

THE COMMITTEE ON THE RIGHTS OF THE CHILD

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



September 2016

**Data sourced from:**

Report submitted for the 2015 WBTi Update

Sources:

[www.moh.gov.sa/en/ministry/statistics/indicators/pages/indicators-2013-06-19-001.aspx](http://www.moh.gov.sa/en/ministry/statistics/indicators/pages/indicators-2013-06-19-001.aspx)

[www.who.int/countryfocus/cooperationstrategy/ccs\\_sau\\_en.pdf](http://www.who.int/countryfocus/cooperationstrategy/ccs_sau_en.pdf)

[www.ncbi.nlm.nih.gov/pmc/articles/pmc3896745](http://www.ncbi.nlm.nih.gov/pmc/articles/pmc3896745)

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## **SUMMARY**

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

- Lack of national data; national monitoring centre and system has not been established.
- Lack of central office responsible for IYCF; resulting in a lack of strategic plans, organization and training or serious full time support for comprehensive updating and implementation of the UNICEF Baby-Friendly Hospital Initiative and its expanded version.
- Lack of recognition of breastfeeding as a major preventative medical effort. Breastfeeding cannot be defined as an illness, thus it is not given importance.
- No recognition for Lactation Consultants as a profession; resulting in a lack of access for mothers to trained / skilled professionals.

***Our recommendations** include:*

- Ensure that comprehensive disaggregated data on infant and young child feeding are collected and published on a systematic and regular basis.
- Create a national IYCF office with adequate funding and manpower to coordinate the breastfeeding program and to supervise the implementation of the UNICEF Baby-Friendly Hospital Initiative and its expanded version.
- Increase awareness and ensure full implementation of the Code. Improve and expand the Code monitoring system and establish a national assessors group.
- Incorporate the 20-hour breastfeeding training course into curriculum of all undergraduate medical, paramedical and nursing schools and postgraduate studies.
- Increase Lactation Management training courses for all health care staff.
- Officially recognize Lactation Consultants as a profession.
- Extend Maternity leave to 6 months for all working women (including those working in the informal sector) and ensure that employers provide access to lactation rooms for their employees.

## 1) General points concerning reporting to the CRC

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In 2016, the CRC Committee will review Saudi Arabia’s combined third and fourth periodic report.

At the last review in 2006 (session 41), the CRC Committee did not refer specifically to breastfeeding in its Concluding Observations. However, it recommended Saudi Arabia to “improve the nutritional status of infants and children paying particular attention to children in rural areas and simultaneously continue and strengthen its special programmes to address the issue of child obesity and promote a healthy lifestyle among children and their parents.”

## 2) General situation concerning breastfeeding in Saudi Arabia

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Information related to breastfeeding is not a part of national data collections surveys. Breastfeeding is piecemeal. There is an urgent need to build broader awareness of the problems related to not breastfeeding. Efforts are needed to increase education on all levels and to recognize the value of professional Lactation Consultants.

### ***General data***<sup>1</sup>

	2010	2011	2012
Annual number of birth, crude (thousands)	23.7	23.3	22.9
Neonatal mortality rate (per 1,000 live births)	-	3.9	-
Infant mortality rate (per 1,000 live births)	17.3	16.9	16.5
Infant – under 5 – mortality rate (per 1,000 live	20	19.5	19.1
Maternal mortality ratio (per 100,000 live births)	14.3	14	1.4
<i>Delivery care coverage (%):</i>			
Stunting (under 5 years) (2008 last post w/UNICEF)	-	-	-
Caesarean sections	-	-	36.2% <sup>2</sup>

<sup>1</sup> See <http://www.data.gov.sa/dataset/deliveries-moh-hospitals-type-delivery-and-region/resource/c9df99de-35a1-4534-98ce> (Accessed 28 July 2016).

<sup>2</sup> According to the Saudi General Authority for Statistics, there were some 67,702 were cesarean sections (36.2%) out of 187,000 deliveries in hospitals of the Ministry of Health in 2012-13.

