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Centro de Documentación sobre Alimentación Infantil y Nutrición Materna

Clearinghouse on Infant Feeding and Maternal Nutrition

Centre de documentation sur l'alimentation infantile et la nutrition maternelle

AMERICAN PUBLIC HEALTH ASSOCIATION
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Clearinghouse on Infant Feeding and Maternal Nutrition

Centre de documentation sur la nourriture du nouveau-né et la nutrition de la mère

Centro de Documentación sobre Alimentación Infantil y Nutrición Materna

AMERICAN PUBLIC HEALTH ASSOCIATION

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Legislation and Policies to Support Maternal and Child Nutrition

Report No. 6

June 1989

AMERICAN PUBLIC HEALTH ASSOCIATION • INTERNATIONAL HEALTH PROGRAMS • 1015 FIFTEENTH ST., N.W., WASHINGTON, D.C. 20005, USA

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We gratefully acknowledge the special contribution of Ms. Patricia Manchew, of the Caribbean Food and Nutrition Institute, to this edition.

Information for this report was compiled and analyzed by Elizabeth Nobbe. The final report was prepared for publication by Catherine Young.

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Legislation and Policies to Support
Maternal and Child Nutrition

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FOREWORD

This report was produced by the staff of the Clearinghouse on Infant Feeding and Maternal Nutrition, which publishes the bulletin Mothers and Children and also maintains a data base on maternal-child nutrition, primary health care, and related topics. Information from the collection is distributed to policymakers, health practitioners, program planners, researchers, and other interested individuals and organizations.

The Clearinghouse also collects information about legislation and policies to protect women and children, the findings of which we publish each year in this report. This edition presents data on 159 countries. The body of the report covers

1. Provisions to support mothers in the workforce (yellow pages).

2. Policies to promote breastfeeding and support maternal and child nutrition (green pages).

3. Steps taken at the national level to legislate a code of marketing for breastmilk substitutes (blue pages).

Also in this report are a chart that highlights legislation and programs, a key to acronyms, a guide to additional information, and a bibliography. Photo copies of references are available upon request.

The most noticeable trend in the last year's activities to implement the WHO/UNICEF Code has been the number of countries that either appointed government committees to study the Code or have had government committees study the Code and draw up national codes that are pending before their national legislatures. In some cases, we have been advised, governments have stalled action when the moment for lawmaking arrived. The next year will tell how seriously committed the recent arrivals in this category are to signing the Code into law.

The Clearinghouse welcomes readers' additions to this report, which is updated annually. Information for the next report should be received at the Clearinghouse by February 28, 1990.

The Clearinghouse on Infant Feeding and Maternal Nutrition is supported by the Office of Nutrition, US Agency for International Development.

LEGISLATION AT A GLANCE

COUNTRY	MATERNITY LEAVE POLICY	STATUTORY PROVISIONS FOR CRECHES/ NURSERIES	STATUTORY PROVISIONS FOR NURSING BREAKS AT WORK	WHO/UNICEF CODE ADOPTED (RATED 1-8*)	CURRENT BREASTFEEDING PROMOTION PROGRAMS: GOVERNMENT PROGRAMS	CURRENT BREASTFEEDING PROMOTION PROGRAMS: NONGOVERNMENT PROGRAMS
REGION: WORLDWIDE						Wellstart International Lactation Management Education Program: Training for health professionals
REGION: AMERICAS						
Caribbean Region						Caribbean Food & Nutrition Institute (CFNI): Produces educational materials, trains, & monitors & promotes breastfeeding in region, publishes Cajanus
Antigua/Barbuda				7	MOH: through MCH program	
Argentina	x	x	x	4		NuNu (PVO): Counselling & promotion of breastfeeding, code monitoring, advocacy
Bahamas	x			4	MOH: through MCH program	
Barbados	x	None	None	7	MOH: through MCH program	
Belize				7	MOH: through MCH program	Breast Is Best League (PVO): counselling, promotion, support groups
Bolivia	x	x	x	4		CRS, Caritas (PVOs), PRITECH: through mothers' clubs project (1987)

Key to Code:

1 = WHO/UNICEF Code in effect as law.
2 = Some of the Code in effect as law.
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Brazil	x	x	x	4	MOH & other ministries: National Program (1981-85) established support, promotional & educational activities	National Program established 19,953 mothers' support groups with 101,590 participants by 1985. Support groups continue
British Virgin Islands						
Canada	x	None	None	2, 8	MOH: through MCH program MOH: produces educational packets for health workers (1981); guidelines on infant feeding (1986); advocacy for breastfeeding in guidelines on family centered maternity care (1988)	Network of mothers' support groups INFACT, La Leche League (PVOs): education
Chile	x	x	x	6	o MOH: new National Campaign (1986-) o MOH: through MCH program (1981-) o Monitoring	
Colombia	x	x	x	2	MOH: intensified campaign through National Child Survival (1985-)	o Javeriana Univ.: data collection
Costa Rica	x	x	x	6, 7	o MOH & other ministries: "War on the Bottle" (1986-90) o National survey every 4 years	
Cuba	x	x	x	3	o MOH: through MCH program o MOH: Changes in curricula & hospital practices, continuing education for health professionals, conference (1988)	
Dominica				5	MOH: through MCH program	
Dominican Republic	x	x	x	2	MOH & National Commission on Breastfeeding: milk banks, national survey, training (1984-87)	o CRS/Caritas, SSID (PVOs): breastfeeding promotion part of growth monitoring programs, training, posters o ProFamilia & Centro de Investigación Familiar: support breastfeeding

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Ecuador	x	x	x	2	MOH: through PREMI Child Survival (1985-)	
El Salvador	x	x	None	6	MOH & CALMA: mothers' groups, legal support	o CALMA (PVO): training, materials, government adviser o La Leche League (PVO): training o UNICEF, INCAP, WHO, the Red Cross: support breastfeeding
Grenada	x				o MOH: through MCH program o Grenada National Food & Nutrition Council: promotion	
Guatemala	x	x	x	1	o MOH & CONAPLAN: coordinate intersectoral training, publishing, research; establish milk banks & extraction centers (1987-) o With PAHO, through Child Survival Mass Media Campaign (1987-)	o La Leche League: training o ASCESA (PVO): develop materials
Guyana	x			4	MOH: through MCH program	
Haiti	x	x	x	7		
Honduras	x	x	x	4	o MOH, Social Security Institute, National Welfare Board: PROALMA (1987-1990)	o Honduran Breastfeeding Association (1986-) o La Leche League, Meals for Millions, CARITAS, CEDEN
Jamaica	x			4	MOH: through MCH program	CFNI: materials, training, monitoring, advocacy, publishes Cajanus
Mexico	x			1	Instituto Nacional Salvador Zubiran: research, materials, promotion component of nutrition intervention program	La Leche League (PVO): counseling, support groups, radio, booklets, flyers
Nicaragua	x	x	x	2	o MOH & other ministries: Issue guidelines o National Commission for Breastfeeding Promotion (1980-)	o CISAS (PVO): training o CEPAD (PVO): promotion component part of PHC activities

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Panama	x	x	x	7	o National Commission for Breastfeeding Promotion (1983-) o Multisectoral National Breastfeeding Promotion Program (1983-86) o MOH & others: through National Child Survival (1987-)	
Paraguay	x	x	x	7		
Peru	x	x	x	1	o MOH: Hospital Practice Workshop (produced guidelines) o MOH & USAID: through Child Survival (1987-)	o Perú Mujer (PVO): booklets, posters, data collection o Comité Peruano Pro-Alimentación: booklets, posters, data collection
St. Kitts & Nevis				4	o MOH: through MCH program o National Commission on Breastfeeding	
St. Lucia				4	MOH: through MCH program	
St. Vincent				7	o MOH with Joint Nutrition Support Program o National Commission on Breastfeeding	
Trinidad & Tobago	x			2, 5	o MOH: through MCH program o National Commission on Breastfeeding	
United States				5	o Surgeon General's Workshop on Breastfeeding & Human Lactation (1984) o Follow-Up Report & Recommendations (1986)	The Informative Breastfeeding Service (PVO): support groups, publishes T.I.B.S. News o La Leche League (PVO): peer counselling o Healthy Mothers, Healthy Babies Coalition (federal, state, local, private agencies): produces materials, helps coordinate activities. State coalitions conduct mass media campaigns. o Action for Corporate Accountability: monitoring, spearheads activity
Uruguay	x	x	x	6		

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Venezuela	x	x	x	2		
REGION: AFRICA						
Regional						IBFAN Africa: educational materials training, advocacy
Angola	x					Organization of Angolan Women (mass organization): organized daycare
Benin	x	x	x	2		
Botswana	x		x	6		
Burkina Faso	x		x	7	MOH: through MCH program (1987-)	
Burundi	x		x			
Cameroon	x		x	4		
Cape Verde					MOH: through former Save the Children Program (1987-)	Save the Children/Sweden: Preventive Care Program (1977-87)
Central African Republic	x		x	4		
Chad	x		x	4		
Congo	x		x	4		CARE: through nutrition education project (1987): produces video and audiotapes
Djibouti	x	None	x	2	MOH: through MCH program (1987-)	
Equatorial Guinea	x					
Ethiopia	x			2	MOH: distributes educational kits & brochures	
Gabon	x	x	x	6		

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Gambia				4	o MOH: through MCH program o Awareness campaign (1988-) o Gambia Food & Nutrition Association & MCH: awareness campaigns, advocacy o Survey (1988-)	
Ghana	x		x	7		
Guinea	x			2, 4		
Guinea-Bissau				2		
Ivory Coast	x		x	6, 8	MOH: national campaign (1983)	WHO, UNICEF, USAID, the Association of the Ivory Coast, & the International Women's Committee of African Women for Development: support breastfeeding
Kenya	x			1	MOH with UNICEF: through child survival	Breastfeeding Information Group (BIG): materials, training, radio
Lesotho	x		x	4		
Liberia	x			4	MOH: through existing health & nutrition programs	Breastfeeding Advocacy Group (PVO): support groups, educational materials, government adviser
Madagascar	x		x	2	MOH: through health education program	
Malawi	x		None	4	o MOH: through national nutrition education program o Training for health educators (1988)	
Mali	x		x	7		
Mauritania	x		x			

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Mauritius	x	None	x	4	o MOH & NGOs: Training (1987) o MOH: through expanded PHC program (1988-)	o MAPBIN (PVO): educational materials, training, monitoring, advocacy, publishes MAPBIN Info o UNICEF: made breastfeeding priority (1983-1986). Next 5 year plan will also promote it
Mozambique	x	x	x	2, 3, 4	Health & nutrition programs under assault by South African-backed MNR insurgents	
Niger	x	x	x			
Nigeria	x	None	x	4	MOH: proposal for intensive national program submitted (1987)	
Rwanda	x	None	x	3		
Sao Tomé e Príncipe	x	None	None	2	MOH: through Maternal-Infant Protection Program (classes, radio broadcasts) (1987)	
Senegal	x		x	7		
Sierra Leone				4		
Somalia	x		x	5	o MOH & FAO: through joint feeding program o Produced Somali version of Manual on Feeding Infants & Young Children	
South Africa						
Sudan	x	None	x	6		
Swaziland	x		x	4		Swazi Breastfeeding Group (PVO): counseling, support groups
Tanzania	x		x	6		
Togo	x			3		
Uganda	x			4		
Zaire	x		x	2		

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Zambia	x		None	4	MOH through Nutrition Unit	o National Food & Nutrition Commission: educational materials, promotional events o La Leche League & the Breastfeeding Association of Zambia: peer counselling
Zimbabwe				2		
REGION: NEAR EAST						
Algeria	x		x	3		
Bahrain	x		x	4	MOH: mass media promotion, surveys, monitoring	
Egypt	x	x		2		
Iran	x	x	x	7		
Israel	x	x	x	2, 4		
Jordan	x	x		4		
Kuwait	x			2,5	MOH: mass media promotion, surveys, monitoring	
Lebanon	x	x	x	2		
Libya	x	x	x	3, 4	o People's Committee on Health (multidisciplinary, ongoing) special training for MCH & social workers, mass media promotion of breastfeeding, advocates for changes in hospital practices o MOH: National Health Plan (1986-90): addresses breastfeeding practices, proposes curricula changes	

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Morocco	x	x	x	7		
Oman	x			4	MOH: mass media promotion, surveys, monitoring	
Qatar				4	MOH: mass media promotion, surveys, monitoring	
Saudi Arabia	x	x	x	2, 7		
Syria	x	x	x	5		
Tunisia	x		x	2, 4		
United Arab Emirates	x		x	2, 4	MOH: mass media promotion, surveys, monitoring	
Yemen Arab Republic	x			4		
Yemen, P.D.R.	x	x	x	3		
REGION: ASIA/OCEANIA						
Afghanistan	x			7		
Australia	x	x	None	6	o National Health & Medical Research Council (1985): guidelines for MOH o States & territories: programs	Nursing Mothers Assoc.: national campaigns, educational materials, support groups, moni-monitoring, advocacy
Bangladesh				2		
Brunei				6		
Burma	x	x	None			
China, P.R.	x	x	x	3, 7	o MOH: established national goal for breastfeeding o Surveys (to monitor progress toward goal)	

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Cook Islands				5		
Fiji	x	None	None	4		
Hong Kong	x	x		2, 6		
India	x	x	x	4		
Indonesia	x			2	o BKPP-ASI o National Breastfeeding Council	o Breastfeeding Promotion Working Group, Dr. Kariada Hospital, Semarang o Mothers' Support Groups o PERINASIA (professional assoc.): workshops, advocacy o Midwives & Nurses Org. & the Consumers Union: code monitoring
Japan	x	x	x	6		
Kampuchea	x		x			
Korea, D.R.						
Korea, Rep. of				6, 7	MOH: Education & Communication Program (1983-84)	
Lao, P.R.	x					
Malaysia	x	x	None	2, 6	MOH: through MCH program	o Consumers Assn. of Penang: research & education, educational materials, workshops o PPPIM (PVO): educational materials, counselling
Mongolia	x		x	3		
Nepal	x			4		
New Zealand	x			5		
Pakistan	x	x	None	4		
Papua New Guinea	x		x	2		UNICEF: advocacy Susu Mamas (PVO): counselling, educational materials, newsletter, training

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Philippines	x	x	x	1	o MOH: intensified national promotion (1986-)	o BUNSO (professional alliance): government adviser, code monitor o Catholic Church, Consumer Movement: code monitoring
Singapore	x			8		Singapore Breastfeeding Mothers Group: meetings, classes, seminars, milk banks, educational materials
Sri Lanka	x		x	1		
Taiwan				2		
Thailand	x			6	o National Committee on Food & Nutrition: Model Mothers Program (ongoing) o MOH: Ministerial Order on Infant Feeding in Hospitals (1986)	o Mahidol University: Bangkok Breastfeeding Promotion Project (1984-86) o Family Health Institute & others: research (1984-87)
Tonga				5	o MOH & others: National Breastfeeding Program (1983-87) o National Food & Nutrition Committee	Tonga National Council of Churches, Rural Development Centre, Tonga Red Cross (NGOs): promotion
Tuvalu				4		
Vanuatu				6, 7		
Vietnam				3		
Western Samoa				4		
REGION: EUROPE						
Regional:						Regional Office for Europe of WHO organized conference on breastfeeding promotion (1987)

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Albania	x		x			
Austria	x	x	x	8	MOH: educational materials, research	
Belgium	x		None	2	Institute of Childhood & Family: promotion	
Bulgaria	x	x	x	3	o MOH: established nationwide system of milk banks o Revised curricula	
Cyprus	x	None	None	7		
Czechoslovakia	x		x	3, 7	o MOH: surveys, issues guidelines	
Denmark	x	x		6	o MOH: survey (1982), issues guidelines	
European Economic Community (EEC)				6, 9		
Finland	x			2, 6, 7		
France	x	x	x	2, 6	o Government established milk banks (1983-)	Mothers' support groups: counselling
Germany, Democratic Republic of	x	x	x	3		
Germany, Federal Republic of	x		x	8	MOH: surveys, issues guidelines	
Greece	x		x	4, 7		
Hungary	x	x	x	2, 3	MOH: established nationwide system of milk banks, carried out curricula changes, issues guidelines	
Iceland	x		None			
Ireland	x		None	8		
Italy	x	x	x	2, 7		PVOs provide information L'Associazione per l'Allattamento Materno (PVO): information & support to mothers
Luxemburg	x		x	7		
Malta	x					

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Netherlands	x		x	2, 6		Vereniging Borstvoeding Natuurlijk (PVO): information & support to mothers
Norway	x	x	x	5	MOH: issues guidelines, funds workshops, conducts surveys, produces educational materials	Mothers' support groups
Poland	x	x	x		MOH: promotion via mass media	
Portugal	x	x	x	5	MOH: information campaigns, curricula changes, educational materials (1979-1987) MOH: New Breastfeeding Initiative (1988-90)	
Romania	x	x	x	3	Government conducted 5-year study of breastfeeding to prepare national health education strategy	
Spain	x	x	x	2, 7	o MOH: issues guidelines	
Sweden	x	x	x	3, 5	o MOH: issues guidelines o National Board of Health & Welfare: designated health personnel responsible for promoting breastfeeding to new mothers	
Switzerland	x			8	MOH: surveys	o Pediatric Society: issues guidelines o Mothers' support groups
Turkey	x	x	x	2		
USSR	x	x	x	3	MOH: issues guidelines	
UK	x		x	8	o MOH: issues guidelines o Produced informational materials for for parents	o Mothers' support groups

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					GOVERNMENT PROGRAMS	NONGOVERNMENT PROGRAMS
UK (cont'd)						o Breastfeeding Promotion Group of the National Childbirth Trust: training, referrals o Baby Milk Action Coalition: monitoring, promotion, educational materials
Yugoslavia	x					

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6 = Some Code provisions in effect as voluntary measures.
7 = Code being studied by a government committee.
8 = Voluntary code prepared by baby food industry in effect.

GOVERNMENT LEGISLATION AND POLICIES ON PREGNANCY, MATERNITY, INFANT FEEDING, AND MARKETING OF BREASTMILK SUBSTITUTES

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
REGION: AMERICAS					
Caribbean Region:	A 1987 World Bank report estimates the lifetime chance of dying from pregnancy-related causes between 1975 and 1984 in the Caribbean was 1 in 140.				
North America Region:	A 1987 World Bank report estimates the lifetime chance of dying from pregnancy-related causes between 1975 and 1984 in North America was 1 in 6,366.				
South America Region:	A 1987 World Bank report estimates the lifetime chance of dying from pregnancy-related causes between 1975 and 1984 in South America was 1 in 73.				
Antigua	6 weeks before, 6 weeks after birth.		None.	None.	
Argentina	30 days before (required), 60 days after birth. Extension of 3-6 months allowed.	100% during maternity leave. Paid by social security or insurance.	Industries employing more than 50 women must set up and equip nurseries for children under 2 years.	Half hour twice a day for women in industrial and commercial establishments.	Dismissal from time pregnancy is declared and until 7 months after birth prohibited.
	Employment with social security coverage and at least 10 months' uninterrupted contributions prior to confinement to qualify.		Law not enforced. However, ÑuÑu (PVO) is taking action to report and punish violators.	Until child is 1 year old (under the National Agricultural Labor Scheme), nursing mothers are entitled to break.	
Bahamas	6 weeks before, 7 weeks after birth.	From half to two-thirds of previous earnings as per 6 wage categories during maternity leave. Paid by social security or national health insurance.	None.	None.	
	50 weeks of contributions, including 40 during past year or at least 30 during 40 weeks preceding entitlement to qualify.				

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Barbados	6 weeks before, 6 weeks after birth (number of pregnancies unlimited). 30 weeks of contributions, including 20 during the period immediately preceding request for leave to qualify.	100%.	None.	None.	
Belize			None.	None.	
Bolivia	45 days before, 45 days after birth. 4 months of contributions during 12 months preceding leave to qualify.	75% of earnings during maternity leave paid by social security or national health insurance. Additional entitlement to confinement allowance and, until child is 1 year old, a monthly nursing allowance or its equivalent in milk or food.	Required in enterprises employing more than 50 women.	1 hour a day.	Same job guaranteed.
Brazil	120 days. Paternity leave of 8 days.	100% of wages (paid by employer) or fixed amount equal to regional minimum wage (paid by social security).	Scale of enterprise and number of female employees determine which establishments must provide nursing facilities.	Half hour twice a day for 6 months; possibility of extension.	Dismissal during pregnancy and maternity leave prohibited. Workers entitled to return to former post. Industry opposes the new leave policy, claiming it will make hiring women of of childbearing age too costly, cause jobs traditionally held by women to be given to men and will nurture continued salary discrimination. One Sao

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Brazil (cont'd)					Paulo sugar processing plant demands medical certificates of sterilization before hiring any women. The owner calls the leave a "120 day holiday," saying his company cannot afford to provide it. This ignores the fact that maternity pay comes from social security funds. However, it is feared that the only beneficiaries of the new leave law will be upper class women and that the poor will not only not get the benefits but see employment opportunities eroded as well. When (in 1979) it was found that only 2% of employers in one state of Brazil were complying with the law requiring them to provide nurseries at places of work, the government developed two new regulations: all companies required to provide nurseries had to register with the Federal Department of Labor and nurseries were inspected by local authorities. A year later, nurseries had been estabished by 85% of all companies and were used by 60% of female employees who were breastfeeding.

