waiting room of a private clinic. The clip showing cute young babies focuses on brain development in the first 2 years of life and the importance of good nutrition. Although no product name is mentioned, the **Dumex** logo is clearly visible to establish a link with its products to parents at the busy clinic.



A medical hospital specialising in baby delivery has special nooks and corners for children to play and FrieslandCampina provides toys and gadgets to amuse them. Not only do the containers bear the Friso name, the lids actually have the same colour and logo of **Friso Gold 2**



One private hospital allows Abbott to provide elaborate gifts to new mothers soon after delivery. These gifts, marked with the **Similac** brand logo, are normally delivered in a small ceremony with the company representative in attendance. With mum and the new born baby as the centre of attention, a photo session follows with dad and hospital staff. The fact that Abbott is being given the best available opportunity to reach out to new parents with various marketing strategies is lost on the hospital. Parents and family members appear to be oblivious that they are targets of unethical promotion.



In a similar fashion, in 2016, Danone **Dumex** celebrated Singapore's 50th year of nationhood by embarking on a gifting spree to new mothers at a private hospital. A company rep visits new parents to present hampers containing products such as Mamil Mum, towels, toys and other gifts. The double heart logo which is the trademark for **Dumex** products, is prominently displayed on the hamper. This unrestricted access provides a wonderful opportunity for **Dumex** to promote its products and to earn goodwill among new parents with the full endorsement of the hospital.

Promotion of growing-up milks: The Guidance on ending the inappropriate promotion of foods for infants and young children issued by WHO in May 2016 reaffirms that breastmilk substitutes should be understood to include any milks that are specifically marketed for the feeding of infants and young children up to the age of 3 years including follow-up formula and growing-up milk. Through this Guidance, it becomes clear that growing-up milks are covered by the scope of the Code and should not be promoted, something industry has been disputing for many years.



Isomil Intelli-pro product is put on special promotion around the same time that growing-up milks are confirmed to be breastmilk substitutes by WHO.

Retail outlets often run special promotions for Danone's product range from Nutricia's Aptamil to Dumex's Mamil Gold and while the Facebook page for Aptamil claims the product is rich with DHA, scientifically tested to support your child's brain and eye development.