**Breastfeeding data**

	2014
Early initiation of breastfeeding (within one hour from birth)	11.4%
Exclusive breastfeeding under 6 months	32%
Introduction of solid, semi-solid or soft foods (6-8 months)	78.4%
Bottle-feeding	56%
Continued breastfeeding at 2 years	-
Median duration of breastfeeding (in months)	8.6

- **Early initiation of breastfeeding**

No national data is available. Initiation rates in almost all of the various sectorial studies were 90%. One study found a considerable difference between urban and rural communities in initiation rates (90% for rural versus 76% for urban groups). **El-Gilany et al. reported that only 11.4% of mothers started breastfeeding within the first hour after delivery** while Amin et al. found that 77.8% of studied mothers had initiated breastfeeding within 24 hours postpartum.

The statistics clearly show that there is a lack of standard implementation of steps related to BFHI.

- **Exclusive breastfeeding under 6 months**

The exclusive breastfeeding rate could not be accurately determined as the vast majority of identified studies were of cross-sectional design and did not provide a standard definition for ‘exclusive breastfeeding’. However, those studies which used the WHO definition reported that the ‘exclusive breastfeeding’ rate at six months of age ranged from 1.7% to 24.4%. Other studies found low rates of ‘exclusive breastfeeding’ at six months after birth: 0.8%; 8.9% and 5.6%. On the other hand, two national surveys recorded relatively high rates of ‘exclusive breastfeeding’ at six months of age of 33% and 38%, respectively. Also, two other studies found that this rate was 37% in children under 24 months, and 43.9% in infants less than 12 months of age.<sup>3</sup>

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<sup>3</sup> See Al-Hreashy FA, Tamim HM, Al-Baz N, Al-Kharji NH, Al-Amer A, Al-Ajmi H, Eldemerdash AA. *Patterns of breastfeeding practice during the first 6 months of life in Saudi Arabia*. Saudi Med J. 2008, 29:427–431; Al-Jassir MS, El-Bashir BM, Moizuddin SK. *Surveillance of infant feeding practices in Riyadh city*. Ann Saudi Med; Al-Mazrou YY, Aziz KMS, Khalil M. *Breastfeeding and weaning practices in Saudi-Arabia*. J Trop Pediatr. 1994, 40:267–271; Al-

Therefore, the prevalence of ‘exclusive breastfeeding’ in the Kingdom of Saudi Arabia is **inconsistently reported** and comparisons with the WHO and other international organisations’ recommendations cannot be made because of the weakness of study design used in these investigations.

- **Continued breastfeeding at 2 years**

Breastfeeding duration appears to have declined over the past 25 years. **While the ‘mean breastfeeding duration’ was as high as 13.4 months in 1987, it has dropped to only 6.8 months in 1999 and 8.5 months in 2010.** These findings, however, can be considered only indicative because of the variation in the study samples and locations between included studies.

A study done in 1997 of a small sector Saudi female university students concluded that despite the intention these young women had to breastfeed, the extent of misinformation they demonstrated would ensure their failure. Correcting misinformation and educating women and society at the youngest age is an urgent need. “The strong impact of knowledge on breastfeeding intentions suggests a need for college- and community-based education on breast feeding, with particular emphasis on topics such as the importance of initiation in the first hour after delivery, demand feeding, and exclusive breast feeding for at least 6 months.” This is the conclusion of the study and still holds very true until today.<sup>4</sup>

Much attention is needed to creating an environment that enables mothers to continue breastfeeding. These measures include extending maternity and paternity leave, providing crèches in work and study places and increasing education for both healthcare workers and parents.