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Brazil (cont'd)					A Presidential Decree (1986) to assist working parents created preschool services for children of civil servants (children 3 months to 6 years of age) and enforced the law requiring private enterprises to offer daycare centers to the children of female employees.
British Virgin Islands			None.	None.	
Canada	Federal government: 37 weeks. 6 months of continuous service with same employer, and 20 weeks with unemployment insurance coverage during previous year to qualify. Provincial and territorial employees except those employed by Northwest Territories are entitled to unpaid maternity leave. Leave and salary decided through collective agreements or legislation. Private Sector: 15 weeks paid plus 2 unpaid.	60% for 15 weeks. Paid by unemployment insurance.	New (Dec. 1987) federal daycare policy will make it easier for employers to get funding for nurseries at workplace. The 7-year program will double the number of spaces at daycare centers and create room for an additional 200,000 children by the mid-1990s. It includes grants and subsidies to develop nonprofit daycare facilities.	None.	Job, pension, and seniority guaranteed. According to the Canadian Advisory Council on the Status of Women (Aug. 1988), while most maternity leave laws state that women cannot be fired due to pregnancy, protection is only extended to workers who qualify for maternity leave (i.e.,unless women worked for same employer for 12 months previous, they are not protected).Council also notes loopholes in guarantee of same or comparable position promised in most jurisdictions: no law prevents employers from firing women when they return from leave, al-

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Canada (cont'd)					though redress could be sought through other labor laws in most parts of the country. Child allowance paid from birth to 18th birthday for each child.
Cayman Islands			None.	None.	
Chile	6 weeks before, 12 weeks after birth. Medical certificate required. Social insurance coverage and 13 weeks of contributions during last 6 months preceding request for leave to qualify.	100%. Paid by social security.	Required in enterprises employing more than 20 women.	2 breaks a day, not to exceed 1 hour total. Time counted as time worked. Nursing breaks not permitted to salaried employees.	Job security up to 1 year after delivery guaranteed, including right to return to former post. Pregnant women performing work potentially injurious to their health should be transferred with no decrease in wages. Sick leave at the same rate of pay as maternity leave is granted to women with seriously ill children under 1 year of age.
Colombia	12 weeks. 12 weeks of contributions, including 4 during 9 months preceding request for leave to qualify. 1 year's unpaid leave for	100% of average earnings during maternity leave. Paid by social security or national health insurance.	Employers must pay 2 percent of their payroll to the Colombian Institute of Family Welfare, an institution that builds, furnishes, and runs nurseries. Nurseries jointly administered by	Half hour twice a day for 6 months; possibility of extension. Time counted as time worked. Most women take hour long break because they must travel to daycare	Dismissal during pregnancy and for 2 months after confinement prohibited. Bureau for Labor Matters Social Security for Women and consultative committees with representation from

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Colombia (cont'd)	working mothers proposed in draft legislation (Jan. 1986).		the Institute and community committees. Availability of on-site or nearby nurseries still uneven.	facility/provider.	women's organizations, unions, and government agencies created to improve women's status.
Costa Rica	1 month before, 3 months after birth. Medical certificate stating expected due date required. Doctors in employ of state should issue certificate free of charge. Period of maternity leave is 15 days in cases of miscarriage and nonviable premature births. 1 month extension for complications. 26 weeks of contributions during 52 weeks preceding leave to qualify.	Paid by social security.	The Ministries of Labor, Public Security, and Health have child care facilities. There are over 50 government-run nurseries. Required in enterprises employing more than 30 women. Law requires that facilities be safe and approved by the Labor Ministry's Office of Security and Hygiene.	15 minutes every 3 hours or half hour twice a day. Time counted as time worked.	Dismissal due to pregnancy or lactation prohibited. Same or comparable job guaranteed. Any justified termination of women in these categories must be taken up with labor authorities. Employers found abusing law subject to fines. Employer preference for fines over compliance resulted in national breastfeeding program's instituting stiffer fines for employers who illegally dismissed women (in effect mid-1986). In March 1988 the Ministry of Culture, Youth and Sports submitted to the Legislative Assembly the Proposed Law for the Actual Equality of Women. The law covers five areas: political; social and economical (including provisions for creches, infant feeding during work hours and child care up to 6 years of age); sexual protection; education; and provisions for enforcement and revision.

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Cuba	18 weeks. 6 before, 12 after birth. Possibility of obtaining a 1 year (unpaid) leave with job security. 75 days active employment during 12 months preceding leave to qualify.	100%. Paid by government.	None.	None.	Pregnant women and mothers of children up to 1 year are exempt from overtime, double shifts, and duty away from workplace. Prenatal medical and dental treatment provided. To ensure that babies receive proper medical care, the government gives mothers 1 day of paid leave to visit the pediatric clinic during the first year.
monthly					
Dominica	3 weeks before, 9 weeks after birth.		None.	None.	
Dominican Republic	6 weeks before, 6 weeks after birth. 30 weeks of contributions during 10 months preceding leave to qualify.	100%. Paid by employer. If worker is covered by social insurance, employer pays 50%. Additional entitlement to nursing allowance in cash or in kind.	Legislation to require factories employing more than 50 women to establish nurseries was drafted but has not been passed.	2 breaks of 1 hour each for every 8 hours of work. However, because most women are not aware of law, they do not ask employers for the breaks.	Dismissal during pregnancy and for 2 months after birth prohibited.
Ecuador	2 weeks before, 6 weeks after birth. Medical certificate stating probable delivery date required. 26 weeks of contributions during previous 12 months to qualify.	100% if social security provisions are met.	Required in enterprises employing more than 50 women. Employers absorb cost of child care workers, food, and facility.	15 minutes every 3 hours for the first 9 months after birth. In establishments without a nursery, nursing women have a 6-hour workday for a 9-month period.	Dismissal due to pregnancy prohibited. Job security during the 8-week period guaranteed. Women with pregnancy- or birth-related illnesses have jobs and salaries held for them up to 1 year. Addition-

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Ecuador (cont'd)	Draft legislation presented to National Congress in 1985 proposed extending maternity leave to 4 weeks before and 8 weeks after delivery.				al leave is unpaid.
El Salvador	Civil Service: 1 month before, 2 months after birth. Private sector: 6 weeks before, 6 weeks after birth. Medical certificate stating probable delivery date required. 12 weeks of contributions during 12 calendar months preceding confinement or 6 months' employment to qualify.	Civil Service: 100%. Private sector: 75% paid by social security, 25% paid at the discretion of the employer at beginning of leave.	None.	None.	Women may remain on leave for more than 12 weeks if need verified by medical certificate. Sick leave provisions are applicable and job must be held. Pregnant women to be re-assigned to work suitable for their condition.
Grenada	3 months after birth. 30 weeks of contributions, 20 with current employer to qualify.	100%. 2 months paid by employer, 1 month paid by social security. Single entitlements to cash maternity benefits per 2 year period, up to a maximum of 3 entitlements.	None.	None.	Dismissal due to pregnancy prohibited. Same job guaranteed if employer is notified 2 weeks before return.
Guatemala	30 days before, 45 days after birth. Applicable to all women workers in state and private enterprise under Article 102 of the Constitution.	100%. 2/3 paid by social security, 1/3 by employer.	Under Article 155, employers with 30 female workers are obliged to provide safe place for mothers to feed children under 3 years.	Half hour twice a day or 15 minutes 3 times a day during 10-month period. Time counted as time worked.	Dismissal during pregnancy and throughout nursing period prohibited. The 10-month nursing period can be extended by medical prescription up to 12 months.

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Guyana	13 weeks, consisting of the week of confinement and 6 weeks before and after. 50 weeks of contributions, including 20 during 30 weeks prior to 6th week before confinement to qualify.	60% of earnings, as per 5 wage categories, during maternity leave. Paid by social security or national health insurance.			Pregnant women are prohibited from doing harmful physical work on the job.
Haiti	12 weeks; at least 4 weeks must be before delivery and 6 weeks after, with the remaining 2 weeks taken at the beneficiary's discretion. Medical certificate stating expected delivery date required. Certificates must be granted free of charge by doctors of the Department of Public Health and Population. Possible 2-4 week paid extension for complications. Medical certificate required. 6 months of contributions during 12 months preceding entitlement to qualify. Benefits are suspended if women are discovered working during leave.	100%. Paid through insurance or by employer.	Requires enterprises employing more than 50 women to provide child care for children under 2. Employer must provide qualified staff. Centralized nurseries can be set up by a group of establishments.	Half hour twice a day or 15 minutes every 3 hours. Time counted as time worked.	Job security guaranteed during maternity and additional leave. Same job guaranteed. If a woman's work is judged to be injurious to her health, the employer must provide a different job. If no other job is possible, the woman is entitled to unpaid leave not to exceed 90 days.

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Honduras	4 weeks before, 6 weeks after birth. 2-4 week extension with full pay for complications. 75 days of contributions during last 10 preceding months to qualify. Benefits are suspended if women are discovered working during leave.	100%: 60% paid by social security, 40% by employer.	The Ministry of Labor and Social Welfare runs 9 nurseries for children from 45 days old up to 6 years; intended for children of working mothers of low income; over 1,000 children enrolled. Requires enterprises employing more than 20 women to provide a suitable place to nurse infants and care for children up to 3 years of age. They may contract with the government for such facilities.	Half hour twice a day for 6 months. Time counted as time worked.	Dismissal during leave and throughout nursing period prohibited. Women needing more than 3 months' total leave for complications receive no salary but retain their jobs during period of convalescence.
Jamaica	3 months. 14 week extension for complications or if demanded by child's state of health. Medical certificate and at least 52 weeks with with same employer at the time of leave to qualify.	100%. Paid by employer.	None. Most nurseries are privately run.	None.	Dismissal due to pregnancy prohibited. Same or comparable job guaranteed if employer is notified 3 weeks before return.
Mexico	6 weeks before, 6 weeks after birth. Social security coverage and 30 weeks of contributions during 12 months preceding leave to qualify.	100% of average earnings. Paid by social security or employer. 50% for additional leave. Paid by social security.	Required in enterprises employing more than 50 women.	Half hour twice a day.	Same job guaranteed provided work is resumed within a year of start of leave.

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Nicaragua	4 weeks before, 8 weeks after birth. 16 weeks of contributions during last 39 weeks preceding request for leave to qualify.	100%. Paid by social security or by employer.	Required in enterprises employing more than 30 women. The Nicaraguan Institute of Social Security and Welfare (INSSBI) has child Development Centers (CDIs), Rural Infant Services (SIRs), and Children's Kitchens. Mothers and fathers with participating children take part in breastfeeding education during monthly meetings. Rates charged according to to parents' income.	Half hour per day. Paid leave if no nursery is available at the work-site.	Dismissal due to pregnancy prohibited. Food rations for pregnant and lactating women are to to be increased (1988) in establishments with dining room. Women who have been deserted by their husbands or partners can claim child support deductions directly from husband's salary.
Panama	6 weeks before, 8 weeks after birth. Medical certificate and 9 months of contributions in 12 months preceding the 7th month of pregnancy to quality.	100%.	Required in enterprises employing 20+ women. This provision dependent upon employers' (financial) ability to provide such a facility and oversight of the Director General or Regional Office of Labor. The Executive Office and Social Security provide nurseries and child care centers in industrial and commercial centers, where female workers are concentrated.	15 minutes every 3 hours or half an hour twice a a day. Time counted as time worked. Employers to find means of providing break during mothers' work and offer an adequate place for them to nurse infants.	It is considered a "duty" of the state to protect the maternity and job security of women workers. Pregnant women can only be fired for just cause and with court approval. Pregnant women are prohibited from working overtime or night shifts. The law requires them to work permanent shirts and at noninjurious tasks during pregnancy. Revista LACMA, the magazine

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Panama (cont'd)			Children at these facilities receive medical care and food.		of the national breastfeeding program, wrote that the laws protecting women from unjust dismissals during pregnancy and after birth are widely known by women in the workforce, but that the laws providing for nurseries and nursing breaks are lesser known and need more publicity (1987).
Paraguay	6 weeks before, 6 weeks after birth. Extensions allowed for complications. 6 weeks of contributions during last 120 days preceding entitlement to qualify.	50% of earnings for 3 weeks before and 6 after confinement paid by social security or insurance. Additional entitlement to milk vouchers for up to 8 months if mother cannot nurse child.	Required in enterprises employing more than 50 women.	Half hour break twice a day.	Dismissal from time pregnancy is declared to end of maternity or additional leave prohibited.
Peru	45 days before, 45 days after birth. At least 3 consecutive months of contributions (or 4 nonconsecutive contributions) during 6 months preceding expected date of confinement, and registration at least 9 months before expected date to qualify except in cases of certified premature births. Leave, paid or unpaid, according to same qualifications, also ex-	100% of average daily insurable earnings during last 4 preceding calendar months. Paid by social security or employer. If total insured months is less than 4, the total contribution is averaged for leave period.	Nurseries established by law in government health facilities.	Half hour twice a day. Time counted as time worked. Women employed by major ministries have option to nurse infants for period ranging from 6 months to 1 year after birth. Women employed by Armed Forces and Police may take optional 1 hour for 6 months after birth and 2 hours for 6.5 months after birth, respectively. Employees of major universities allowed	Dismissal during last trimester and 4 months following leave prohibited.

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Peru (cont'd)	tended to fathers.			optional 1 hour nursing breaks for periods ranging from 8 months to 1 year after birth.	
St. Kitts/ Nevis	2 weeks before, 11 weeks after birth.		None.	None.	
St. Lucia	1 week before, 6 weeks after birth.		None.	None.	
St. Vincent			None.	None.	
Trinidad and Tobago	1 month before, 2 months after birth. At least 10 weeks of contributions during 13 weeks preceding the 6th week before confinement to qualify.	100%. 50% paid by national health insurance, 50% by employer.	None.	None.	T.I.B.S. (PVO) notes mothers need facilities for storing expressed milk.
USA	No policy legislated. Arrangements depend on employer, largely based on earned leave. January 1987 Supreme Court decision upheld California state law ensuring female workers unpaid pregnancy disability leave of up to 4 months and a guarantee of job security. Family and Medical Leave Act of 1987 (introduced in	100% if based on earned leave.	None. Only 150 onsite child care centers exist in all corporate America.	None.	The Pregnancy Discrimination Act of 1978 prohibits such discriminatory practices as refusing to hire or promote pregnant women, terminating pregnant women, and establishing mandatory leave arbitrarily. Two federal laws allow federal employees to work part-time after delivery. Government support for child care services is in the form of subsidies for low-income

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
USA (cont'd)	Congress February 1987) was reintroduced in 1988 and dropped from debate in Oct. The bill would have required employers of 50+ workers during first 3 years after enactment and of 35 employees thereafter to provide unpaid family leave (up to 10 weeks) and medical leave (up to 15 weeks). Employees must be employed for 1 year and work 20 hours a week to qualify. It would also ensure continued benefits (e.g., health insurance) and job security during leave.				families and 2 kinds of tax credits for the middle class. In Apr. 1988, a US Labor Department study advised the Reagan Administration that child care was not really a work force issue, since "most children are being taken care of while their mothers are at work." Other studies arrived at different conclusions, among them the Women's Bureau of the same department, which recognized that child care as the Number 1 issue for employees with families.
Uruguay	6 weeks before, 6 weeks after birth.	100%. Paid by social security or national health insurance.	Recent (1986) legislation requires employers with 20 or more female workers to provide child care and it set up national daycare project. The latter to be jointly administered by employers and workers, run by trained personnel, and financed by a fund with contributions from employers and mothers, whose contributions are not to exceed 5% of annual salary at minimum wage.	Half hour twice a day. Time counted as time worked.	Same job guaranteed.
Venezuela	6 weeks before, 6 weeks after birth. Social in-	66% of earnings during maternity leave paid by	Employers must provide nursing premises or	Half hour twice a day. Time counted as time	Dismissal during pregnancy prohibited. Same job guaran-

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Venezuela (cont'd)	surance coverage required to qualify.	social security or national health insurance.	nurseries.	worked.	teed at end of leave. Continued dismissals of pregnant workers in violation of constitutional law and international agreements to which Venezuela is a signatory prompted the Coalition of Nongovernmental Women's Organizations (CONG) to declare October 24 "The Day of Maternity Legislation" and to renew its campaign to uphold the legal rights of female workers. They pledged not to end the campaign until not only those rights were effectively protected but also until the sanctions provided under the law against employers who violate those

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
REGION: AFRICA					
Regional	A November 1982 Inter-Parliamentary Conference in which delegates from 23 African countries participated, recommended:				
	Paid leave of not less than 4 months since supplements should not normally start before that time.		Establishment of creches at workplaces to allow breast-feeding. Investigation of use of tax and other incentives for employers to make provision for maternity leave and breastfeeding.		
	A 1987 World Bank report estimates the lifetime chance of dying from pregnancy-related causes between 1975 and 1984 in Africa was 1 in 21. WIN News noted that many of those deaths were because of obstructed labor due to genital mutiliation.				
Algeria	12 weeks. 10 months' social security coverage and 120 hours in employment during past 3 months to qualify.				
Angola	90 days. Possibility of 30 day extension for complications.	100%.			Dismissal during pregnancy and for 12 months after leave prohibited. The Organization of Angolan Women, a mass organization with over 1 million members, has, among other projects, organized child care centers.
Benin	6 weeks before, 8 weeks after birth. 3 week extension for complications.	100%.		Half hour twice a day for 15 months.	Dismissal due to pregnancy prohibited.

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
	6 months' uninterrupted work with social security coverage to qualify.				Child care centers are available for children 3-5 years age.
Botswana	6 weeks before, 6 weeks after birth (compulsory).	At least 25% wages during maternity leave paid by employer.		Half hour twice a day. Unpaid.	Dismissal during maternity leave or additional leave prohibited.
Burkina Faso	14 weeks for public servants. 3 week extension for complications.	100%. Paid by employer.		1 hour a day until infants are 15 months old.	Dismissal during maternity leave prohibited.
	3 months' uninterrupted work with 1 or more employers at the time pregnancy is declared to qualify.				
Burundi	12 weeks, of which 6 weeks after birth are compulsory. Possible 2-week extension for complications.	50% during maternity leave and additional leave. Paid by employer.		Half hour twice a day.	Dismissal during maternity leave prohibited.
	6 months' employment during year preceding leave to qualify.				
Cameroon	14 weeks of leave can be taken, beginning 6 weeks before birth.	100%.		Half hour twice a day for 15 months.	Dismissal during maternity leave prohibited.
	6 months' employment with social security coverage to qualify.				
Central African Republic	14 weeks, including at least 6 after birth. 3 week extension for	50% of wages during maternity leave and additional leave. Paid by employer.		Half hour twice a day for 15 months. Time counted as time worked.	Dismissal during maternity leave prohibited.

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Central African Republic (cont'd)	complications. 6 months' employment with social security coverage to qualify.				
Chad	6 weeks before, 8 weeks after birth. 3 week extension for complications. 6 months' prior employment to qualify.	50% of average daily wage during maternity leave and additional leave. Paid by social security.		Half hour twice a day.	Dismissal during maternity leave prohibited.
Congo	6 weeks before, 9 weeks after birth. Possible 3-week extension for complications. 6 months' uninterrupted employment to qualify.	100% of wages during maternity leave. 50% paid by employer, 50% by social insurance.		Half hour twice a day until child is 15 months old.	Dismissal during maternity leave prohibited.
Djibouti	6 weeks before, 4 weeks after birth.	100% for civil servants, 50% outside civil service.	None.	1 hour before work and 1 hour after.	
Egypt	12 weeks after birth. Possible unpaid extension. Social security coverage for prior 10 months to qualify.	100% for 12 weeks.		Half hour twice a day until child is 18 months old.	Dismissal during maternity leave prohibited.
Equatorial Guinea	6 weeks before, 6 weeks after birth.	100%.			
Ethiopia	45 days after confinement. Possible 6 month extension for medically certified complications.	100%.			

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Ethiopia (cont'd)	45 days' uninterrupted employment to qualify.				
Gabon	6 weeks before, 8 weeks after birth. 3 week extension for complications. At least 4 months' employment with social security coverage to qualify.	100%. Paid by social security or insurance.	Nurseries to be established by employers.	Half hour twice a day.	Dismissal during maternity leave prohibited.
Gambia, The	Civil Service: 6 weeks before, 6 weeks after birth. Must be permanent employee to qualify.	100%. Paid by employer.	None.	None. The Women's Bureau, a government agency, says, "Mothers may make informal arrangements with employers in emergency, but this could not be done on a regular basis." The MOH says that some mothers manage to make permanent informal arrangements with employers.	The Women's Bureau notes that women who work far from home are faced with great difficulties concerning child care. The MOH said that women are concerned about the length of maternity leave, the fact that temporarily employed mothers are not entitled to leave and the need for standardized and universal maternity leave.
Ghana	6 weeks before, 6 weeks after birth. 2 week extension for complications.	At least 50% of wages during maternity leave. Paid by employer.		Half hour twice a day.	Dismissal during maternity leave prohibited.
Guinea	6 weeks before, 8 weeks after birth. Employment with social security to qualify.	100%.			Dismissal during maternity leave prohibited.
Ivory Coast	Civil Service: 6 weeks before, 8 weeks after birth. 3 week extension	Civil Service: 100%. Private sector: 50% of salary paid by employer,		Half hour twice a day for 15 months.	Dismissal during maternity leave prohibited.

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Ivory Coast (cont'd)	for complications.	50% by special fund.			
	3 months' employment with social security coverage (at the time pregnancy is declared) to qualify.				
	Private sector: leave period negotiated through collective bargaining.				
Kenya	2 months. Deducted from annual leave.	100%. Paid by employer.			
Lesotho	6 weeks after birth. Civil servants entitled to 8 weeks.			Half hour twice a day.	Dismissal during maternity leave prohibited.
	Leave may be extended by 1 month for medically certified reason.				
Liberia	6 weeks before, 6 weeks after birth. Possible 6 week extension for complications.	100%. Paid by employer.			Dismissal during maternity leave prohibited. Women so dismissed entitled to compensation.
Madagascar	4 weeks before, 8 weeks after birth. 3 week extension for medically certified complications.	Civil service: 100%. Private sector: 50%. Paid by social security.		Civil service: half hour twice a day for 4-5 months; others: half hour twice a day for 15 months.	Dismissal during maternity and additional leave prohibited.
	At least 6 months' uninterrupted work with one or more employer and social security coverage at the time leave is requested to qualify.				

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Malawi	Civil Service: 3 months. Must be permanent employee to quality.	100%. Paid by employer.	None.	None, other than within 1-hour work break.	
Mali	14 weeks. 3 week extension for complications. 9 months' employment with social security coverage to qualify.	100% during maternity leave and additional leave paid by social security.		Up to 1 hour until child is 15 months old.	
Mauritania	14 weeks. 3 week extension for complications. 12 months' registration with social security and 54 days' work during 3 months preceding leave to qualify.	50% of average daily wage for maternity and addition leave. Paid by social security or insurance.		Half hour twice a day for 15 months.	Dismissal during maternity and additional leave prohibited.
Mauritius	3 months. Medical certificate stating due date and over 12 months' uninterrupted work with same employer to qualify.		None.	1 hour or 2 half-hour breaks daily at mother's convenience. However mother must make up time lost from work to nursing.	The Minister of Health stated (Mar. 1988) that more would have to be done to make nursing convenient for working mothers to reverse the downtrend in breastfeeding.
Mozambique	2 months.	100%.	Government provides nurseries at work place. There are child care centers for children 2-6 years old.	Half hour twice a day for 6 months. Time counted as time worked.	
Niger	At least 2 weeks before, 12 weeks after birth.	50% of wages during maternity leave. Paid by social security or insurance.	Nurseries to be established by employer.	Half hour twice a day.	

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Nigeria	6 weeks before, 6 weeks after birth. Extension allowed for complications. 6 months with same employer to qualify.	100% for married government and parastatal employees. Policy variations in private sector.	None. Recommendations made but not implemented.	Government and parastatal workers may begin work 1 hour late or end work one hour early to breasfeed during first 6 months postpartum.	Dismissal for pregnancy-related illness or during maternity or additional leave prohibited.
Rwanda	2 months. A proposal has been made to lengthen leave to 3 months.		None.	1 hour per day.	Dismissal during maternity leave prohibited.
S. Tome e Principe	30 days before, 30 days after birth.	100%. Paid by social security.	None.	None.	
Senegal	14 weeks. 3 week extension for complications. 3 months' uninterreputed employment at the time pregnancy is declared to qualify.	100%. Paid by social security or national health insurance.		Up to 1 hour (unpaid) until child is 15 months old.	Dismissal during maternity leave prohibited.
Somalia	14 weeks (at least 6 after birth). At least 6 weeks' work with same employer to qualify.	50%. Paid by employer.		2 hours a day until child is 1 year old.	Dismissal during pregnancy, sick leave and until child is 1 year old prohibited.
Sudan	2 weeks before, 6 weeks after birth. Possible 6-week unpaid extension for complications.	100%.	None.	1 hour. Time counted as time worked.	

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Swaziland	6 weeks before, 6 weeks after birth.			Half hour twice a day. Unpaid.	Dismissal from time pregnancy declared until end of maternity leave prohibited.
Tanzania	6 weeks before, 6 weeks after birth.			Half hour twice a day.	
Togo	14 weeks (at least 6 after confinement). 3 week extension for complications. 12 months' social security coverage prior to leave to qualify.	100% of wages during maternity and additional leave. Paid 50% by employer, 50% by social security.			Dismissal during maternity and additional leave prohibited.
Uganda	8 weeks.Up to 2 months' extension for complications. Medical certificate required.	100% for 4 weeks.			Dismissal during maternity and additional leave
Zaire	14 weeks (at least 6 after confinement).	Two-thirds of wages during maternity leave paid for by employer.		Half hour twice a day.	Dismissal during maternity leave prohibited.
Zambia	90 days for women participating in the Pension Scheme or the National Provident Fund Scheme.	100% paid by employer with allowance from National President Fund if woman is a contributing member.	None.	None.	The MOH notes that the lack of public transport is a concern to working mothers, because added commuting time prevents them from going home at lunch and leaves less time at home in general.

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Zimbabwe					Labor Relations Act of 1985 prohibits sex discrimination. Ministry of Community Development and Women's Affairs recommended in mid-1985 that equity board be established to deal with cases of discrimination against women in the workplace and that legislation giving land rights to women be drafted.

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
REGION: NEAR EAST					
Arabian Gulf States:*	Recognizing that artificial feeding is one of the practices contributing to the persistence of malnutrition in these relatively prosperous countries, the governments have launched several initiatives to promote breastfeeding (See also Green and Blue Sections). These include entitlement to maternity leave with full pay for "not less than 45 days, which should not be deducted from their annual leave" and 1 hour each day for mothers to nurse infants at home.				
Algeria	12 weeks.	50%. Paid by social security.		Half hour twice a day; 20 minutes if facility is on premises.	Dismissal during maternity leave prohibited.
Bahrain	45 days in addition to annual leave.	100%. Paid by employer.	None.	1 hour per day. Time counted as time worked. Mothers expected to commute home, but MOH states that most mothers live close to where they work.	Dismissal during maternity leave prohibited. Care for older children is readily available at affordable kindergartens.
Egypt	3 months. May take up to 2 years. Limit of 3 pregnancies.	Unpaid.	Allowance of up to 2 years' unpaid leave considered child care provision.		
Iran	6 weeks before, 6 weeks after birth. 90 days of contributions during year preceding confinement to qualify.	67%. Paid by social security.	Required in enterprises employing more than 10 employees with infants.	Half hour every 3 hours. Time counted as time worked.	Dismissal during maternity leave prohibited.
Iraq	21 days before, 51 days after birth. Up to 9	100%. Paid by social security.	Required in enterprises employing women.	Half hour twice a day. Time counted as time	Dismissal during pregnancy, maternity leave, and sick

* Bahrain, Kuwait, Oman, Qatar, United Arab Emirates (UAE)

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Iraq (cont'd)	months' extension for complications. Additional 6 months to be taken during the first 4 years of the child's life (up to 4 times). 26 weeks of contributions during 12 months preceding probable due date to qualify.	75% of wages during extended leave, 50% during the additional 6 months. Limit of 4 leaves. Government also pays for medical expenses related to pregnancy.		worked.	leave due to pregnancy prohibited. Working mothers and their infants assured free health care under social security system. Labor Law (1972) prohibits employing women in dangerous jobs.
Israel	3 months. 10 months of contributions during past 14 months to qualify.	100%. Paid by social security.	Child care extensively developed in kibbutz system.	1 hour per day plus normal breaks. Time counted as time worked.	Dismissal during pregnancy and maternity leave prohibited.
Jordan	40 days. 180 days' work during past 12 months to qualify.	50%. Paid by employer.	The government encourages the establishment of nurseries in public and private organizations.		
Kuwait	30 days before, 40 days after birth. Up to 100 days' extension allowed.	100%. Right to annual vacation is lost. Paid by employer.			
Lebanon	40 days after birth for corporate employees; 10 weeks for others with insurance. At least 10 months of contributions prior to leave to qualify.	100% and right to annual vacation for corporate workers. 67% for insured persons. Paid by social security. Reimbursement of medical expenses during pregnancy.			Corporate employees protected from dismissal after the fifth month of pregnancy and during maternity leave.

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Libya	3 months.	100%.	Scattered, mainly in large establishments.	1 hour.	Free medical aid and care.
Morocco	12 weeks, 6 of which must be after birth. 54 days of social security contributions during 10 months preceding to qualify.	50%. Paid by social security.	Nurseries to be established by employer.	Half hour twice a day for 1 year.	Dismissal during maternity leave prohibited.
Oman	45 days.	100%.			
Saudi Arabia	4 weeks before, 6 weeks after birth. 6 month extension for complications. At least 12 months with same employer to qualify.	50% of salary if less than 3 years of service and 100% if 3 or more.	Required in enterprises employing more than 50 women.	1 hour per day plus normal breaks. Time counted as time worked.	Dismissal during maternity leave and absence due to childbirth-related illness prohibited. Up to 6 months' sick leave may be used for illness resulting from pregnancy or birth.
Syria	10 weeks. Option of extension to 2 months without pay for agricultural workers. 6 months' employment in agricultural sector, 7 months in other sectors prior to leave to qualify.	50% for agricultural workers and 70% for all others.	Required in enterprises employing 100 women.	Agricultural workers: 1 hour per day for 6 months. All others: 1 hour per day for 18 months plus normal breaks. Time counted as time worked.	Dismissal during maternity leave and for 6 months after delivery prohibited.
Tunisia	8 weeks. Option of 16 week extension at half pay. Contributions to social security during at least 2 of	100%.	Required in enterprises employing more than 50 women.	2 hours per day for 6 months; 1 hour per day for 1 year.	Women who take maternity leave are guaranteed no loss in seniority, promotion, or pension rights.

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
	the 4 quarters preceding leave to qualify.				
United Arab Emirates	9 weeks. At least 12 months' uninterrupted work with same employer to qualify. 100 days' unpaid extension, consecutive or not, for complications. Up to 100 days' sick leave may be used for illness resulting from pregnancy or childbirth.	100% for women with 1 year's service; 50% for others.		Half hour twice a day for 18 months. Time counted as time worked.	
Yemen, Arab Republic	6 weeks before, 8 weeks after birth.	70%.			
Yemen, P.D.R.	12 weeks, 10 of which must be after delivery. Possible 4 week extension.	100%.	Required in enterprises employing women.	1 hour instead of break.	

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
REGION: ASIA/OCEANIA					
Regional:	A 1987 World Bank report estimates the lifetime chance of dying from pregnancy-related causes between 1975 and 1984 in Asia was 1 in 54.				
Afghanistan	Civil servants: 30 days before, 30 after birth. Others: 30 days before, 20 days after birth. Entitlement to 3 leaves during working life.				
Australia	Women employed by state and federal agencies are eligible for maternity leave from a minimum of 6 weeks to a maximum of 1 year. One year continuous service to qualify. Additional year as part-time employee said to be "easily available only to middle class worker."	Varies from state to state. Maternity leave is usually unpaid; exceptions include Commonwealth and Victorian public services, where 12 weeks' maternity is paid 100%.	Irregular. Child care centers, both private and government subsidized, are available to mothers returning to the workforce. However, arrangements for mothers to use these centers to breastfeed their infants must be privately negotiated with employers.	None.	Entitled to return to former or comparable post. Maternity leave policies in Australia are currently under review, as are others which relate to women in the workforce. The NMAA reports (1988) that unions have become aware that breastfeeding is an important reason white collar workers do not return to work after maternity leave. The Prime Minister's Affirmative Action Plan (Feb. 1986) requires all universities, colleges, and private sector employers of 100+ employees to develop affirmative action program for women.

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Australia (cont'd)					Income Supplement paid to low-income families.
Burma	Minimum of 12 weeks' paid maternity leave. 26 weeks of contributions during 52 weeks preceding leave to qualify.	Two-thirds of wages. Paid by social security or national health insurance.	Requires enterprises employing more than 50 women to provide care for children under 6.	None.	Dismissal during maternity leave prohibited.
China	Ranging from 6 months to 1 year, according to locality.	Paid, but at less than full wage.	Trade union committees and administration are responsible for setting up a nursery where there are more than 20 children under 2. Parents contribute food only. A report on Xinhui district, in Southern China, does not state scope of nursery availability, but reports that child care is largely relegated to grandmothers "and to a lesser extent to paid elderly persons or to a factory or public nursery."	20-30 minutes every 3-4 hours. Time counted as time worked.	Study of Xinhui found that many women there prefer to return to work before end of maternity leave to "earn a more favorable wage." Workplace support for mothers has seriously eroded, according to reports in Feb. 1988: some "enterprises denied young mothers time during the workday to feed their babies. Some factories have closed their nurseries and rooms reserved for pregnant or breastfeeding women." In addition, women's federation leaders note that the workplace has generally become hostile to women. Job security for millions of women working in factories appears seriously threatened. A leader of the federation called for legal protection of women's rights (Feb. 1988).

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Fiji	Civil servants: from 6 weeks' compulsory leave up to 12 weeks, based on earned annual leave and additional leave, for first 3 pregnancies. 60-day unpaid extension allowed for complications. At least 150 days' employment during 9 months preceding leave to qualify.	100% for first 3 pregnancies. For subsequent pregnancies, time past annual leave remunerated with small daily allowance.	None.	None.	Dismissal during maternity and additional leave prohibited.
Hong Kong	Act of 1981 made paid maternity leave law.	Paid "for those who qualify."	Operated under government supervision.		Special provisions regarding working hours, overtime, and part-time work help women with family responsibilities.
India	Minimum of 12 weeks. 13 weeks of contributions during past 26 weeks and 160 days' employment during past year to qualify. Women employed by Central and State Government are paid for a period of 90 days. This may be combined with other kinds of leave, for a period of up to 60 days. Extension allowed for medically certified complications or infants' ill health.	100% for Central and State Government employees.	Requires enterprises employing more than 50 women to provide nurseries for children under 6.	2 breaks per day for 15 months. Time counted as time worked.	Dismissal during maternity leave prohibited.

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Indonesia	4 weeks before, 8 weeks after birth. 6 months of contributions during past 12 months to qualify.	100%. Paid by employer.	None. Until recently, it was not uncommon for mothers to bring infants to worksite. pro-		There are no controls of workplace safety or pollution.
Japan	6 weeks after birth. Must have employment with social insurance coverage to qualify.	60% of insured wages.	Government loans available to enterprises for expanding nursing, creche, and other child welfare facilities. Japan has 20,000 daycare centers, which look after 2 million children. However, daycare still has social stigma attached to it and the centers' 9-5 hours make it hard for all but part-time workers to use, "impossible for commuters with serious jobs." Women's groups have lobbied since the 1950s, but especially in 1963 and the early 1970s, for more nursery hours and affordable rates. Some gains were made then and state-supported daycare was more widely provided until budget cuts in the early 1980s. Subsidies were cut, responsibility for running and funding centers were cut, and barriers to enrollment were erected.	Half hour twice a day for 1 year. Time counted as time worked except for agricultural workers.	Dismissal during maternity leave and 30 subsequent days prohibited. Legislation governing maternity leave includes provision for temporary transfer to lighter work. Equal Employment Opportunity Law (April 1985) requires equal efforts from employers to recruit, hire, and promote women. Abolishes protective restrictions on overtime, work on holidays, and late-night work for women but improves protective maternity provisions.

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Kampuchea, Dem.	6 weeks before, 6 weeks after birth.	50%. Paid by employer.		Up to 1 hour. Unpaid.	
Lao People's Dem. Rep.	12 weeks.	50%. Paid by employer.			
Malaysia	Civil Service: 42 days. Private Sector: 60 consecutive days. 90 days of contributions during past 9 months to qualify. Maternity protection given to manual workers, wage earners in transport sector, and women earning less than minimum wage. Maternity leave is granted 5 times during a worker's service period.	100%. Paid by employer.	None.	None.	Dismissal during maternity leave prohibited.
Micronesia	30 days.	Paid by government.		Half-hour.	
Mongolia	45 days before, 56 days after birth. 14 day extension for multiple births and complications. Possibility of taking partly paid additional leave (25%) until child is 6 months old and unpaid until child is 1 year old.	50% of earnings if employed less than 7 months, 100% if more than 7 months. Paid by social security or national health insurance.		2 hours until child is 6 months old; 1 hour during subsequent 6 months.	Dismissal during maternity leave, nursing period, and until the child is 1 year old prohibited.
Nepal	45 days.	100%.			Study by Nepal Women's Organization found that out

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Nepal (cont'd)	Entitled to maternity leave twice.				of 100 working hours, men worked 46 hours to women's 64.
New Zealand	26 consecutive weeks (at least 20 after birth). Possibility of 10 extra days without pay before start of maternity leave. Medical certification at least 3 months in advance of due date required. The employer may decide the date on which maternity leave starts. 18 months with same employer for at lease 15 hours a week to qualify.	Weekly allowance equal to sickness benefit for 3 months. Paid by social security or insurance. In 1987 the Dept. of Health established tribunals to recommend rather than fix maternity benefit fees.			Dismissal on account of pregnancy, during maternity leave and for 26 subsequent weeks prohibited.
Northern Mariana Islands	Government workers: 2 weeks.	Paid by government.			In 1985 and '86 some 10-12% of infants seen in clinics suffered growth failure from having been fed dilute formulas. The Family Act of 1986 still awaits legislative action. The bill provides for 30 days' paid maternity leave, 5 of paid paternity leave, leave for pregnancy-related illness, parental leave, an hour for breastfeeding at work for 1 year, the use of

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Northern Mariana Islands (cont'd)					sick leave by parents to accompany children to the clinic or hospital, and job protection for women during pregnancy and lactation. It is backed by a number of public interest groups who contend that the government could save money that would otherwise be lost to time away from work because of childhood illnesses and lack of natural child spacing.
Pakistan	6 weeks before, 6 weeks after birth. 9 months' employment or 180 days of contributions during past 12 months to qualify. Benefits limited to 3 pregnancies.	100%.	Local governments may issue regulations requiring employers of over 40 women to establish facilities for children under 6.	None.	Dismissal during maternity leave prohibited. 1983 study of women in industry found majority unskilled and 50% illiterate, many recent migrants from rural areas. Few aware of protective legislation (e.g., paid maternity leave), most said to take unpaid leave for childbirth and ill health.
Papua New Guinea	6 weeks before, 6 weeks after birth.	100%.		Half hour twice a day. Time counted as time worked. A recent study (Marshall) found that many working women were unable to avail themselves of the nursing breaks because daycare is seldom nearby.	

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Philippines	Civil Service: 60 days. Minimum service period required before women may benefit. Private Sector: 45 days (at least 2 weeks before delivery). Possible unpaid extension for complications. 6 months of employment and 3 months of contributions during past 12 months to qualify. Limited to 4 pregnancies. A bill to increase maternity leave for women in the private sector was filed with the legislature in the fall of 1988. The bill would provide 120 days' leave, 30 before delivery, during which employees would receive salary and benefits. The bill also allows for extended leave and job security. Costs of benefits would ultimately be paid by social security, since it is mandated to reimburse employers for all benefits paid to employees under maternity leave.	100%. Possibility of using accumulated leave in lieu of unpaid leave. Paid by social security or insurance.	Nurseries to be established by employers; contributions also come from child protection organization. Network of 8,000 child care centers nationwide as of early 1985, up by 2,000 since 1974.	Half hour twice a day. Time counted as time worked.	Dismissal during maternity leave prohibited.
Singapore	4 weeks before, 4 weeks after birth.	100%. Paid by employer.			Dismissal during maternity leave prohibited.

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Singapore (cont'd)	180 days' employment during past 12 months to qualify. Benefits limited to 3 pregnancies.				Employment Regulations (1985) prohibit employing pregnant workers at night.
Sri Lanka	2 weeks before birth for women pregnant with first or second child, 10 weeks after birth. Women pregnant with third or subsequent child and women whose delivery does not result in live birth receive 2 weeks before, 4 weeks after birth.	100%.		Half hour twice a day for 1 year; double if no nursing facilities on premises. Time counted as time worked.	Dismissal during pregnancy or maternity leave prohibited.
Thailand	Private Sector: 60 days plus 30 days of sick leave. Civil service: 45 days plus 30 days' sick leave. Extension allowed. 180 days with same employer	Private sector: Unpaid during maternity leave; 100% during sick leave. Civil service and state enterprises: 100% during both maternity and sick leave.			Dismissal during maternity leave prohibited.

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
REGION: EUROPE					
Northernn European Region:	A 1987 World Bank report estimates the lifetime chance of dying from pregnancy-related causes between 1975 and 1984 was 1 in 9,850.				
Albania	12 to 15 weeks. Uninterrupted work with same employer for past 6 months to qualify.	75%. 95% in cases of uninterrupted employment of at least 5 years.		Half hour twice a day for 9 months. Time counted as time worked.	Dismissal during maternity leave prohibited.
Austria	1 year. Employment with social security coverage to qualify.	100% for 20 weeks.	Government provides public preschool classes, creches, kindergartens. Mothers may demand a special room for nursing.	45 minutes twice a day or 90 minutes once a day. Time counted as time worked.	Same or comparable job guaranteed. Maternity Protection Act bans night work and work imposing an unbearable physical strain on women.
Belgium	6 weeks before, 8 weeks after birth. 6 months' social security coverage, including 3 months preceding leave, and 120 days of actual or credited work to qualify. Parental leave (after maternity leave, up to child's second birthday) covered by sabbatical provision enabling any worker to apply for 6-12 months' leave to care for young children. Option for part-time leave and, if employee's position is filled by unemployed person, social security compensation.	60%. Paid by insurance.		None.	Law on labor contracts (1978) allows leave for urgent family reasons.

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Bulgaria	4 months for first child; longer periods for subsequent children. Additional leave paid at minimum-wage allowed until child reaches 2 years of age. Unpaid leave allowed until child is 3. All leave time counted as part of service period required for pension.	100%.	The government finances nurseries in or near work sites.	1 hour twice a day or one 2-hour break a day for 8 months; 3 hours if more than 1 child.	Additional leave available at minimum wage rate. Dismissal during pregnancy and 8 months following birth prohibited. Amendment to Labor Code prohibits women from performing heavy or harmful work, including overtime and night work. Pregnant and breastfeeding employees are reassigned.
Cyprus	Civil servants: 4 weeks before, 4 weeks after birth. Others: 4 weeks after birth.	Civil servants: half of leave at full pay, half at 50%. Others: 100%.		None.	None.
Czechoslovakia	4 weeks before, 22 weeks after birth for first child; 9 additional weeks for single mothers. After second and subsequent children unpaid job-protected leave may be taken until child is age 2. 270 days' social security coverage during past 2 years to qualify. (Eligibility extends up to 6 months after termination of employment).	90%.		Half hour twice a day for 6 months; possibility of extension.	Same or comparable job guaranteed. 45% of female workers have children under 15. Mothers work only morning shifts or shorter hours.

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Denmark	4 weeks before, 20 weeks after birth, 10 of which may be taken by either parent. 2 weeks' paternity leave at birth. Parental leave (after maternity leave, up to child's second birthday): 10 weeks at 90% of earnings. White collar workers may have up to 5 months, at 50% wage level. Must be insured and working for 6 months during year preceding leave, including at least 40 hours in 4 weeks preceding leave, to qualify.	90%, if insured.	Requires enterprises employing more than 25 women to provide a room to nurse infants.		Same or comparable job guaranteed.
European Economic Community	Parental leave considered time off for either parent after end of maternity leave up to child's second birthday. EEC Directive (May 1986) includes provision for minimum parental leave of 3 months per worker per child. Leave period of individual states may be fixed for longer period. Directive includes part-time option if parents and employer agree. Leave period extended proportionately. Possibility of leave being paid out of public funds. Parental leave established in 9 EEC countries (see France, Italy, Denmark, Belgium, Greece, Fed. Rep. of				A Council Directive of Dec. 11, 1986, instructed member states to consider 2 forms of relief to self-employed families: providing temporary replacements for women during pregnancy or motherhood and cash benefits under social security or some similar scheme. A report to the Commission of the European Communities by the European child care network (1988) documented inequalities in child care and family responsibility to the disadvantage of women. The report recommends 1)

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
European Economic Community (cont'd)	Germany, Luxembourg, Portugal, and Spain). UK gives no leave rights to fathers and is only member state with reservation on parental leave proposal.				that member states "develop publicly funded child care services for all parents who are employed or in training" along with minimum standards and quality control; 2) establish a minimum length for "maternity leave, parental leave for both parents at the end of maternity leave, and leave for family reason"; and 3) fund and develop a "European program on child care and equal opportunities."
Finland	35 weeks, 2 of which may be taken by fathers. Supplementary unpaid leave available for up to 1 year. Unpaid parental leave up to 258 days. For cash benefits: 3 months' prior employment with health insurance coverage to qualify. For medical care: residence in the country to qualify.	70%. Must be covered by insurance.			Same or comparable job guaranteed. Government pays child allowance up to child's 16th birthday.
France	16 weeks. Plus additional time for those who breastfeed. 4 week extension for multiple birth and complications. Up to 104 weeks of unpaid	80% paid by social security; remainder paid by employer.	Required in enterprises employing more than 100 women.	Half hour twice a day for 1 year. Time counted as time worked.	Same or comparable job guaranteed. Provisions in the National Collective Agreement for the French Textiles Industry govern maternity protection

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
France (cont'd)	parental leave. At least 10 months' social security coverage prior to birth and 200 hours' employment during 3 months preceding pregnancy to qualify.				and night work. Government pays child allowance for first 10 months of infant's life. Government offers child care from infant care in traditional creches and family creches (for 2-3 infants), to cooperatives run by parents and daycare centers. The system is considered to deliver high quality care, although the growing number of working mothers is straining the system.
Germany, Dem. Rep.	(May 1, 1986) 12 months for first child of which 2 weeks may be taken before delivery. Must be working to qualify.	100%.	Management and trade unions provide creches and holiday facilities for children.	45 minutes twice a day for 6 months.	Same or comparable job guaranteed. Working mothers with 2 or more children may take paid leave to care for sick children. Families paid allowance for each child up to age 16. Allowances were increased 100% (May 1987). Council of Ministers noted that women suffer discrimination because of family responsibilities and recommended that equal oppor-

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Germany, Dem.Rep. (cont'd)				tunities be provided (May 1987).	
Germany, Fed. Rep.	26 weeks. Up to 156 weeks' parental leave with DM600/ month allowance.	100% paid for 14 weeks, lesser amount for remaining weeks.		45 minutes twice a day or 90 minutes once a day. Time counted as time worked.	Same or comparable job guaranteed.
Greece	6 weeks before, 6 weeks after birth. Possible extension for complications. 200 days of contributions during 2 years preceding leave to qualify. Parental leave (after maternity leave, up to child's 30th month). 3 months' unpaid for parents with 1 year's service in companies with 100+ workers.	Single lump-sum allowance for birth expenses and benefits up to equivalent of normal earnings during maternity leave for women with social security coverage.		Half hour twice a day.	Dismissal on account of pregnancy, during maternity or additional leave prohibited. 6 days of parental leave allowed per year until children reach 16. Parent may care for sick or problem child by working 1 hour less per day and taking reduction in pay. Job protection for full-time positions when they return.
Hungary	20 weeks, up to 9 of which may be taken before birth. 4 week extension for multiple births. At least 6 months' employment during past 2 years to qualify.	100% (with 270 days of insurance during previous 2 years).	The government finances nurseries on or near work sites. Receives contributions from participating mothers.	Half hour twice a day for 6 months and 30 minutes once a day for the next 3 months. Time counted as time worked.	Same or comparable job guaranteed. Child care grant available up to child's third birthday at 40% wage level.
Iceland	6 weeks before, 5 weeks after birth.	100% less insurance payment for public sector employees.		None.	Dismissal during pregnancy and maternity leave prohibited.

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Iceland (cont'd)	For daily allowance, social security coverage; for maternity allowance, residence in the country to qualify.				
Ireland	14 weeks. If birth is after expected date, prenatal leave may be extended by up to 4 weeks. Possible unpaid extension of up to 4 weeks. 26 weeks of contributions during preceding year to qualify.	80%. Paid by social security.		None.	Guaranteed job security during maternity and additional leave, including right to return to former post.
Italy	48 weeks. Up to 26 weeks of parental leave. Supplementary 6 month leave allowed. Must be employed and insured at start of pregnancy to qualify.	80% paid for 22 weeks, lesser amount for remaining weeks. Parental and supplementary leaves paid at 30%.	Requires Enterprises employing more than 30 married women under age 50 to establish nursing facilities on or near the premises.	1 hour twice a day for a year if no nursery on premises, otherwise, half hour twice a day. Time counted as time worked.	Same or comparable job guaranteed. National Collective Agreement for the Textiles Industry forbids assigning women dangerous, heavy, or unhealthy work during pregnancy and for 7 months after childbirth. Guarantees same salary to women who are assigned to lower paid job during this period.
Luxembourg	8 weeks before, 8 weeks after birth.	50%. Paid by social security.		Half hour twice a day.	Dismissal during pregnancy and up to 12th week after birth prohibited.

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Luxembourg (cont'd)	Social security coverage for at least 6 months during year immediately preceding birth to qualify. Parental leave (after maternity leave, up to child's second birthday): 1 year unpaid for public sector employees.				
Malta	13 weeks. 50 weeks of contributions and 50 weeks of employment during preceding year to qualify.	100% of wages for 13 weeks for full-time workers, provided employer has been duly notified at least 3 weeks before start of leave.			Same or comparable job guaranteed.
Netherlands	6 weeks before, 6 weeks after birth. Social security coverage to qualify.	100%. Paid by national health insurance.		Free time as necessary.	Dismissal during pregnancy, post-natal leave and 6 subsequent weeks prohibited.
Norway	18 weeks, 6 of which may be before delivery. Father can use up to 12 weeks of total benefit. Supplementary unpaid leave available.	100%. Paid by national health insurance.	Public facilities are available for infant and preschool care.	Half hour twice a day.	Same or comparable job guaranteed.
Poland	16 weeks for first child; 18 weeks for subsequent children. Supplementary unpaid leave available.	100%.	The government finances nurseries on or near work sites. Receives contributions from participating	Half hour twice a day.	Same or comparable job guaranteed.

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Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Poland (cont'd)			women. Requires enterprises employing more than 100 women to provide nurseries for breastfed infants up to 15 months of age.		
Portugal	90 days. 6 months' social security coverage, including 8 days of contributions during 3 months preceding entitlement to benefit. Parental leave (after maternity leave, up to child's second birthday) of 6 months.	100%. Paid by social security.	None. Employers are responsible for establishing nurseries.	Half hour twice a day.	Dismissal during pregnancy and maternity leave prohibited. Same or comparable job guaranteed with all benefits.
Romania	112 days, 52 of which must be after birth.	50-94% depending on length of service and number of children.	The government finances nurseries on or near work sites. Receives contributions from participating mothers.	Half hour every 3 hours, plus transportation time. Time counted as time worked.	Dismissal during maternity leave and nursing period prohibited. Paid leave granted to mothers during illness of children under age 3 and during husband's military service.
Spain	14 weeks. Parental leave (after maternity leave, up to child's second birthday): up to 3 years' unpaid. 9 months' social security coverage before leave	75%.	Employers are responsible for establishing nurseries.	Half hour twice a day. Time counted as time worked.	Employment may be suspended because of maternity. At end of period of suspension, worker is entitled to return to work. Priority given to reinstatement in comparable post.

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
Spain (cont'd)	and 180 days of contributions during year preceding birth to qualify.				
Sweden	84 weeks. Most of this leave available to fathers, as well. Parental leave considered included in maternity leave. Must have 9 months' service prior to delivery.	90% paid for 38 weeks, lesser amount for remaining weeks.	Most financed on a cooperative basis.	While women have a right to nursing breaks, no law establishes duration or frequency. Free time allowed as necessary.	Same or comparable job guaranteed. Right to work 6-hour day until child is 8. Dismissal during pregnancy, maternity and parental leave prohibited. Either parent has the right to up to 60 days per year of paid leave to take care of a sick child under 12 years old. All children are entitled to child support. support. Government pays nontaxable child allowance up to child's 16th birthday.
Switzerland	14 weeks.				Dismissal during 8 weeks before and after confinement prohibited.
Turkey	6 weeks. Up to 6 months' unpaid leave. 120 days of contributions during year preceding leave to qualify.	67% and reimbursement of medical expenses. Nursing grants provided.	Enterprises employing 100-300 women must provide facilities for feeding children under 2; those employing more than 300 women must provide child care facilities for children 1-6.	Half hour twice a day.	Dismissal during maternity leave prohibited. Nursing mothers forbidden to work night shifts during 6 months postpartum.

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Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
USSR	Effective 1986-90: 18 months' paid leave post-partum and extension (time not specified) of prenatal leave.	100%. Average is about 200 rubles per month (equivalent in May 1989 to US$322).	Extensive state-financed child care facilities. 12th 5-Year Plan (1986-90) provides for increased construction of preschool institutions. The new plan will expand daycare from 16 million to 20 million children. Parents contribute 20% of costs.	Half hour every 3 hours, plus transportation time. Time counted as time worked.	Dismissal during pregnancy, nursing period, partially paid and unpaid leave prohibited. Policy allowing working mothers to work a shorter day or week or work at home extended. Women whether pregnant or not are prohibited from working at jobs that involve physical strain, lifting or carrying heavy loads, toxic substance production or use, and underground labor. By January 1981, the 160,000 women required to transfer to other jobs under this law did so without any reduction in pay.
United Kingdom	44 weeks. Statutory Maternity Pay (SMP) (1987) to replace maternity pay and maternity allowance schemes. Qualifying period for benefits based on length of employment with current employer.	Women working for same employer for at least 2 years receive 90% of normal income for first 6 weeks post-partum, then receive a lower, averaged supplemental payment for 18 weeks, regardless of length of time with employer. Lower rate to be paid to women working under 2 years for same employer, and maternity allowance at still lower rate to women with no employer. SMP to be employer-paid and subject to tax and	Initiative launched (1985) to stimulate voluntary child care provisions.		(June 1986) Government proposed cancelling women's right to return to work after maternity leave on occasion of 10th anniversary of Employment Protection Act, which guaranteed that right. A study of childcare and equal opportunities in the UK (Cohen, 1988) found that services are "seriously underfunded and fail to meet the needs of parents and

1. What provisions exist to support mothers in the workforce?

Country	Maternity Leave Policy	Salary During Leave	Provisions for Nurseries/Creches	Nursing Breaks	Other Considerations
United Kingdom (cont'd)		national insurance. The averaged supplementary payments said to halve the maximum single payments obtainable under previous schemes.			children." The report notes an erosion of services since 1945 for under 5s and a critical lack of after school services. It also noted lack of regulations and a resulting shortfall in the quality of care. The report recommended: 1) financial assistance to localities, 2) no taxes on child care benefits; 3) more recognition of the need for income support to single parents; and 4) that a nursery by established at Parliament for members and employees.
Yugoslavia	Depending on republic or province: 180-365 days; possibility of working half-time until child is 8-12 months and in special cases until child is 3-5 years old; paternity, parental, and adoption leaves of various lengths.	100% of earnings during maternity leave and period of half-time work (until child is 8-12 months old, depending on republic or province); various benefits granted to fathers, adoptive parents and childminders (depending on republic or province).			

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
REGION: WORLDWIDE	Since 1983 the Wellstart International Lactation Management Education Program has been training teams of professionals from developing countries to train others at home and effect changes in their hospitals and communities. The training takes place in San Diego, California, involving small teams of physicians and nurses from teaching hospitals or other institutions. Wellstart is involved in recruitment and selection. As of June 1989, Wellstart had trained 180 health professionals in 20 developing countries. Training consists of several steps: 4 weeks of instruction and clinical experience in San Diego, where action plans for educational programs and other activities are developed for the team's return home, a core educational materials collection to take home, technical assistance in implementing the action plan and followup (visits, a newsletter and monthly literature updates). Graduates are expected to expand their efforts by training others, revising curricula, hospital policies and procedures, identifying infant feeding problems and interventions, and developing campaigns and services in their communities. USAID, which funds the program, considers the program's "spread effect remarkable." In response to a resolution of the International Conference on Women and Health (Costa Rica, May 1987) calling for accurate information on breastfeeding in medical textbooks, IBFAN is conducting a survey of texts and training manuals for health professionals around the world in order to gather detailed information about the treatment of this subject in training and degree courses.

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
REGION: AMERICAS	
Caribbean Region	The Caribbean Food and Nutrition Institute (CFNI) reports that throughout the region national breastfeeding committees have been formed, many countries have revised hospital practices to institutionalize breastfeeding, and health professionals have been trained, manuals for health professionals have been developed, public education programs using all available media have been executed, breastfeeding has been integrated into the Health and Family Life Education curriculum of many schools, and legislation to support breastfeeding (i.e., maternity leave laws, social security benefits) have been signed into law. Plans for regional activities in 1988 include: Best Breastfed Baby Shows, videos, slides and radio campaigns, breastfeeding promotion as part of growth monitoring programs and the development of "letters to mothers" as an innovative way of spreading the word.
Antigua/Barbuda	GOVERNMENT PROGRAMS: The MOH promotes breastfeeding through its MCH Program. The country has a National Breastfeeding Committee.
Argentina	GOVERNMENT PROGRAMS: There is no government program to promote breastfeeding. Two-year National Food Program to Counter Food Shortage created components for donated foods, cash, and volunteer services to provided foods to most vulnerable and indigent populations, especially children under 6 and expectant mothers (1985-87). Priority was accorded to use of natural foods and breastfeeding. Program emphasized securing regional products from available stocks and promoting local production. It promoted and provided incentives for cooperative efforts in food production to make stricken groups self-sufficient. NONGOVERNMENT PROGRAMS: The ÑuÑu Mothers Support Association is a feminist PVO that supports mothers in improving birth, fertility control, and breastfeeding. Members include interested professionals and mothers. Activities are: conducting regular meetings for mothers; producing educational materials and conducting courses, seminars, symposia and workshops; educating the general public through mass media, and publishing a newsletter; monitoring mass media and other influences on public opinion and responding publicly when action is required; working with children in schools; monitoring and opposing any form of promotion for breastfeeding substitutes; seeing that the law providing for creches in establishments that employ more than 50 women is enforced; lobbying for a legally protected lactation period of at least 1 year; promoting natural fertility control methods, especially breastfeeding; and conducting research to document psychosocial benefits of policies advocated.
Bahamas	GOVERNMENT PROGRAMS: The MOH promotes breastfeeding through its MCH Program.
Barbados	GOVERNMENT PROGRAMS: The MOH promotes breastfeeding through its MCH Program.
Belize	GOVERNMENT PROGRAMS: The MOH promotes breastfeeding through its MCH Program. NONGOVERNMENT PROGRAMS: Breast Is Best (BIB) League, a national breastfeeding support and information group and member of IBA, organizes support groups, provides counselling. In 1988 BIB conducted a knowledge, attitude, and practice survey to measure percentage of exclusive breastfeeders for 4-6 months to identify and quantify other infant feeding practices and to identify determinants in the downtrend of breastfeeding in Belize.

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
Bolivia	NONGOVERNMENT PROGRAMS: Catholic Relief Services, Caritas Bolivia (both PVOs) and PRITECH (USAID contract) jointly implementing project through 1,800 Caritas mothers' clubs throughout country. The project, whose main focuses are ORT and growth monitoring and includes education about better feeding practices, hopes to reach and train 15,000 mothers.
Brazil	GOVERNMENT PROGRAMS: Ministries of Health and of Social Welfare and Assistance conducted massive national campaign (1981-1985), which was coordinated by the National Working Group, through whom state level organizations received advice and assistance. The program received full participation of state secretaries of health and education; trained health sector personnel; used mass media (donated time estimated at US$3 million); involved communities, universities, and local pediatric associations; established milk banks; established rooming-in as norm in hospitals; involved other local organizations. The goal of the program was to decrease high infant morbidity and mortality rates of children under 1 year by changing the health and nutrition patterns of pregnant and nursing mothers. The immediate goal was to increase the percentage of children exclusively breastfed for not less than 90 days. By the the end of the program, the atmosphere and infrastructure had been created to support and promote breastfeeding nationally. In place were 19,953 mothers' groups with 101,590 participants; a total of 29,908 trained professionals; 56,008 trained auxiliary health personnel; 581 hospitals with rooming-in systems; 48 milk banks; 41 universities with revised curricula. The program also made substantial changes in primary care centers' treatment of pregnant and nursing women.
British Virgin Islands	GOVERNMENT PROGRAMS: The MOH promotes breastfeeding through its MCH Program and developed a manual for health professioanls. The country has a National Breastfeeding Committee. NONGOVERNMENT PROGRAMS: A network of mothers support groups established.
Canada	GOVERNMENT PROGRAMS: The tone for government policies towards breastfeeding was set by a position paper written by the Canadian Pediatric Society and published in the Canadian Journal of Public Health in 1978, although its immediate impact was on other professional and voluntary organizations, such as the Canadian Public Health Association. However, provincial governments began collaborating with voluntary organizations to support the practice in 1979, attracting the interest of the federal government. When Canada endorsed the WHO/UNICEF Code in 1981, the federal government was spurred to produce a number of policy statements and educational packets for health professionals. In 1985 it produced the Hospital Breastfeeding Kit. In 1986, the collaboration of federal and territorial governments, with citizen advocacy groups and voluntary organizations produced national guidelines on infant feeding, the well-received Feeding Babies: A Counselling Guide in Practical Solutions to Common Infant Feeding Questions. The federal government's policy towards breastfeeding is further reflected in the 1988 guidelines on family centered maternity care, a set of guidelines for pre-, peri- and post-natal care that advocates breastfeeding education and supportive clinic, hospital practices, and home care. Breastfeeding in Canada increased from 25% in the early 1970s to 79% in 1984. However, in the spring of 1988, Health and Welfare Canada acknowledged that the duration of exclusive breastfeeding remained well below recommendations.

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
Canada (cont'd)	INFACT notes that varied promotional activities are undertaken by provincial governments. NONGOVERNMENT PROGRAMS: INFACT reports that the most effective advocates for breastfeeding in Canada have been the lactation consultants, La Leche League, and INFACT.
Cayman Islands	GOVERNMENT PROGRAMS: The MOH promotes breastfeeding through its MCH Program.
Chile	GOVERNMENT PROGRAMS: Intersectoral Coordination Commission created (May 1986) to design national breastfeeding promotion program, which is still in planning stages. The Commission, which includes representatives of three ministries, two professional societies, two universities, and two secretariats, is updating the materials used in the 1981 national breastfeeding campaign. There are ongoing activities to promote breastfeeding integrated into the Maternal-Child Health Programs. These programs offer medical attention, screening, and educational materials focusing on the health concerns of pregnant women and mothers of children under 1 year of age. In addition to medical attention, pregnant women receive supplements according to nutrition status (1 kg. of milk per month for those in the obese and normal range; 2 kgs. of milk with added fat and protein supplements for underweight women). Data on the nutrition of young children, including breastfed infants, is kept through the SISVAN monitoring system.
Colombia	GOVERNMENT PROGRAMS: Campaign of late 1970s and subsequent activities included health worker training, public education via mass media, norms for marketing practices, changes in hospital practices (rooming-in, counselling, stopping postpartum hormonal injections). National breastfeeding promotion efforts part of the National Plan for Child Survival and Development since 1985. Program has intensified elements of earlier national campaign (concluded 1978), beginning with new educational materials from the MOH in November 1985. These were revised in August 1988, when the technical advisory group was reconvened by the Division of Maternal-Child Health. Javeriana University has been and continues to be an important source of data on maternal and child nutrition as well as of educational experts involved in past and present breastfeeding promotion efforts.
Costa Rica	GOVERNMENT PROGRAMS: "War on the Bottle" program (May 1986-1990) is overseen by the National Commission on Maternal Nutrition and was created by executive order. The program involves 4 ministries and has these components: 1) health and social services (to implement institutional changes and activities, such as health worker training, hospital and clinic practices, coordination of activities among ministries and departments); 2) human resource development (to revise health curricula, develop study guide for distance teaching, promote continuing education for personnel responsible for educating public); 3) information and education (including use of social clubs, recruitment and training of volunteers, materials development); 4) legal (including legal action related to conditions in the work place that support maternity and breastfeeding (see Yellow Section above) and legal action related to the code for marketing breastmilk substitutes (see Blue Section below); and 5) evaluation (tracking and summative). Periodic national household survey planned to keep track of age of infants when breastfeeding initiated, foods initiated, and breastfeeding stopped. Last survey conducted 1984.

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
Costa Rica (cont'd)	Previous program made rooming-in standard practice, launched campaign against postpartum estrogen injections (which hinder milk production), established 17 milk banks, and added breastfeeding component to health curricula. Periodic national household survey planned to keep track of age of infants when breastfeeding initiated, foods initiated, and breastfeeding stopped. Last survey conducted 1984.
Dominica	GOVERNMENT PROGRAMS: The MOH promotes breastfeeding through its MCH Program and the Joint Nutrition Support Program. It has developed a manual and established a National Breastfeeding Committee. NONGOVERNMENT PROGRAMS: A network of mothers support groups has been established and trained.
Dominican Republic	GOVERNMENT PROGRAMS: National breastfeeding promotion program by the National Commission on Breastfeeding and MOH (SESPAS) coordinator (1984-87) is establishing milk banks and conducting a breastfeeding study. Maternal-Infant Division of MOH is training health sector professionals and students and sponsoring a meeting of researchers of breastfeeding (1984-87). Earlier efforts resulted in guidelines for health workers, which made breastfeeding promotion mandatory, stopped the once widespread practice of selling substitutes in hospitals, established rooming-in as a standard practice in most hospitals and clinics, and revised health curricula. NONGOVERNMENT PROGRAMS: CRS/Caritas and SSID (PVOs) promote breastfeeding as part of their growth monitoring programs. They offer training and have produced educational posters on breastfeeding. Also supporting breastfeeding: ProFamilia and Centro de Integración Familiar.
Ecuador	GOVERNMENT PROGRAMS: Breastfeeding promotion is addressed through the massive national child survial program PREMI.
El Salvador	GOVERNMENT PROGRAMS: MOH and CALMA are undertaking joint activities including Milk Bank Project, Project of Mothers Satisfied with Breastfeeding, and the Legal Project to Promote Breastfeeding. They propose training for medical and paramedical personnel and volunteers and to incorporate breastfeeding in curricula. NONGOVERNMENT PROGRAMS: CALMA (a PVO) has worked for nearly a decade to promote breastfeeding. It has provided training, technical assistance to Salvadoran and Central American groups, conducted research, and collected information about breastfeeding, as well as advised the government about policy and programs. In 1988, CALMA is planning the following activities: promotion of breastfeeding in public and private sectors; seminars for professionals; educational activities for voluntary agencies; collaboration with the MOH in developing educational activities; and the production of educational materials about breastfeeding.

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
El Salvador (cont'd)	La Leche League (a US-based PVO) provides frequent training. Also supporting breastfeeding: UNICEF, INCAP, WHO, the Red Cross, religious institutions, and service clubs.
Grenada	GOVERNMENT PROGRAMS: The MOH reports (June 1988) there is no national program, but that breastfeeding is promoted at prenatal clinics. Its MCH program recommends that mothers breastfeed exclusively for the first 3 months of life. The Ministry estimates that of the 80% of mothers who initiate breastfeeding, 75% succeed. Breastfeeding is also promoted by the Grenada National Food and Nutrition Council. The MOH promotes breastfeeding through its MCH Program.
Guatemala	GOVERNMENT PROGRAMS: The National Commission to Promote Breastfeeding (CONAPLAN) coordinates intersectoral activities in training, publishing, and research. It plans the following: educational materials to accompany mass media breastfeeding campaign (see below); meetings with hospital staff to monitor changes in attitudes toward breastfeeding; educational materials (flipcharts, notebooks, clinic posters, pamphlets); a manual on breastfeeding; to monitor the Commercial Code; to publish standards; to monitor and evaluate 20 milk banks; research; to create 10 milk extraction centers in state and private institutions; and to hold seminars for multidisciplinary audiences (professionals and students). PAHO, plans a mass media campaign on selected child survival interventions, including messages about breastfeeding. Planned activities in 1988 are: training for personnel in different sectors; national mass media campaigns; and the production of educational materials. Also supporting breastfeeding: La Leche League and the Asociacion de Servicios Comunitarias de Salud.
Guyana	GOVERNMENT PROGRAMS: The MOH promotes breastfeeding through its MCH Program.
Honduras	GOVERNMENT PROGRAMS: MOH runs the National Breastfeeding Program consisting of educational services and clinics in all Ministry establishments. There is also an Intersectoral Project run by the Ministry of Public Health, the Institute of Social Security, the Social Welfare Office, and private organizations that support breastfeeding. PROALMA was launched by the MOH, the Social Security Institute, and the National Welfare Board as a pilot project in the hospitals of Tegucigalpa and San Pedro Sula (1982). Funding renewed (1987) to expand program nationally in 11 hospitals. Baseline study of health professionals' knowledge and attitudes about breastfeeding and hospital practices was done. Pilot project counseled and trained health professionals in breastfeeding management, established norms (including breastfeeding within the first hour of life for normal newborns,

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
Honduras (cont'd)	24-hour rooming-in), and provided strategic help for working mothers. The project also trained counselors to help mothers, established milk banks for sick and premature infants, made the recommendation for exclusive breastfeeding in first 4-6 months of life acceptable as well as the desirability of prolonging breastfeeding beyond the first year. In addition, the project dissuaded participating hospitals from giving postpartum injections, which both hindered the initiation of breastfeeding and increased costs. A 1985 follow-up study found that 75% of hospitals' professionals recommended breastfeeding (compared with some 40% earlier); 70% (versus 10%) of women were shown how to breastfeed; over 70% (versus 35%) of infants were breastfed at 1 year of age. Finally, the major Honduras teaching hospital in Tegucigalpa documented a total savings from the program (from discontinued Methergine injections, cuts in purchases infant formula and feeding bottles) of $14,500 annually. Earlier promotion efforts include radio messages and programs supporting the practice through the national diarrheal disease control program (1982-1983) and the development of guidelines for breastfeeding promotion, which were distributed to all health workers. NONGOVERNMENT PROGRAMS: Doctors and mothers associated with PROALMA formed the Honduran Breastfeeding Association (1986). The HBA reported that mothers were introducing whole milk rather than formula in 1988 and at 1-11/2 months rather than 15 days, as they did in 1982. In light of this finding, the HBA is seeking funding for a 4-year project to promote exclusive breastfeeding for 4 6 months as well as good weaning practices. Also supporting breastfeeding: La Leche League, CARE, Save the Children, Meals for Millions, CARITAS, and CEDEN.
Jamaica	GOVERNMENT PROGRAMS: The government's official policy is to support breastfeeding. The MOH promotes breastfeeding through its MCH Program. The last national effort was through the Jamaica Nutrition Education/Communication Program (1977-79). NONGOVERNMENT PROGRAMS: The Caribbean Food and Nutrition Institute (CFNI) has produced numerous materials of every description on infant feeding and is a well known advocate of breastfeeding and good weaning practices. CFNI reports these activities in 1988: ongoing public education exercises (e.g., radio series, slide package, leaflets and other publications, and video production) in addition to support services to existing MCH groups.
Mexico	GOVERNMENT PROGRAMS: The government promotes breastfeeding as part of larger nutrition intervention program. The Instituto Salvador Zubiran provides research, materials, and the promotion component for this program. NONGOVERNMENT PROGRAMS: La Leche League (PVO) provides counselling, organizes support groups, and develops radio spots, booklets, and flyers.
Nicaragua	GOVERNMENT PROGRAMS: Breastfeeding promotion is carried out by the Department of MCH. Six other ministries are also involved. The MOH developed guidelines for health personnel regarding the promotion of breastfeeding. The national promotion effort (1980-) is coordinated by the National Commission for Breastfeeding Promotion. In 1988, the Ministry began to revise the national promotion program. Breastfeeding also has an important place in the national child survival program and is promoted daily via mass media. The

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
	Ministry's immediate plans (1988) are to produce radio and TV spots promoting breastfeeding and to develop educational materials. NONGOVERNMENT PROGRAMS: Training for health workers is provided by CISAS (PVO). CEPAD (PVO) promotes breastfeeding as part of its primary health care activities.
Panama	GOVERNMENT PROGRAMS: The national program took shape after a general decline in breastfeeding in all but the Indian population was observed. In the wake of a regional workshop (1980), a pilot project (financed by Holland, coordinated by the Latin American Faculty of Social Sciences, 1981), and the Regional seminar on Breastfeeding sponsored by INCAP in Contadora (1983), Panama established the Commission on Breastfeeding Promotion and made the plan for a national program (1983-1986), which USAID approved for funding in September 1983. The national breastfeeding promotion program had 6 components: personnel training, a system of milk banks, mass media campaigns, educational activities for working mothers, an information and documentation center, and evaluation (process and impact) by INCAP. A methodology handbook, developed and revised throughout by the training components, was deemed essential to making improvements available to all concerned and to keeping information consistent. The training methodology has been adopted by several regions to train their child survival personnel. Highlights of other component activities are: Revista LACMA; a telephone bank at the information center for mothers to consult with mothers about problems encountered in breastfeeding; and milk banks. A National midterm KAP survey (late 1984 to June 1985) showed a significant increase in the number of urban women who initiated breastfeeding as well as an increase in the average duration of breastfeeding. The final evaluation (December 1986), whose results are being used to determine necessary revisions of components and the means for integrating them into the national child survival program, showed that 90% of health and social workers recommend breastfeeding as the best form of infant nutrition, 75% of women aged 15-49 favor breastfeeding for at least 4 months, 85% initiate breastfeeding in the first 48 hours postpartum, and 60% breastfeed for at least 4 months. Recent activities include the joint Ministry of Labor-National Institute for Children and Families' study of the immediate concerns of women workers who breastfeed (1987) and workshops on the theory and practice of breastfeeding by the same institutions for union workers; and the opening of a 350-bed rooming-in facility for indigent mothers at José Fabella Memorial Hospital by the MOH. NONGOVERNMENT PROGRAMS: Also supporting breastfeeding: PROLACMA and the Panamanian Pediatric Society.
Peru	GOVERNMENT PROGRAMS: The MOH's Division of Special Program Coordination conducted a breastfeeding promotion workshop in March 1987 that focused on changes in hospital practices. The workshop offered training to participants and produced a set of guidelines for the Ministry. It plans a survey of 20 hospitals in Lima and Callao and more workshops for universities and other sectors.

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
Peru (cont'd)	The MOH created the Special Program of Child Survival (PRESI) to revitalize its child survival activities. USAID developed a complementary project to support PRESI. Nutrition education is one of the planned activities. NONGOVERNMENT PROGRAMS: Peru Mujer (PVO) collects data on breastfeeding practices and produces educational materials. The Comité Peruano Pro-Alimentación also collects data and produces booklets and posters.
St. Kitts/Nevis	GOVERNMENT PROGRAMS: The MOH promotes breastfeeding through its MCH Program. A National Breastfeeding Committee has been established.
St. Lucia	GOVERNMENT PROGRAMS: The MOH promotes breastfeeding through its MCH Program.
St. Vincent	GOVERNMENT PROGRAMS: The MOH promotes breastfeeding through its MCH Program and through Joint Nutrition Support Program. It has produced a manual for health professionals and established a National Breastfeeding Committee.
Trinidad & Tobago	GOVERNMENT PROGRAMS: The MOH promotes breastfeeding through its MCH Program and through UNICEF-funded infant feeding project. Has established a National Breastfeeding Committee. NONGOVERNMENT PROGRAMS: The Informative Breastfeeding Service (PVO) organizes support groups and publishes T.I.B.S. News which besides reporting on breastfeeding news, offers tips on weaning and birthing. T.I.B.S.'s core counsellors were trained by the National Childbirth Trust (of Britain). Current projects are: a course on breastfeeding for medical students at the Port of Spain General Hospital; a course for health workers sponsored by UNICEF; the distribution of T.I.B.S.' 8-page booklet "Breastfeeding and Common Problems" at health centers, hospitals and nursing homes; and a schools program.
USA	GOVERNMENT PROGRAMS: Government policy toward breastfeeding has leaned toward breastfeeding; government action to support and promote breastfeeding has not. The U.S. Surgeon General held the Workshop on Maternal and Infant Health (1980), which recommended forming coalitions to advance MCH. The Healthy Mothers, Healthy Babies Coalition (1981) was launched by this event (see below). The Surgeon General later held the Workshop on Breastfeeding and Human Lactation (1984) and published the recommendations with descriptions of four model approaches for promotion efforts. A follow-up report (1986) describes additional exemplary approaches tested by state and local organizations. Major programs promoting maternal-child nutrition are the Women, Infants, and Children (WIC) Program, which offers a variety of services and provides supplemental foods to pregnant women, new mothers, infants, and children up to age 5 who live on low incomes; motivates WIC mothers to pay attention to food quality; and serves as a referral to health services related to prenatal and well-baby care and childhood immunizations. The Commodity and Supplemental Food Program also provide food to mothers and young children. The Expanded Food and Nutrition Program (EFNEP) is responsible for nutrition education. The Office of MCH supports some 20 training, research and demonstration projects with a focus on breastfeeding.

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
USA (cont'd)	These range from projects to retrain hospital staff to effect changes in policy to projects that train low-income mothers in peer counselling. In addition, OMCH, through the SPRANS project, funds the Nutritional Status, Pregnancy and Lactation Project, which, through committee work, public meetings and workshops, will develop and disseminate national recommendations on 1) nutritional status and patterns of weight gain before and during pregnancy, 2) nutrition intake and adequacy and 3) lactation. NONGOVERNMENT PROGRAMS: The Healthy Mothers, Healthy Babies Coalition consists of 85 national voluntary, professional and governmental organizations. The Coalition has 7 subcommittees to address special topics of concern. Among these are a Subcommittee on Breastfeeding, which produces and distributes technical and resource materials, and the Low-Income Subcommittee, which produced a document on ideas for programs serving low-income women. The Coalition promotes public awareness and facilitates a more coordinated, thus more efficient, effort of the many organizations involved, including the more efficient functioning of governmental maternal-child health programs. Thenational coalition also helps start state and local coalitions. The latter have been responsible for mass media campaigns in 9 states and the District of Columbia and for regional conferences. In 1988, the Coalition conducted a survey of hospital practices concerning breastfeeding. Peer Counselling organizations, including La Leche League, promote breastfeeding through support groups, telephone banks, mentor programs, outreach to local hospitals, and the production of educational materials. The local efforts of such groups to reach low-income women are scantily funded or not funded at all. Recent prevalence reports show that in 1959, 15.9% of 2 month-olds were breastfed; in 1987 it is 40.8%. Advocates for mothers and children in the US are pushing for expanding WIC services to all those who need them rather than expanding only up to funding levels. Because of inadequate funding, WIC still does not serve an estimated 3.6 million eligible women, infants, and children. Children in the US have 2-3 times the chance of growing up in poverty than children in other western countries, such as Sweden, West Germany, Switzerland, Canada, and Great Britain. Bread for the World, a national PVO, writes: "The health consequences of being poor are devastating. Each day in the US 27 children die from the effects of poverty." The infant mortality rate was noted by many this year: the US ranks 19th among industrialized countries. The National Academy of Sciences' Institute of Medicine (a government funded entity) found (Nov. 1988) the percentage of infants born to women who receive late or no prenatal care increased since 1980 and strongly urged a national commitment to establishing early, adequate prenatal care for all women as a "new social norm." The report identified high costs of health care and an unnecessarily complicated system as the main barriers to receiving care. It urged that the new maternity care system be administered separately from the welfare system. Althought the main thrust of the recommendations concerned state and federal actions, steps by the private sector to provide prenatal coverage to insured employees were also spelled out.

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
REGION: AFRICA	The new director of IBFAN Africa gave 3 main reasons for the downtrend in breastfeeding in Africa: 1) more mothers supplement as early as 1 month, 2) more mothers stop breastfeeding before infants have reached 1 year of age, 3) fewer mothers bother to breastfeed during babies' second year. Ms. Lwanga said these facts and the aggressive promotion of formulas plus the absence of supportive services, including better maternity legislation, counselling at MCH clinics, and better preparation of mothers during prenatal care) have been detrimental to breastfeeding. Because training for health workers was found to be biased against breastfeeding, IBFAN Africa has organized human lactation and lactation management courses for health workers in several African countries... The programs have also included lay breastfeeding counsellors. Ms. Lwanga noted dramatic changes in attitudes to infant feeding practices in participants and evaluations were especially encouraging in Mauritius and Uganda.
Botswana	GOVERNMENT PROGRAMS: Much of the country's health/nutrition resources have been siphoned off into drought relief programs. However, a national epidemiological survey (1983-84) included a nutrition component to collect data on feeding practices affecting young children. The study showed the unquestionab prevalence of breastfeeding. Another study (Botswana Family Health Survey, 1984) found that the class of most educated women (which includes health workers and health educators) was the one most likely to breastfeed for a shorter time. It was suggested that they be educated about the benefits of breastfeeding.
Burkina Faso	GOVERNMENT PROGRAMS: Under the direction of the Division of MCH and the Division of Health Education and Hygiene, breastfeeding is promoted nationally at health centers, where mothers are offered informal talks and nutrition education classes.
Cape Verde	NONGOVERNMENT PROGRAMS: Swedish chapter of Save the Children has run a maternal-infant protection program (1977-1987) to better preventive care of children. Project provides vaccinations, health checks, education for mothers about feeding infants and children, and training for personnel. The scope of the project has extended over the years, so that there are now units on all inhabited islands. Program to be turned over to the government at end of 1987.
Congo	NONGOVERNMENT PROGRAMS: CARE Nutrition Education project produces video and audiotapes on breastfeeding.
Djibouti	GOVERNMENT PROGRAMS: There is no national program devoted to breastfeeding. However, MOH reports that education about breastfeeding takes place in all MCH Centers. The Ministry adds that breastfeeding remains common in rural areas but is becoming less so in urban areas.
Ethiopia	GOVERNMENT PROGRAMS: MOH distributes educational kits on good feeding practices for infants and young children to the public, teachers, health and community workers. It translated the WHO breastfeeding brochure into Amharic.

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
Gambia, The	GOVERNMENT PROGRAMS: Breastfeeding is promoted through the national MCH Program administered by the Department of Medicine and Health. Among other content areas, this program addresses malnutrition in under 5s, birth spacing, and diarrhea. The Department has sought to increase public awareness about breastfeeding by means of radio messages and posters at MCH clinics. Activities to promote breastfeeding have been undertaken by the Gambia Food and Nutrition Association in collaboration with MCH staff. Together they have launched public awareness campaigns on breastfeeding, lobbied the government to increase maternity leave to 12 weeks after delivery, and have promoted breastfeeding as a means to child spacing. The MOH reports that nearly all mothers initiate breastfeeding and 85% of them continue for 18-24 months. However, the duration is slightly shorter in urban areas. The MOH plans a survey of current (1988-) breastfeeding patterns in rural and urban areas, particularly the latter, about which less is known.
Ivory Coast	GOVERNMENT PROGRAMS: Breastfeeding is promoted through the National Nutrition Education Program, which is responsible for dealing with all aspects of infant malnutrition through information, education, and some support activities. The Program undertook a 9-month national campaign to promote breastfeeding via the mass media (1983). Besides mothers, the campaign targeted health and social welfare personnel, educators, religious and other social leaders. NONGOVERNMENT PROGRAMS: Breastfeeding is also promoted through the programs of WHO, UNICEF, USAID, the Association of the Ivory Coast, and the International Women's Committee of African Women for Development.
Kenya	NONGOVERNMENT PROGRAMS: Breastfeeding Information Group (PVO) provides mothers with information about breastfeeding through a newsletter and support groups. UNICEF has been working with the MOH to develop a coalition for child survival activities. UNICEF has focused on immunization, but also supports the other child survival objectives, including breastfeeding and improved child nutrition. The infant mortality rate in Kenya is high at 125/1000, and although breastfeeding was once practiced for periods longer than 2 years in most parts of the country, by 1978 aggressive advertising for dried milk formulas had resulted in only 45% of mothers breastfeeding beyond 12 months. After a study of the biological, social, cultural, and economic factors influencing urban mothers' infant feeding practices and decisions (1983), a set of recommendations for Kenyan programs was presented to the Government and development agencies. The MOH was urged to prepare a manual for infant feeding to distribute to all health workers. The Government was also urged to take steps to control the importation, distribution, and labelling of substitutes so that breastfeeding would be encouraged. Recommended policies and strategies to improve infant feeding through health services consisted of information and support to mothers from pregnancy through the postnatal period, a policy of breastfeeding on demand for 18 months or more and gradual weaning plus government action to prevent any form of promotion of commercial weaning foods, changes in hospital practices, advice from health personnel about remedying insufficient milk, prohibiting oral and injectable contraceptives for mothers during pregnancy and lactation. The MOH was urged to make positive information about breastfeeding available and to make the messages specific and consistent.

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
Liberia	GOVERNMENT PROGRAMS: Breastfeeding is promoted as part of existing health and nutrition programs. NONGOVERNMENT PROGRAMS: Breastfeeding Advocacy Group (BAG), a PVO (1981-). BAG volunteers work, largely through support groups, in communities scattered throughout Liberia. It receives some assistance from UNICEF and GIFA. BAG's major activity is to recruit and train committed volunteers to promote breastfeeding in their communities. BAG reports that although substitutes are not advertised, they are readily available in shops and supermarkets. BAG has produced and distributed pamphlets to explain the risks of artificial feeding and the advantages of breastfeeding, to respond to problems women commonly have with breastfeeding, and to dispel myths about the practice. BAG's research and education unit produces radio dramas in four languages and newspaper articles. BAG plans to enlarge activities to health worker and hospital personnel training and to lobby for ratification of the Code in 1987 (see Blue Section below).
Madagascar	GOVERNMENT PROGRAMS: The MOH reports that breastfeeding is the custom in Madagascar and that for this reason there is no need for a program devoted to breastfeeding. A flyer on breastfeeding is available from the Health Education Program, not to promote the practice but to help mothers do it better. There are also radio broadcasts, slogans, posters and calendars to remind mothers of the best breastfeeding practices.
Malawi	GOVERNMENT PROGRAMS: Breastfeeding is promoted through the national nutrition education program, components of which include education in maternity wards, public education via mass media, group talks at clinics, and training for community health volunteers and nutrition extension workers. The MOH notes that more than 90% of mothers with children under 1 year breastfeed. The Ministry plans (1988) to train health educators in lactation management techniques.
Mauritius	GOVERNMENT PROGRAMS: The government is working on an ambitious plan to establish primary health care posts around the country. The Minister of Health is strongly in favor of breastfeeding and has a good working relationship with the Mauritian Action for the Promotion of Breastfeeding and Infant Nutrition (MAPBIN). In 1987 the MOH planned several joint seminars with NGOs to train breastfeeding promoters. NONGOVERNMENT PROGRAMS: MAPBIN produces educational materials that IBFAN is using as models, according to the 1988 director of IBFAN Africa. MAPBIN also publishes the widely respected magazine MAPBIN Info and has served as consultant to the Government of Mauritius in drafting the Mauritian code on marketing breastmilk substitutes as well as to IBFAN Africa in developing educational materials for francophone Africa. UNICEF: Between 1983 and '86 breastfeeding became a national priority for the UNICEF program. The director considers the problem remediable through education. The next 5-year plan will address this. He also noted that enforcement measures against violators of the code should be stricter. Funds for childhood nutrition will be made available on a special matching basis: UNICEF, with Canadian funding, will offer the

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
Mauritius (cont'd)	government nutrition funds for every child who receives the complete battery of vaccinations. The director also views growth monitoring as an important part of the next 5 years' programming.
Mozambique	GOVERNMENT PROGRAMS: Nutrition and health programs and centers are under assault by South African-backed insurgents. Mothers, infants, and health care personnel are being assassinated in the new baby clinics and in local health clinics, where mothers seek counselling.
Nigeria	GOVERNMENT PROGRAMS: MOH submitted a proposal (1987) for a national program. It notes that although the prevalence of breastfeeding is high in both rural and urban areas, urban mothers breastfeed for a shorter time. The Ministry plans to update health worker training about breastfeeding, educate the public via news media, posters, and leaflets, and include breastfeeding in the family life curricula of schools. Activities also will include the promotion of better weaning practices to support breastfeeding.
Sao Tome e Principe	GOVERNMENT PROGRAMS: MOH's Maternal-Infant Protection Program promotes breastfeeding by offering classes for mothers and by making radio broadcasts on the subject.
Somalia	GOVERNMENT PROGRAMS: MOH and FAO promote breastfeeding through joint feeding program for infants and young children. The government produced a Somali version of The Manual on Feeding Infants and Young Children.
Swaziland	NONGOVERNMENT PROGRAMS: Swazi Breastfeeding Group (a PVO) conducted a campaign, provides counseling, and organizes support groups. WHO/UNFPA conducts research and training.
Zambia	GOVERNMENT PROGRAMS: The MOH's Nutrition Unit promotes breastfeeding "continuously" as part of its focus on good growth and health in young children. It reports 5 booklets in the pre-production phase, among these 1 on breastfeeding, 1 on child growth and 1 on safe motherhood.
	NONGOVERNMENT PROGRAMS: The National Food and Nutrition Commission produces educational materials and sponsors events to generate awareness about breastfeeding. La Leche League and the Breastfeeding Association of Zambia promote breastfeeding through peer counselling.

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
REGION: NEAR EAST	
Arabian Gulf States*:	Part of these governments' initiative to promote breastfeeding consists of programs to step up the promotion of breastfeeding via mass media and to conduct surveys to document changes in practice and to monitor infant nutritional status. (See also Yellow and Blue Sections.)
Bahrain	GOVERNMENT PROGRAMS: Breastfeeding is promoted by the government through mass media campaigns. Medical staff have been trained in "sound infant feeding habits." (For the legislative component of this program, see Blue Section.)
Libya	GOVERNMENT PROGRAMS: The multidisciplinary General People's Committee of Health is part of the Department of Community Health and responsible for breastfeeding promotion. It is responsible for ensuring that relevant disciplines support breastfeeding; mass media promotion to the general public; special training for MCH and social workers; changes in MCH center practices. MOH reports results have been encouraging, especially noting reduced milk purchases by MCH centers. Government's most recent National Health Plan (1986-90) addresses breastfeeding practices, principally proposing changes in curricula of nursing schools.

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* Bahrain, Kuwait, Oman, Qatar, UAE

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
REGION: ASIA/OCEANIA	
Regional:	A 1987 World Bank report estimates the lifetime chance of dying from pregnancy-related causes between 1975 and 1984 in Asia was 1 in 54.
Australia	GOVERNMENT PROGRAMS: Australia's states and territories are responsible for implementing health programs. When the Commonwealth voted in favor of the 1981 Resolution for the International Code, its Department of Health issued "Dietary Guidelines for Australians" (1982) and "Baby's First Food" (1983) to address breastfeeding as a health issue. It also commissioned a year-long study of breastfeeding habits (1982-1983), and set up a monitoring plan. As part of activities to comply with the Code, all state and territorial health authorities adopted policies to promote breastfeeding, prepared educational materials to distribute through clinics, educated doctors and nurses about infant nutrition and breastfeeding, and made an effort to reach mothers in identified high-risk groups with information about breastfeeding and good weaning practices. In 1983, the national average for breastfeeding (at the time women left the hospital after the birth of a child) was 85%. The Working Party's report (March 1985) noted that this average was among the highest in the world, but that rates of breastfeeding varied dramatically in some regions of the country. It noted that while the promotion of breastfeeding in areas with low practice rates took place in prenatal clinics, many of the most at-risk women did not use prenatal services. It recommended an increased effort to promote the use of prenatal clinics as well as norms for hospital and clinic practices, and educational activities, health worker training, roles for support groups and consumer movements, and guidelines for infant nutrition. [See Blue Section below for the National Health and Medical Research Council (NH & MRC)'s recommendations concerning other aspects of the Code.] NONGOVERNMENT PROGRAMS: Nursing Mothers Association of Australia (NMAA) (late 1970's to present), is a national association with chapters throughout Australia. They are credited with reversing trends away from breastfeeding of '60s and '70s by NH & MRC. The NMAA also has sponsored national campaigns through the mass media (October 1984). In 1988, the NMAA sponsored three international meetings: the International Lactation Conference (for health professionals), the International Breastfeeding Affiliation Workshop (for mothers' support groups) and a workshop for IBFAN representatives. Participants were invited to speak at meetings throughout the country. The organization is planning a survey of women who return to paid work while breastfeeding to discover why some successfully continue to breastfeed and others fail. Last, but not least, the NMAA has been instrumental in urging the government to take decisive steps in monitoring the Code. (See Blue Section.)

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
China, People's Republic of	GOVERNMENT PROGRAMS: The health and nutrition status of China's children has improved greatly in the last decade. China's infant mortality is 6-10/1000. The government has targeted remote areas where such improvements have not yet occurred as priority for the coming years. China, like the rest of the world, saw a decline in breastfeeding in urban areas (in Beijing in 1949 the rate of breastfeeding was 90%; in 1984, 20%). The government set a goal of an 80% rate of breastfeeding for the first 4 months by 1985. Tracking efforts are underway in major cities (in Beijing, Shanghai, Guangzhou). According to one estimate in 1984, 51% of the infants 4 months and under were breastfed, 42% received mixed feedings. Mothers in rural areas (where 80% of the population lives) have continued to breastfeed at a rate of 80%. The government takes an active interest in progress, following changes through surveys and studies of attitudes. Studies of infant growth showing that children in rural areas were faltering suggested that their weaning food were not adequate. The government instituted systematic maternity care by late the 1970s from early pregnancy to 42 days after delivery. Women receive regular checkups, special care for high-risk pregnancies, hospital delivery, home visits afterwards, and a final 6-week checkup for mother and infant. In 1988, maternity care extends to 159 cities with over 300,000 population and to half the rural areas, where 80% of the population lives.
India	GOVERNMENT PROGRAMS: The promotion of breastfeeding and proper weaning foods and practices takes place through state nutrition programs. Also, state governments and voluntary organizations set up child welfare centers, which provide some free food along with preschool education. During the period 1980-1986, about 33% of children under 5 had mild malnutrition and 5% had severe malnutrition. Women and girls have less access to food, education and medical care.
Indonesia	GOVERNMENT PROGRAMS: Government promotion of breastfeeding began with a Presidential Decree in 1974. Breastfeeding advice has been made available since to an increasing number of Indonesian women through the ever-expanding national nutrition program. Standard messages designed for community volunteers to convey to mothers at monthly weighing sessions have included advice to eat and drink more during lactation as well as messages about the value of breastfeeding for infant health. The advice has been refined through pilot projects and further disseminated through the national family planning program. Breastfeeding activities in the several programs are coordinated by the National Commission on Breastfeeding. The National Socioeconomic Survey (1986) found that 1.41% of the 0-11 month children were not breastfed and that the average period of exclusive breastfeeding in rural and urban areas was 5.58 and 5.46, respectively. Some 90% of mothers breastfeed. However the percentage of infants partially breastfed has risen. The same government programs have also addressed weaning foods and related education. The country has also seen extensive training activities for health professionals, beginning in the 1970 and continuing in the 1980s with government run pilot projects to develop rooming-in in 4 leading hospitals.

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
Indonesia (cont'd)	NONGOVERNMENT PROGRAMS: The promotion of breastfeeding was initiated by the Indonesian Pediatric Society in 1973 and spurred the President's Decree of 1974. BKPP-ASI (Working Body for the Promotion of Breastfeeding) was founded in 1977. It coordinates nongovernment activities on breastfeeding. Its members come from professional organizations working in maternal and child health and its purpose is to support the government in promoting breastfeeding. Activities: a breastfeeding campaign, seminars and workshops, training for mothers' support groups, translation of UNICEF's report on breastfeeding, leaflet and poster production, radio answering services, slide production and training for midwives and other health professionals. PERINASIA (the Indonesian Society for Perinatology) promotes safe birth and perinatal care. It worked with BKPP-ASI to conduct a workshop/seminar on breastfeeding and perinatal care (1984); collaborated with Family Health International (USA) on an infant feeding survey in 16 private hospitals (1985), the findings of which prompted the idea of training hospital staff utilizing graduates of the San Diego Lactation Management Program; and cosponsored a national and an international conference on breastfeeding. The original Travelling Seminar took place in 1982. It was there that the idea for training a core group of professionals who would train others and form the nucleus of breastfeeding campaigns in each province was conceived. The first group of trainees went to San Diego in 1983. The graduates, totalling 37 (1988), work in teaching hospitals and in addition conduct courses and conferences for hospital staffs and professional and community groups. After the PERINASIA study in 1985, a Travelling Seminar Program was established for 1987-90 and funded by Ford Foundation. The program has developed a syllabus and will conduct trainings at different sites and in all types of hospitals. The first of these (Apr. 1988) included a participant from the MOH. The second took place in July. Other organizations that have come out in support of breastfeeding are the Midwives and Nurses Organization and the Consumers Union, which has played an important role in monitoring the Code (see Blue Section).
Korea, Rep. of	GOVERNMENT PROGRAMS: MOH implemented an education and communication program (1983-1984) on breastfeeding, which used mass media to raise public awareness and trained promoters of breastfeeding.
Malaysia	GOVERNMENT PROGRAMS: The MOH reports that breastfeeding is promoted through MCH clinics, where mothers may learn about breastfeeding through individual counselling, group talks, and demonstrations. The MOH acknowledged close collaboration with voluntary and women's organizations and breastfeeding advisory groups in conducting these activities. Planned activities (1988) include advocacy for changes in hospital practices, promotion through mass media, the development of audiovisual materials, and intensified monitoring of the Code. NONGOVERNMENT PROGRAMS: The Consumers Association of Penang has undertaken a large scale survey of breastfeeding habits of different socioeconomic groups. The Association also provides counselling services, distributes literature, and sponsors radio talk shows.

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
Malaysia (cont'd)	The Consumers Union of Penang conducts seminars and workshops with students, youth and women's groups. It notes that breastfeeding is still not the norm and that formula companies continue to be very aggressive in Malaysia. It also reported that while there is a national policy in writing that endorses the promotion of breastfeeding, "there are no definite programmes under the policy." Persatuan Penasihat Penuysan Ibu Ma[illegible] provides counselling to mothers, produces educational materials, and provides information to hospitals and clinics. In late 1987 Malaysia was selected as a site for an experimental project to provide rural mothers with information about breastfeeding. Two members of PPPIM took training as part of this project.
Pakistan	NONGOVERNMENT PROGRAMS: In a paper presented to the 9th Biennial International Pediatric Conference, (March 1988), Dr. Julian Lambert, Chief of Health and Nutrition, UNICEF/ Pakistan, cited numerous studies documenting the serious decline in breastfeeding and the rise in infant mortality, chiefly through diarrhea, as a result of bottlefeeding. He outlined 4 areas for improvement: have female health workers who come in contact with mothers breastfeed their own infants and set up creches, extended maternity leave and extra time off to ensure their success at breastfeeding; provide rooming-in for all newborns; ban infant formula salesmen and free samples and promotional material; and provide all mothers with practical advice, support, and encouragement to breastfeed. At that meeting, participants drafted and signed the "Peshawar Declaration," a statement of their resolve to not only address Dr. Lambert's 4 areas of concern but also to very radically change hospital and clinical practices that influence breastfeeding.
Papua New Guinea	NONGOVERNMENT PROGRAMS: Susu Mamas (PVO) that provides mothers with information about breastfeeding through support groups. It also produces a newsletter, produces pamphlets for aid posts and hospitals, translates literature into pidgin, offers classes at vocational schools, high schools and prenatal clinics, talks to trainee midwives and conducts a playgroup at the hospital for long-term children's ward patients. Susu Mamas is one of a handful of support groups worldwide that receives no government funding.
Philippines	GOVERNMENT PROGRAMS: MOH implemented an education and communication program (1982-1983) on infant nutrition, which used film, slides, poster, magazines, and books. As part of effort to implement code (October 1986 -), the Ministy of Health launched intensified promotion of breastfeeding and proper nutrition, and intensified training of health workers on benefits and techniques of breastfeeding. NONGOVERNMENT PROGRAMS: BUNSO, an alliance of health professionals, drafted the national code submitted first in 1983 and finally signed into law in October 1986.
Singapore	NONGOVERNMENT PROGRAMS: Singapore Breastfeeding Mothers Group (1975-) has promoted breastfeeding through informal meetings, "Breastfed Baby" shows, seminars, films, literature, and special classes at public schools, hospitals, and MCH clinics. SBMG took part in a series of prenatal classes at Singapore General Hospital, which introduced mothers to breastfeeding management practices. The series inspired several other hospitals to begin such classes and to use SBMG to help. The group has also established milk banks in some hospitals.

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
Thailand	GOVERNMENT PROGRAMS: The National Committee on Food and Nutrition coordinates activities. During the 1970s the Model Mothers Program was established in the poorest villages. Mothers selected for award met 10 criteria, including one that they were breastfeeding. In response to the results of the Bangkok Breastfeeding Promotion Project (see below), the MOH issued a Ministerial Order on Infant Feeding in Hospitals (1986), which although lacking the force of law, is expected to nudge hospitals toward revised practices. In April 1988 the Voluntary Group of Consumers in Thailand noted that the Public Health Ministry had begun rather belatedly to discourage hospitals from separating mothers and infants after birth and from the usual practice of infant formula feedings during mothers' absence. They now recommend keeping mothers and infants together and say that breastfeeding is to be supported. NONGOVERNMENT PROGRAMS: The Bangkok Breastfeeding Promotion Project (1984-1986) was implemented in the 8 largest hospitals in Bangkok, which together delivered 70% of the capital's infants. Run by Mahidol University with the International Nutrition Communication Service and the Wellstart Lactation Management Training Program, it focused on changing knowledge, attitudes, and practices of health care providers through training and changes in hospital practices. The Project also developed materials and messages about breastfeeding for mothers at prenatal clinics and maternity wards, including a "breastfeeding passport," which mothers were to take to the hospital to indicate their intention to breastfeed. Hospitals in other parts of the country have sent staff to lactation management trainings at the participating hospitals and used the educational materials. Several plan to sponsor similar projects. The Family Health Institute and local institutions have conducted studies on breastfeeding, mortality, contraception, and amenorrhea (1984-1987).
Tonga	GOVERNMENT PROGRAMS: This national program (1983-1987) was developed in reponse to increased expenditures for imported breastmilk substitutes and rising expenditures for health care to treat bottlefed infants. The government-created National Food and Nutrition Committee, which is directing the program, is made up of representatives of the MOH, five other ministries, and several NGOs. The program consists of research (baseline and ongoing data collection and evaluation) and interventions to change patterns of supply (through legislation) and demand (through training and education). Supply interventions include legal provisions for maternity leave and nursing breaks, import restrictions on breastmilk substitutes and paraphernalia, and sales restrictions on same (sold by prescription only). Demand interventions include in-service training workshops on breastfeeding for professional and auxiliary health personnel; educational materials; a 3-month campaign (1983); and improved institutional practices. NONGOVERNMENT PROGRAMS: Three NGOs were part of the original National Food and Nutrition Committee: Tonga National Council of Churches, the Rural Development Centre, and the Tonga Red Cross Society. The Tonga Food and Nutrition Action Group, the FSP Village Women Development Program, FSP Regional MCH, CHADU, UNICEF, WHO, and FAO were considered likely to contribute to the program and join the Committee.
Viet Nam	GOVERNMENT PROGRAMS: A national workshop on breastfeeding was held in August 1983 and a breastfeeding survey has been conducted.

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
REGION: EUROPE	
Regional	In 1987 the Regional Office for Europe of the WHO organized "Breastfeeding Promotion: Assessment, Planning and Evaluation, which was convened in the Netherlands and attended by a multidisciplinary group representing 14 European countries. The aim of the workshop was to have participants write a draft European stragegy for breastfeeding promotion. Also that year, the Regional Office published recommendations for research on the relationship between infant morbidity and infant feeding in Europe.
Austria	GOVERNMENT PROGRAMS: The government produces educational materials and has funded research. NONGOVERNMENT PROGRAMS: The Pediatric Society is responsibile for issuing guidelines on infant feeding to health workers and the general public. The MOH states that mothers' support groups have a very positive influence on breastfeeding rates. Government-produced informational materials for parents list the names and addresses of these groups.
Belgium	GOVERNMENT PROGRAMS: In May 1984 the government created the Institute of Childhood and the Family to assist parents and caretakers in protecting the health and wellbeing of children under the age of 3. The work of the Institute is to: lower rates of infant mortality and premature birth; ensure children's individual (physical and psychomotor development, emotional development, speech and rational development) and social development; and to provide psychosocial help and health education for parents through counselling, referral, and educational materials developed by the Institute. The Institute was instructed to respect families' "ideological, philosophical, and religious beliefs" as it performed these tasks.
Bulgaria	GOVERNMENT PROGRAMS: Government steps in support of a pro-breastfeeding policy are: the establishment of a nationwide system of milk banks and revised curricula for physicians and other health workers with special emphasis on infant feeding.
Czechoslovakia	GOVERNMENT PROGRAMS: The MOH's survey of breastfeeding practices (1983) found that frequently children still breastfed once or twice a day in their second year. The same report found increased demand by mothers for rooming-in and that facilities with these accommodations had a breastfeeding rate of 92-98%. The MOH is responsibile for issuing guidelines on infant feeding to health workers and the general public.
Denmark	GOVERNMENT PROGRAMS: The MOH's survey of breastfeeding practices in 1982 found an average duration of 19 weeks. Responsibility for issuing guidelines on infant feeding to health workers and the general public belongs to the MOH.
France	GOVERNMENT PROGRAMS: The MOH is responsible for issuing guidelines on infant feeding to health workers and the general public. Government order of August 18, 1983 lays down conditions for establishing and operating milk banks.

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
France (cont'd)	A study of attitudes and behavior of health professionals towards breastfeeding in northern France (1986) found that the obstetricians, midwives, student midwives, pediatricians, and pediatric nurses surveyed believed they had very little influence on mothers' choice of infant feeding. Midwives, while less apt to provide prenatal counselling than obstetricians, believed they could help mothers with management techniques after birth. Several misconceptions surfaced from the study, notably: that breastfeeding is more fatiguing than bottle feeding, that bottle feeding is easier for health professionals, and that working mothers are less motivated to breastfeed. NONGOVERNMENT PROGRAMS: The MOH states that mothers' support groups have a very positive influence on breastfeeding rates.
Germany	GOVERNMENT PROGRAMS: Surveys by the MOH found that the average duration of breastfeeding was 6 weeks (1982). 1982 found an average duration of 6 weeks and that rooming-in had increased from 6% in 1978 to 27% in 1982. The MOH is responsible for issuing guidelines on infant feeding to health workers and the general public.
Hungary	GOVERNMENT PROGRAMS: Government steps in support of a pro-breastfeeding policy are the following: the MOH established a nationwide system of milk banks. The MOH reported that early initiation of breastfeeding strongly contributed to the increased rates of breastfeeding. The MOH is emphatic about the importance of providing physicians and other health workers with curricula that put special emphasis on infant feeding. The MOH is responsible for issuing guidelines on infant feeding to health workers and the general public. The guidelines for infant foods encourages the use of preprocessed foods. (The government of Hungary controls infant formula and food distribution channels.)
Ireland	NONGOVERNMENT PROGRAMS: Voluntary agencies disseminate information.
Italy	NONGOVERNMENT PROGRAMS: L'Associazione per l'Allattamento Materno (PVO) provides information and support to mothers through informal meetings in members' homes and via a telephone service, which was set up as a result of the difficulties Italian women have in attending such meetings (doctors and tradition encourage them to keep infants at home.) The AAM reported a number of other obstacles women wishing to breastfeed have to overcome: "...[D]octors recommend feeding according to...strict routine (every 4 hours), weighing...baby before and after each feed and...complementing with formula...[M]ost women have lost their milk within 2 or 3 months. Even...women [who] feed on demand...are usually so badly informed that they do not realize the necessity of feeding frequently or of avoiding the use of formula, water, and camomile (which is used a great deal...)." In hospitals, rooming-in is rare and "mothers do not feed their babies for the first 24 hours...Babies are brought on a regular schedule, sometimes only for 20 or 30 minutes..., double weighed, given complements, and not usually fed by...mothers at night." The AAM is affiliated with the UK's Association of Breastfeeding Mothers.

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
Netherlands	NONGOVERNMENT PROGRAMS: Vereniging Borstvoeding Natuurlijk (PVO) that provides information and support to mothers.
Norway	GOVERNMENT PROGRAMS: The MOH is responsible for issuing guidelines on infant feeding to health workers and the general public. The guidelines for infant foods encourage the use of homemade foods. The government financially supports workshops on lactation management for health personnel conducted by mothers' organizations. Maternity wards throughout Norway were surveyed in 1973 and 1982. The survey showed that the jump in incidence of breastfeeding from 20-30% in the 1970s to 95% in 1982 paralleled "significant positive changes" in maternity ward routines (i.e., initiation immediately after delivery; feedings on demand; waiving of test weighings before and after feedings; stopping routine supplementary feedings). The study could not attribute changes to any single cause. It noted the Ministry of Social Affairs' report "Breastfeeding in Norway" had lent authority to recommendations for change and helped to publicize them. Also better knowledge about the physiology of lactation may have persuaded health workers of the necessity for change. NONGOVERNMENT PROGRAMS: The MOH states that mothers' support groups have a very positive influence on breastfeeding rates. Government-produced informational materials for parents list the names and addresses of these groups.
Poland	GOVERNMENT PROGRAMS: Mass media used to educate mothers about the advantages of breastfeeding.
Portugal	GOVERNMENT PROGRAMS: The government's current program (1988-90) consists of research on the prevalance of breastfeeding; revision of pre- and post-graduate curricula for physicians and nurses; a public information campaign via mass media; and the fulfilment of the national code on marketing breastmilk substitutes. Previous government effort (1979-87) revised pre- and post-graduate curricula; conducted information campaigns via mass media for opinion leaders and the public; and produced group health education materials for women. The government plans to distribute materials about breastfeeding; to work closely with the faculties of medical and nursing schools; to develop texts for continuing education for health professionals; to provide more systematic education during prenatal visits; and to provide support to new mothers through home visitors.
Romania	GOVERNMENT PROGRAMS: Five-year breastfeeding study explored relationship between child health and infant feeding practices. Data gathered to prepare national health education strategy.
Spain	GOVERNMENT PROGRAMS: The MOH is responsible for issuing guidelines on infant feeding to health workers and the general public. The guidelines for infant foods encourage the use of homemade foods.

2. How have policies been carried out to promote breastfeeding and otherwise support maternal and child nutrition?

Country	Programs
Sweden	GOVERNMENT PROGRAMS: The MOH is responsible for issuing guidelines on infant feeding to health workers and the general public. The guidelines for infant foods encourage the use of homemade foods. The National Board of Health and Welfare legislated regulations (May 1983) for health care and nursing personnel on the implementation of the International Code of Marketing of Breastmilk Substitutes. Regulations make health care and medical services responsible for promoting breastfeeding to new and expectant mothers, for putting out educational materials on infant feeding, and for monitoring infant feeding materials not produced by the health services to ensure soundness and accuracy.
Switzerland	GOVERNMENT PROGRAMS: The MOH's survey of breastfeeding practices in 1978 found an average duration of 10 weeks. The MOH also found that early initiation of breastfeeding was important in contributing to increased rates of breastfeeding. The Swiss study shows that mothers who had rooming-in and early contact with their babies breastfed for an average of 11.8 weeks (versus 7.4 weeks by mothers who had neither rooming-in nor early contact). NONGOVERNMENT PROGRAMS: The Swiss Pediatric Society's recommendations on infant feeding are recognized as the most authoritative. (The government does not issue guidelines on nutrition.) The MOH states that mothers' support groups have a very positive influence on breastfeeding rates.
USSR	GOVERNMENT PROGRAMS: The MOH is responsible for issuing guidelines on infant feeding to health workers and the general public.
U.K.	GOVERNMENT PROGRAMS: The MOH is responsible for issuing guidelines on infant feeding to health workers and the general public. NONGOVERNMENT PROGRAMS: The MOH states that mothers' support groups have a very positive influence on breastfeeding rates. Government produced informational materials for parents list the names and addresses of these groups. The Association of Breastfeeding Mothers provides education and counselling and publishes many, many educational materials in addition to a newsletter. In 1988 the ABM published a catalogue of these materials, among them leaflets in Urdu, Punjabi, Bengali, and Gujerati. The Breastfeeding Promotion Group of the National Childbirth Trust developed a curriculum for training counsellors and conducts numerous trainings. In Oct. 1988 the BPG began to offer a course for general medical practitioners covering: how to encourage mothers to breastfeed during prenatal visits; what is involved in normal breastfeeding; areas of special knowledge (mastitis and abscesses, expressing milk, growth patterns, weaning); and referrals to personnel who care for breastfeeding mothers (midwives, counsellors, health visitors). Baby Milk Action Coalition. Besides monitoring activities of infant formula manufacturers in the UK, promotes good infant nutrition. Publishes educational materials.

3. What steps have been taken to implement the International Code of Marketing of Breastmilk Substitutes?*

Country	Status
REGION: WORLDWIDE	The May 1987 World Health Assembly clarified the Resolution banning industry donations of infant milk supplies to hospitals in view of the infant food industry's refusal to stop the practice. The Resolution, written to prevent industry manipulation of health systems and potential breastfeeders, stipulates that milk supplies should be made available only "through the normal procurement channels and not through free or subsidized supplies" for the small number of infants who require them. The author of the Resolution said for the record that "'normal procurement channels'... means purchases against payment, and not free donations or even subsidized supplies."
REGION: AMERICAS	
Antigua & Barbuda	o Code being studied by a government committee.
Argentina	o Code recommended by government committee and awaiting legislation.
Bahamas	o Code recommended by government committee and awaiting legislation.
Barbados	o Code being studied by a government committee. Mass media advertising of breastmilk substitutes is prohibited. Milk nurses are prohibited from distributing milk at hospitals and polyclinics.

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* Summary of the WHO/UNICEF Code:

1. No advertising of these products to the public.
2. No free samples to mothers.
3. No promotion of products in health care facilities.
4. No company mothercraft nurses to advise mothers.
5. No gifts or personal samples to health workers.
6. No words or pictures idealizing artificial feeding, including pictures of infants, on the labels of the products.
7. Information to health workers should be scientific and factual.
8. All information on artificial infant feeding, including the labels, should explain the benefits of breastfeeding, and the costs and hazards associated with artificial feeding.
9. Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.
10. All products should be of a high quality and take account of the climatic and storage conditions of the country where they are used

3. What steps have been taken to implement the International Code of Marketing of Breastmilk Substitutes?

Country	Status
Belize	o Code being studied by a government committee.
Bolivia	o Code recommended by government committee and awaiting legislation.
Brazil	o Code recommended by government committee and awaiting legislation. o IOCU notes substantive steps taken to discourage bottlefeeding. Decrees prohibiting sample distribution in government and maternity clinics issued in the states of Pernambuco and Rio Grande do Norte.
Canada	o Some Code provisions in effect as voluntary measures. Members of the Canadian Infant Formula Association (CIFA) are Abbott Labs, Bristol-Myers, National Baby Formula Services Ltd., and Wyeth Ltd., the primary manufacturers of infant formula products in Canada. This group drafted and the government endorsed a voluntary code of practice, signed Oct. 1987. INFACT calls it "a very weak code." In late 1988 INFACT Canada pointed out discrepancies between the Canadian and the WHO/UNICEF Codes, among these Canada's allowing promotion of formula products to physicians and healthe care professionals. INFACT points out the WHO/UNICEF Code restricts information provided by manufacturers to these groups to "scientific and factual matters." Although no direct consumer promotion is to be permitted, the companies are still permitted to develop films, brochures, and other materials for mothers as long as they are not intended to disuade mothers from breastfeeding and as long as the materials are not given to mothers by the companies but by health professionals, who will give or show them to mothers at their discretion. Formula companies are also not to "make grants or contributions to support research, educational programs, fellowships, participation in professional meetings or the like nor provide incidental services nor professional courtesies <u>for the purpose of discouraging breastfeeding</u> (emphasis supplied) nor encourage hospitals or health care institutions to favor the donor's infant formula products and related products." The next clause states that companies may make donations as long as they do not attach any conditions to their gifts: in other words as long as they are just being altruistic. (In April A.W. Myres, Ph.D., Senior Program Officer, Family and Child Health Unit, Health and Welfare Canada, wrote in the <u>Canadian Journal Public Health</u>, "we cannot expect a multi-million dollar industry based on sales of infant formula to be entirely objective or altruitic in supporting breastfeeding." It is also interesting that in the same article Dr. Myres wrote: "By an ironic twist it is now in the interests of the formula industry to promote breastfeeding! We are seeing a complementary role rather than a competetive one come to the fore. While much of the early rhetoric on both sides characterized the issue as...breast versus bottle feeding, it now appears that breastfeeding is emerging as the preferred method of feeding in the first 6 months and commercial infant formula is achieving its <u>originally intended purpose</u> [emphasis supplied] as a supplemental food to breastmilk in the latter half of the first year.") The code of practice concludes with a clause stating companies will monitor themselves. At the close of 1988, INFACT Canada reported "violations..continue as if no marketing restrictions existed. Free supplies...to hospitals continues, as do...free samples to new mothers, direct advertising of infant formula and feeding products in the print media, the use of brand names on gifts to hospitals and to health care workers, pictures and graphics on labels idealizing bottlefeeding confounding...'breast is best' statements with reflex disrupting messages, and inadequate labelling on the negative effects of bottlefeeding."

3. What steps have been taken to implement the International Code of Marketing of Breastmilk Substitutes?

Country	Status
Caribbean Region	At its June 1983 Annual Meeting, the Caribbean Association of Nutritionists and Dietitians adopted a resolution endorsing the WHO/UNICEF Code. The resolution recognizes the need for a coherent Caribbean regional policy on the marketing of breastmilk substitutes and calls on the governments of the region to speedily adopt and implement the Code, promulgating and enacting the necessary legislation in individual territories in the region.
Chile	o Some Code provisions in effect as voluntary measures. Labels required to disclose that substitutes are inferior to breastmilk; terms such as 'humanized' and 'maternalized' prohibited. Ministry reports formula manufacturers have adopted the provisions of the WHO/UNICEF Code pertaining to the distribution of samples, advertising via mass media, and directions for preparing formulas.
Colombia	o Some of the Code in effect as law. May 1980 decree regulated infant food marketing, which prohibited pictures or mention of infant feeding bottles or human figures on labels; required "Breast Is Best" messages on infant food labels, proper preparation instructions, and warnings about hazards of substitutes; prohibited sample distribution to mothers and health workers; provided for sanctions against noncomplying commercial enterprises. Ministry of Health reports compliance is in effect nationally.
Costa Rica	o Some Code provisions in effect as voluntary measures. o Code being studied by a government committee. The National Commission on Breastfeeding was established by decree October 31, 1986. WHO/UNICEF Code previously studied by the National Commission and found appropriate with the elimination of Article 8-1, which recommends not including the volume of substitute product sales within the scope of the code in calculating bonuses or setting quotas. MOH reports that the effort to ratify the code into law was renewed through lobbying the National Assembly in 1986. Considered priority for legal component of national breastfeeding program (1986-1990). Brochure on code disseminated to health workers.
Cuba	o Government controls distribution. The MOH revised labelling section of the national code and now requires a prescription for infant formula.
Dominica	o Code in effect as a voluntary measure.
Dominican Rep.	o Some of the Code in effect as law. The government previously modified Sanitary Code to promote breastmilk and prohibit substitutes in all public and private institutions.

3. What steps have been taken to implement the International Code of Marketing of Breastmilk Substitutes?

Country	Status
Ecuador	o Some of the Code in effect as law. Decree No. 2215, based on WHO/UNICEF Code and approved in 1983, set standards for labeling.
El Salvador	o Some provisions of the Code in effect as voluntary measures. MOH reports distributors of substitutes are complying with Code and that legislation supporting the promotion of breastfeeding has been prepared and awaits the Minister's approval (1987). CALMA reports that a draft was produced and submitted to the Legislative Assembly as yet with no result (July 1988). CALMA had collaborated on the draft. CALMA has recommended to the Ministry of Public Health and Social Assistance that a National Commission on Breastfeeding be established to lobby the Assembly for passage of the law as well as to undertake promotion and monitoring activities after its passage.
Grenada	o No steps have been taken to implement the WHO/UNICEF Code. The Ministry prohibits the distribution of substitutes in maternity wards.
Guatemala	o WHO/UNICEF Code in effect as law. o IOCU notes substantial steps taken to discourage bottlefeeding.
Guyana	o Code recommended by government committee and awaiting legislation.
Haiti	o Code being studied by a government committee.
Honduras	o Code recommended by government committee and awaiting legislation. o IOCU notes substantive steps taken to discourage bottlefeeding. Draft legislation was sent before the National Congress (Jun. 1987). Earlier steps to govern the marketing of breastmilk substitutes were provisions taken from Sanitary Code, which controls products on food market, imports, distribution, labeling, and advertising. Formula imports decreased some 40% since 1981. However the Honduran Breastfeeding Association noted that whole milk imports had increased by 1.1 million kgs. in the same period. It reported that the price control agency was in the process of approving an increase in the price of whole milks (Sept. 1988).
Jamaica	o Code recommended by government committee and awaiting legislation.

3. What steps have been taken to implement the International Code of Marketing of Breastmilk Substitutes?

Country	Status
Mexico	o Some of the Code in effect as law. o IOCU notes substantive steps taken to discourage bottlefeeding.
Nicaragua	o Some of the Code in effect as law. The National Breastfeeding Law enacted in December 1981 establishes that activities to promote breastfeeding are in the public interest, designates Interministerial National Commission responsible for the activities, forbids any advertising of substitutes, establishes quality and labeling requirements, and recategorizes substitutes as drugs and makes them subject to MOHcontrol.
Panama	o Code being studied by a government committee. The national code was revised in 1987. The Ministry's Legal Advisor planned to review the latest draft and the Committee on Health was to present it to the Legislative Assembly. The MOH expected a series of debates before the final vote.
Paraguay	o Code being studied by a government committee.
Peru	o WHO/UNICEF Code in effect as law. o IOCU notes substantive steps taken to discourage bottlefeeding.
St. Kitts & Nevis	o Code recommended by government committee and awaiting legislation.
St. Lucia	o Code recommended by government committee and awaiting legislation.
St. Vincent	o Code being studied by a government committee.
Trinidad & Tobago	o Some of the Code in effect as law. o Code in effect as a voluntary measure. Monitoring of compliance is done by special committee of the Ministry of Health and Environment, the Bureau of Standards and representatives of major health professions, T.I.B.S., and women's and consumer's organizations. The Code recommendations for labelling have been enacted as law. The remainder has been adapted on a voluntary basis.
USA	o Some Code provisions in effect as voluntary measures.

3. What steps have been taken to implement the International Code of Marketing of Breastmilk Substitutes?

Country	Status
USA (cont'd)	The Food and Drug Administration established quality control procedures for the manufacture of infant formula to ensure that the products contain essential nutrients at levels specified in the Infant Formula Act of 1980. The government issued regulations of infant formula recalls. Two task forces convened in November 1981 by the Department of Health and Human Services examined issues related to the WHO/UNICEF Code. One task force published a report to WHO on the feeding of infants and young children and the International Code of Marketing of Breastmilk Substitutes. The other published its report as a supplement to the Journal of Pediatrics in October 1984. Carnation, the Nestle affiliate in the US, promotes formula directly to mothers. They provide free gift samples at hospitals and announced plans for a mass media campaign directed to consumers (July 1988). Other companies claim to avoid promoting formula at the expense of breastfeeding and also to avoid direct promotion: however, the favored avenue is coupons and brochures, which are distributed at doctors' offices, and gift boxes. Industry-wide sales have grown at least 10% a year.
Uruguay	o Code being studied by a working party.
Venezuela	o Some of the Code in effect as law. The 1982 resolution on marketing required a statement of substitutes' inferiority to breastmilk and a warning about hazards of substitutes on labels; required formula advertising to be limited to "educational campaigns" and to meet MOH approval; prohibited formula promotion (through words or pictures) to the detriment of breastfeeding; and banned sample distribution to mothers (resolution permits distribution to medical and allied health personnel.)

3. What steps have been taken to implement the International Code of Marketing of Breastmilk Substitutes?

Country	Status
REGION: AFRICA	
Regional:	The Inter-Parliamentary Conference (1982), with delegates from 23 African countries, urged regional governments and authorities to implement the WHO/UNICEF Code, to pass legislation controlling the marketing and advertising of substitutes, and to review policies, programs, and legislation related to the protection of women, children, and youth. Ms. Christine Lwanga, the new director of IBFAN Africa, outlined the following steps governments could take to counter commercial promotion of breastmilk substitutes: 1) promote the importance and advantages of breastfeeding, 2) take effective legislative action, 3) provide mothers with supportive services (maternity legislation, counselling, and preparation during prenatal care). Ms. Lwanga said that IBFAN's major plan for the next 2 years are to intensify training, work with governments to implement the WHO/UNICEF Code, strengthen the already established network in the anglophone African countries, and build a francophone African network. She said that IBFAN would also seek to promote good weaning practices, particularly the timing for introduction and the importance of making these foods from locally available products, and would promote the use of growth monitoring cards as an integral part of the organization's educational activities.
Benin	o Some of the Code in effect as law. The government expects to integrate the WHO/UNICEF Code into its national food legislation by expanding the existing laws. Currently, advertising breastmilk substitutes is banned.
Botswana	o Some Code provisions in effect as voluntary measures.
Burkina Faso	o Code being studied by a working committee. A multidisciplinary body was established not long after resolution on WHO/UNICEF Code. It was given responsibility for gathering information about substitutes and combatting their use. The National Nutrition Laboratory improved its ability to analyze substitutes and thus to provide quality control.
Cameroon	o Code recommended by government committee and awaiting legislation.
Central African Republic	o Code recommended by government committee and awaiting legislation.
Chad	o Code recommended by government committee and awaiting legislation.
Congo	o Code recommended by government committee and awaiting legislation.

3. What steps have been taken to implement the International Code of Marketing of Breastmilk Substitutes?

Country	Status
Djibouti	o Some of the Code in effect as law. Since 1981 the government has required that mothers be informed of the benefits of breastfeeding and that advertisements discouraging breastfeeding be prohibited.
Ethiopia	o Some of the Code in effect as law. o IOCU notes substantive steps taken to discourage bottlefeeding.
Gabon	o Some provisions of the Code in effect as voluntary measures.
Gambia, The	o Code recommended by government committee and awaiting legislation. The Women's Bureau wrote that adoption was imminent (Dec. 1988). The MOH reported that a survey of all substitutes available through commercial channels was begun in June 1988. It also said that the government planned to adopt, enforce and publicize the code in 1989-90.
Ghana	o Code being studied by a government committee.
Guinea	o Some of the Code in effect as law. o Code recommended by government committee and awaiting legislation.
Guinea-Bissau	o Some of the Code in effect as law. o IOCU notes substantive steps taken to discourage bottlefeeding. In 1976 the government announced that powdered milk and glass feeding bottles should be sold only in pharmacies and on prescription.
Ivory Coast	o Some provisions of the Code in effect as voluntary measures. o Voluntary code prepared by baby food industry in effect. Several Ministerial meetings were held in 1988, which resulted in the passing of resolutions to ban advertising and the distribution of free samples through the health services. Law regulating the marketing of substitutes and enacted in 1984 has been temporarily put aside.
Kenya	o WHO/UNICEF Code in effect as law. o IOCU notes substantive steps taken to discourage bottlefeeding.

3. What steps have been taken to implement the International Code of Marketing of Breastmilk Substitutes?

Country	Status
Kenya (cont'd)	In late 1985, Kenya banned breastmilk substitutes, commercial promotion of baby formula, and the distribution of free samples in health institutions. MOH is responsible for monitoring application of the code.
Lesotho	o Code recommended by government committee and awaiting legislation.
Liberia	o Code recommended by government committee and awaiting legislation. Draft code prepared by Ministry of Health and Social Welfare with advice from the Breastfeeding Advocacy Group (BAG)(PVO). In 1987, BAG hoped to strengthen and broaden draft to include provisions of WHO/UNICEF Code in their entirety. Country presently complies with certain Code provisions: advertising for substitutes is not permitted via mass media or hospitals and clinics. However, BAG reports that substitutes and baby foods are widely available in shops and markets and continue to be imported as "essential commodities." BAG investigated compliance with the Code in October 1986 and sent results to ACTION.
Madagascar	o Some of the Code in effect as law. The government prohibits advertising and publicity for substitutes. The sale of substitutes must be by prescription only. Sample distribution is also forbidden, and the value of breastmilk is promoted.
Malawi	o Code recommended by government committee and awaiting legislation. The MOH reports that the national code was developed at a national workshop, has been approved by the MOH, and awaits action by the Ministry of Justice. The MOH plans to conduct a campaign to raise awareness about the Code when it is enacted.
Mali	o Code being studied by a government committee. Working group met February 1986 to study ways to adopt the WHO/UNICEF Code.
Mauritius	o Code recommended by government committee and awaiting legislation. o IOCU notes substantial steps taken to discourage bottlefeeding. The first draft of a national code based on the WHO/UNICEF Code was produced in Dec. 1984. Subsequent drafts have been developed by the MOH in consultation with MAPBIN, but have never been submitted to the legislative assembly. In March 1988 Minister of Health Jugdish Goburdhun projected that a code could be presented to lawmakers in March 1989.
Mozambique	o Some of the Code in effect as law. o Government controls distribution.

3. What steps have been taken to implement the International Code of Marketing of Breastmilk Substitutes?

Country	Status
Nigeria	o Code recommended by government committee and awaiting legislation. o Code recommended by government committee and awaiting legislation. A proposal to revise the national code has been drafted and submitted for approval.
Rwanda	o Government controls distribution.
Sao Tome e Principe	o Some of the Code in effect as law.
Senegal	o Code being studied by a government committee.
Sierra Leone	o Code recommended by government committee and awaiting legislation.
Somalia	The WHO/UNICEF Code has been translated into the Somali language and added as an annex to the "Manual on Feeding Infants and Young Children."
South Africa	o Code in effect as a voluntary measure.
Sudan	o Code being studied by a government committee.
Swaziland	o Code recommended by government committee and awaiting legislation.
Tanzania	o Some Code provisions in effect as voluntary measures.
Togo	c Government controls distribution.
Uganda	o Code recommended by government committee and awaiting legislation. o IOCU notes substantive steps taken to discourage bottlefeeding.
Zaire	o Some of the Code in effect as law.
Zambia	o Code recommended by government committee and awaiting legislation. Much of formula industry nationalized. Government issued labeling requirements several years ago.
Zimbabwe	o Some of the Code in effect as law.

3. What steps have been taken to implement the International Code of Marketing of Breastmilk Substitutes?

Country	Status
REGION: NEAR EAST	
Arabian Gulf States*:	Recognizing that artificial feeding is one of the practices contributing to the persistence of malnutrition in these relatively prosperous countries, the governments have taken the following legislative actions: prohibited any ads on TV for breastmilk substitutes; regulated the distribution of free formula from clinics and health centers; and appointed a committee to develop regulations governing the marketing of substitutes. (See also yellow and green sections of the report.)
Algeria	o Government controls distribution.
Bahrain	o Code recommended by government committee and awaiting legislation. The MOH reports that it has completely prohibited all ads of infant formula in the mass media and that it regulates the distribution of free infant formula in health centers. It notes that the Code in Bahrain is under revision and awaits Ministry approval.
Egypt	o Some of the Code in effect as law. According to Decision No. 514 of 1980 of the Minister of Health: - Prohibits the advertising of breastmilk substitutes in health care establishments. It also prohibits the demonstration and distribution of such products to mothers. - Samples of breastmilk substitutes may only be distributed to physicians and professional specialists.
Iran	o Code being studied by a government committee.
Iraq	o Code recommended by government committee and awaiting legislation.
Israel	o Some of the Code in effect as law. o Code recommended by government committee and awaiting legislation. All containers of infant formula are labelled with advisory that breastmilk is the best infant food.
Jordan	o Code recommended by government committee and awaiting legislation.
Kuwait	o Some of the Code in effect as law. o Code recommended by government committee and awaiting legislation.

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* Bahrain, Kuwait, Oman, Qatar, UAE

3. What steps have been taken to implement the International Code of Marketing of Breastmilk Substitutes?

Country	Status
Lebanon	o Some of the Code in effect as law.
Libya	o Government controls distribution. o Code recommended by government committee and awaiting legislation.
Morocco	o Code being studied by a government committee. Interministerial commission was set up by the Prime Minister in 1981. It has studied the problems of imported baby foods, and possibilities for national production. Measures have been taken to limit import of the products and to make it subject to licensing. Copies of the Code have been distributed to all medical personnel.
Oman	o Code recommended by government committee and awaiting legislation.
Qatar	o Code recommended by government committee and awaiting legislation.
Saudi Arabia	o Some of the Code in effect as law. o Code being studied by a government committee. The Consumers' Protection Department is charged with seeing that products are appropriately labeled in Arabic. Labels carry advisory that use of substitute should be by physician's advice only as well as instructions for proper use. The Government has asked that companies comply voluntarily with the ban on advertising for breastmilk substitutes. Primary health care units have been forbidden to post signs that encourage the use of substitutes.
Syria	o Code in effect as voluntary measure.
Tunisia	o Some of the Code in effect as law. o Code recommended by government committee and awaiting legislation. A law passed on March 4, 1983 prohibits advertising for breastmilk substitutes, restricts distribution of samples of substitutes and utensils used for bottle feeding, and requires labels to emphasize the superiority of breastmilk and to provide preparation instructions in Arabic.
United Arab Emirates	o Some of the Code in effect as law. o Code recommended by government committee and awaiting legislation.

3. What steps have been taken to implement the International Code of Marketing of Breastmilk Substitutes?

Country	Status
Yemen Arab Republic	o Code recommended by government committee and awaiting legislation.
Yemen, Democratic	o Government controls distribution.

3. What steps have been taken to implement the International Code of Marketing of Breastmilk Substitutes?

Country	Status
REGION: ASIA/OCEANIA	
Afghanistan	o Code being studied by a government committee.
Australia	o Some Code provisions in effect as voluntary measures. Federal Ministries for Health and Primary Industry endorsed the Australian Code of Practice for the Marketing of Infant Formula in May 1983. It established the Working Party of Implementation of the WHO International Code of Marketing of Breast-milk Substitutes, which was responsible until 1988 for evaluating compliance with the code and trends in breastfeeding and recommending steps for further Code implementation. The code, an agreement between the industry and the government, covers most provisions of the WHO/UNICEF Code, was revised in 1985. It does not cover feeding bottles and teats, provisions regulating activities of distributors, especially pharmacists and wholesalers, or the promotion of infant formula to health professionals. National Health and Medical Research Council (NC & MRC) reported on implementation and issued guidelines for fully implementing the WHO/UNICEF Code not only for industry but for states and territories (to comply with Code provisions calling for urgent action to promote the health and nutrition of infants and young children by governments and agencies). This report states that the current code is "neither an Australian version of the WHO Code nor a substitute for it." In June 1988 the Minister for Community Services and Health relinquished the government's previously assumed responsibility for monitoring. The NMAA notes that "there is currently no monitoring function whatsoever for the WHO Code in Australia. [The NMAA is] currently lobbying with government to set up monitoring committee, either inside or outside government departments."
Bangladesh	o Some of the Code in effect as law. o IOCU notes substantive steps taken to discourage bottlefeeding.
Brunei	o Some Code provisions in effect as voluntary measures (i.e., advertising in mass media and distribution of free milk samples prohibited).
China, People's Republic	o Government controls distribution. o Code being studied by a government committee.
Cook Islands	o Code in effect as a voluntary measure. By agreement, there is no advertising through the mass media or elsewhere for breastmilk substitutes. The WHO/UNICEF Code is being implemented through the public health services and is being brought to the attention of public health nurses and health inspectors during basic training and continuing education courses.

3. What steps have been taken to implement the International Code of Marketing of Breastmilk Substitutes?

Country	Status
Fiji	o Code recommended by government committee and awaiting legislation.
Guam	o The Director of Public Health reviewed the territory's compliance with the Code.
Hong Kong	o Some of the Code in effect as law (i.e., Urban Services Department enforced WHO/UNICEF Code standards for manufacturing and labeling of breastmilk substitutes). o Some Code provisions in effect as voluntary measures (i.e., those affecting the distribution of samples and promotion of substitutes in health centers). Advertising through mass media ceased in 1978.
India	o Code recommended by government committee and awaiting legislation. The Voluntary Health Association of India (VHAI) called upon the Indian government to stop legislative delays in enacting and enforcing the Code for the Protection and Promotion of Breast Feeding, which India adopted 4 years ago. This code is based on the WHO/UNICEF Code. It banned advertising and promotion by multinational companies to the general public and contact between marketing personnel and mothers and expectant mothers. It legislated that information and education materials should promote breastfeeding and stress financial and health hazards of formula use, and it required that feeding with infant formula be demonstrated by health or community workers. It permitted limited donations of equipment and materials by industry when done with government authorization. Other provisions focused on health workers, persons employed by manufacturers and distributors, labeling, quality, implementation, and monitoring. The WHO/UNICEF Code was recommended by a government committee in mid-1986. Legislative action in November, however, only added new provisions, notably one banning media advertising of baby foods. Critics, notably the Voluntary Association of India, remarked on a loophole which allows companies to continue to promote products by contacting health personnel and supplying free samples. They expressed concern that unless this loophole were closed, national companies, which had relied on mass media ads, would follow multinational companies' style of promotion through contacts and sample distribution.
Indonesia	o Some of the Code in effect as law. The Minister of Health published a decree and operational manual on marketing substitutes in 1985. The Indonesian Consumers Union is an important monitoring body.

3. What steps have been taken to implement the International Code of Marketing of Breastmilk Substitutes?

Country	Status
Japan	o Some Code provisions in effect as voluntary measures. Action taken before the WHO/UNICEF Code prohibited distribution of free samples in hospitals and maternity clinics (1974), imposed labeling requirements (labels must state that breastfeeding is superior to substitutes and that substitutes should only be used on medical advice) (1975), and banned advertising by mass media (1975).
Korea, Rep. of	o Some Code provisions in effect as voluntary measures. o Code being studied by a government committee.
Malaysia	o Some Code provisions in effect as voluntary measures. Code of Ethics and Professional Standards for Advertising, Product Information and Advisory Services for Infant Formula Products was accepted June 1980 and publicly launched by Minister of Health in May 1983. It was revised in 1983 and 1985. Activities of industry related to marketing and distribution are monitored through the Government Liaison Committee, which meets monthly to review all printed materials prepared by industry. All forms of advertising via mass media are banned. In 1988 the Ministry reports that the code continues to undergo "a progresssive tightening," implying that because compliance with the Code is voluntary, the MOH prefers to go slowly. The Ministry wrote that it planned to intensify monitoring activities in 1988. The Consumers Union of Penang reports that formula companies' promotion in Malaysia continues as aggressively as ever. It describes the voluntary code as "weak, with many loopholes."
Mongolia	o Government controls distribution.
Nepal	o Code recommended by government committee and awaiting legislation.
New Zealand	o Code in effect as a voluntary measure. o IOCU notes sustantive steps taken to discourage bottle feeding. An agreement (based on the WHO/UNICEF Code) between industry and Health Department was arrived at after 1981 Code Resolution. Health professionals are guided by recommendations of the Code and national guidelines on feeding infants and young children (1979). Breastfeeding, reported to have increased to 82% of mothers, is not considered endangered in New Zealand. When Dumex, a Danish-owned formula company operating out of Malaysia, took out ads in Malaysian newspapers stating their baby food was not contaminated by Chernobyl-generated radiation because it was produced in New Zealand, the New Zealand Dairy Board threatened to cut off supplies, which amount to NZ$20 million (US$12 million) annually. The Dairy Board acted on the ads after receiving a complaint from IBFAN representatives in Asia.

3. What steps have been taken to implement the International Code of Marketing of Breastmilk Substitutes?

Country	Status
Pakistan	o Code recommended by government committee and awaiting legislation. Pakistan voted in favor of the WHO/UNICEF Code in 1981. IBFAN reports Pakistan is "an oper and growing market for bottle feeding products. Of 23 hospitals and clinics surveyed, 20 received free infant formula supplies. The average number of companies donating free milk per hospital was 3-4 to each hospital. Donation quantity per hospital was estimated to be enough to fully formula-feed all newborns.
Papua New Guinea	o Some of the Code in effect as law. o IOCU notes substantive steps taken to discourage bottle feeding. The Baby Feed Supplies Control Act of 1977, which made baby feeding bottles obtainable by prescription only, preceded the WHO/UNICEF Code. It included schedule of fines for supplying bottles, teats, or dummies without prescription for first and subsequent offenses and banned advertising to the public of feeding accessories. The Act was amended in 1984 by the MOH, which declared any baby or infant feeding aid a proscribed article. In 1985 the Act was further amended to proscribe baby cups, since they were being substituted for feeding bottles. In 1988, Susu Mamas (PVO) noted that legislation is in need of enforcement. They called for closer monitoring by health workers, doctors, pharmacists, baby health care clinics, and mothers.
Philippines	o WHO/UNICEF Code in effect as law. The National Coalition for the Promotion of Breastfeeding (BUNSO) (NGO) linked forces with the Department of Health in 1983 to form the National Movement for the Promotion of Breastfeeding. It was this group that made the case for a National Milk Code compelling to Pres. Aquino, who enacted it in Nov. 1986. Health Alert 83 notes, however, that almost 2 years after enactment and despite the strong sanctions provisions of the code, the Dept. of Health, which is responsible for monitoring and enforcement, seems unable to curtail blatant violations by infant formula companies. Also, the "dominant method of infant feeding in Metro Manila hospitals continues to be bottlefeeding, and the infant formula companies continue to rake in the profits." A study by Jacquelyn Schramm Honculada of infant feeding policies and practices in selected Metro Manila hospitals found that the medical profession largely determined the mode of infant feeding practiced in hospitals. Their decisions, in turn, were found to be based on training, infant formula advertising and perceptions of their role in promoting breastfeeding (mainly a question of whose job it is to promote breastfeeding -- the pediatrician's or the obstetrician's. Most respondents believed this was the pediatricians' turf and should not be trespassed).

3. What steps have been taken to implement the International Code of Marketing of Breastmilk Substitutes?

Country	Status
Philippines (cont'd)	The study's recommendations were written for the Department of Health in the form of guidelines for a breastfeeding campaign in Metro Manila hospitals. In addition to standard recommendations, such as reeducation for health professionals and curriculum changes, the guidelines included bringing a test case against a formula company, hospital or individual involved in code violations to reassure breastfeeding advocates; direct outreach to husbands and employers as part of health professionals' reeducation; use the Wellstart training module for medical teams; and provide more publicity for the National Milk Code.
Singapore	o Voluntary code prepared by baby food industry in effect.
Sri Lanka	o WHO/UNICEF Code in effect as law. The national code has an additional provision that bans feeding bottles made of plastic.
Taiwan	o Some of the Code in effect as law.
Thailand	o Some Code provisions in effect as voluntary measures. o IOCU notes substantive steps taken to discourage bottlefeeding. The Thai code, the result of negotiations between government and industry, is purely advisory. The Ministry of Public Health declared that modified milk for infants must be specially controlled and that quality standards for substitutes must be met. Improvement has been observed in marketing practices. The Voluntary Group for Consumers of Thailand has monitored implementation of the Code since 1980 and has reported many violations. Recently it reported that formula companies are still giving hospitals free samples and "where it is most rampant the hospital actually selects a different brand each month: to be fair!" An IBFAN survey of 13 Thai hospitals in 1988 found formula companies donating free milk. The total quantity of formula donations was enenough to fully formula feed 110% of the hospitals' newborns.
Tonga	o Code in effect as a voluntary measure. Compliance monitored by the National Food and Nutrition Committee under the auspices of the Central Planning Department.
Tuvalu	o Some of the Code in effect as law.

3. What steps have been taken to implement the International Code of Marketing of Breastmilk Substitutes?

Country	Status
Vanuatu	o Some Code provisions in effect as voluntary measures. o Code being studied by a government committee.
Vietnam	o Government controls distribution.
Western Samoa	o Code recommended by government committee and awaiting legislation.

3. What steps have been taken to implement the International Code of Marketing of Breastmilk Substitutes?

Country	Status
REGION: EUROPE	
Austria	o Voluntary code prepared by baby food industry in effect.
Belgium	o Some of the Code in effect as law. Health personnel were advised against any form of promotion for artificial feeding and reminded of longstanding legislation (dating from 1946) that banned formula advertising and promotion. Ads encouraging artificial feeding banned in all health establishments.
Bulgaria	o Government controls distribution. Government issued WHO/UNICEF Code requirements to the State dairy industry, producers and distributors of infant foods, and the National Institute of Health Education.
Cyprus	o Code being studied by a government committee.
Czechoslovakia	o Government controls distribution. o Code being studied by a government committee. o IOCU notes substantive steps taken to discourage bottlefeeding.
Denmark	o Some Code provisions in effect as voluntary measures. On February 2, 1984, the Minister of the Interior announced the adoption of a voluntary agreement. Some provisions: advertising of breastmilk substitutes to the general public prohibited; product labeling practices modified; and observance of the terms of the national agreement for marketing abroad required. The MOH convenes the monitoring committee annually. The committee consists of representatives from all organizations and institutions with a "reasonable interest and insight into the subject area," not a fixed membership.
EEC	o Code being studied by a working party. o Voluntary code prepared by baby food industry under discussion. December 1984: EEC submitted draft Directive to European Parliament, which was rejected on the grounds that it did not adequately incorporate the WHO/UNICEF Code's basic principles. October 1986: Revised draft submitted, but considered to again fall short of minimum requirements of WHO/UNICEF Code that all EEC member countries approved at 1981 World Health Assembly. New draft speaks only to infant formula sales, not all breastmilk substitutes and

Country	Status
EEC (cont'd)	related products, allows advertising to the general public, rather than limiting it to health professionals, and permits low-cost and free supplies to hospitals, rather than banning them. IBFAN found numerous violations of the Code in EEC countries (1986-87): bottles and nipples were promoted; infant foods with improper introductory ages were found in 4 countries; and a long list of infringements of standards for advertising were found. In addition, infant food manufacturers were found breaking new ground with the development and heavy promotion of infant teas and juices, which are promoted in all the usual ways for formula, including encouraging mothers to use feeding bottles. IBFAN also noted that a European Directive on infant formulas would allow magazine ads in publications specializing in baby care as long as the ads made statements in favor of breastfeeding, provided information on maternal nutrition, said that partial bottlefeeding was not good and the decision to bottlefeed difficult to reverse, and offered information on the proper use of infant formula. The ads IBFAN found did not adhere to these guidelines.
Finland	o Some of the Code in effect as law. o Some Code provisions in effect as voluntary measures. o Code being studied by a government committee. Decree in January 1983 by National Board of Health strictly regulates the composition of infant foods and breastmilk substitutes and the instructions for preparation.
France	o Some of the Code in effect as law. o Some Code provisions in effect as voluntary measures.
Germany, Dem. Rep.	o Government controls distribution.
Germany, Fed. Rep. of	o Voluntary code prepared by baby food industry in effect.
Greece	o Code recommended by government committee and awaiting legislation. o Code being studied by a government committee.

3. What steps have been taken to implement the International Code of Marketing of Breastmilk Substitutes?

Country	Status
Hungary	o Some of the Code in effect as law. o Government controls distribution. Has a monitoring institution but few resources to objectively study the situation. Infant formula is dispensed in pharmacies, free of charge, by prescription only.
Ireland	o Voluntary code prepared by baby food industry in effect. Has a monitoring institution but few resources to objectively study the situation.
Italy	o Some of the Code in effect as law. o Code being studied by a government committee.
Luxemburg	o Code being studied by a government committee.
Netherlands	o Some of the Code in effect as law. o Some Code provisions in effect as voluntary measures.
Norway	o Code in effect as voluntary measure. o IOCU notes substantive steps taken to discourage bottlefeeding. Has a monitoring institution but few resources to objectively study the situation.
Portugal	o Code in effect as voluntary measure. MOH reports marketing and publicity practices are strictly controlled and closely monitored. A permanent commission provides information about the code and decides whether further measures ought to be adopted.
Romania	o Government controls distribution.

3. What steps have been taken to implement the International Code of Marketing of Breastmilk Substitutes?

Country	Status
Spain	o Some of the Code in effect as law. o Code being studied by a government committee.
Sweden	o Some of the Code in effect as law. o Code in effect as voluntary measure. o IOCU notes substantive steps taken to discourage bottlefeeding Legislation mandates that infants receive nothing but breastmilk for the first 5-6 days of life. Hospitals are encouraged to hire a nurse-midwife to provide mothers with information and support. Has a monitoring institution but few resources to objectively study the situation.
Switzerland	o Voluntary code prepared by baby food industry in effect.
Turkey	o Some of the Code in effect as law.
USSR	o Government controls distribution.
UK	o Voluntary code prepared by baby food industry in effect. The UK's self-regulation policy has been criticized as too lenient toward industry. Critics say that the Committee for Marketing of Infant Formulae in the United Kingdom (set up in 1985) has defined its role too narrowly -- essentially serving only to monitor soundness of information put out by industry. The Committee has asked for some materials to be revised and others withdrawn. But critics say that industry is still allowed considerable latitude in reaching the public with information that undermines breastfeeding, and they say that the Committee should set stricter limits on industry. The Baby Milk Action Coalition, an IBFAN affiliate, actively monitors the situation and publicizes violations through its newsletter (a sampling of articles from international press) and publications. A research team at the University of Surrey, Guildford, found evidence of high levels of aluminum in soybean infant formula powder. Levels ranged from 5 to 100 times higher than levels normally found in breastmilk. A member of the research team expressed concern that many of the thousands of infants exposed to aluminum by the powders would ingest additional aluminum from well water used to make up the feeds. He noted that many British water authorities use aluminum salts to purify water. Harmful effects of aluminum are seen in bone development, brain damage (ability to read and IZ level), kidney damage and vulnerability later in life to senile dementia. The code sets a lower limit of 4 months as the age to wean. IBFAN found Cow & Gate in violation. Its infant food in the UK recommends 3 months.

3. What steps have been taken to implement the International Code of Marketing of Breastmilk Substitutes?

Country	Status
Yugoslavia	o Code in effect as voluntary measure.

FOR ADDITIONAL INFORMATION

The boycott of Nestle was resumed in 1988 because of its violations of the WHO/UNICEF Code. Readers interested in learning more about the boycott should write to:

Action for Corporate Accountability
3255 Hennepin Avenue South, Suite 255
Minneapolis, MN 55408

For documentation of formula/infant food companies' violations of the Code, see the International Baby Food Action Network's (IBFAN's) Breaking the Rules and Still Breaking the Rules. IBFAN may be contacted by writing:

IBFAN
c/o GIFA
CP 157
1211 Geneva 19
SWITZERLAND

The International Organization of Consumers Unions (IOCU) also publishes excellent resources on formula manufacturers's activities around the world ("State of the Code by Company") as well as what the governments around the world have done to implement Code provisions ("State of the Code by Country"). IOCU may be contacted by writing:

IOCU
P. O. Box 1045
10830 Penang, Malaysia.

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