- **Bottle-feeding**

Mixed (partial) feeding (breastfeeding combined with bottle feeding) has been very common among the Saudi mothers compared to other feeding methods as reported in many of the

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Othaimen AI, Villanueva BP, Devol EB. *The present trend in infant feeding practices in Saudi Arabia*. Food Nutr Bull. 1987, 9:62–68; Al-Shehri SN, Farag MK, Baldo MH, Al-Mazrou YY, Aziz KMS. *Overview on breastfeeding patterns in Saudi Arabia*. J Trop Pediatr. 1995, 41:38–44; El-Gilany A, Shady E, Helal R. *Exclusive breastfeeding in Al-Hassa, Saudi Arabia*. Breastfeed Med. 2011, 6:209–213; Khattab MS. *Cross-sectional study of a child health care programme at one family practice centre in Saudi Arabia*. East Mediterr Health J. 2000, 6:246–259; Kordy MN, Ibrahim MA, El-Gamal FM, Bahnassy AA. *Factors affecting the duration of breastfeeding in a rural population of Saudi Arabia*. Asia Pac J Public Health. 1992, 6:35–39; Madani KA, Al-Nowaisser AA, Khashoggi RH. *Breast-feeding patterns in Saudi Arabia*. Ecol Food Nutr. 1994, 31:239–245

<sup>4</sup> Bella H, *Are Saudi female college students prepared for successful breastfeeding?* J R Soc Health. 1997 Dec;117(6):387-92. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/9519677> (Accessed 28 July 2016).

studies. For instance, Al-Othaimen et al. documented that 57.9% of infants and children under 18 months had received breastfeeding along with artificial infant formula by bottle and glass while only 21.5% and 20.6% of these subjects were exclusively breastfed or bottle-fed, respectively. **The ‘mixed breastfeeding’ rates reported by other studies were 88.6% at birth, 49.8% at six months after birth and 56% of all infants and children less than two years old.** However, Al-Shehri et al. found that 44% of studied infants and children (under five years, n = 4773) were bottle-fed only and 28% were breastfed only whereas only 16% of them were on breast and bottle together and 12% were weaned.

**Formula marketing is so powerful and most often unrestricted that most Saudi women rely on partial feeding to ensure that their infants “get the best.”** False marketing claims cause fear that if the baby doesn’t receive at least some formula that the mother is denying the infant a good future. There are also cultural attitudes that relate a fat baby as a healthy baby.

- **Main causes of death among infants and children**

A prospective study of a cohort of infants born in 1987 was carried out until they were one year old. Five villages were selected at random. The causes of infant deaths as presumed from reported signs of last illness were **gastroenteritis, respiratory problems, preterm birth complications and congenital abnormalities**. It was concluded that there is a decline in the infant mortality rate compared with previous estimated rates, but the high levels of neonatal death rates call for improved antenatal and obstetric health services.<sup>5</sup>

### **3) Government efforts to encourage breastfeeding**

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#### **National policies**

A National Breastfeeding Policy and strategy was written by qualified members of the consultancy committee of the MOH and approved by the Assistant Deputy Minister of Medical Assistant Services in 2015. The strategy was then distributed to all directorates for breastfeeding protection, promotion and support with instructions to start its implementation (see copy attached). The newly developed national breastfeeding policy and strategy and its dissemination will hopefully have a positive impact on the protection, promotion and support of breastfeeding in the Kingdom.

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<sup>5</sup> See al-Nahedh N. *Infant mortality in the rural Riyadh region of Saudi Arabia*. J R Soc Health. 1997 Apr;117(2):106-9. Available at: [www.ncbi.nlm.nih.gov/pubmed/9223849](http://www.ncbi.nlm.nih.gov/pubmed/9223849) (Accessed 28 July 2016).

### **Promotion campaigns**

**No national campaigns have been launched, nor are there active outreach programs.** The celebration of World Breastfeeding Week is recognized and encouraged, however it is not a standard practice. Therefore, events and activities are sporadically done at various times in a few places irregularly.

### **The International Code of Marketing of Breastmilk Substitutes**

According to IBFAN's State of the Code 2016, in Saudi Arabia many provisions of the International Code of Marketing of Breastmilk Substitutes have been implemented in the national legislation. In 2004, a Royal decree #M/49 was signed by the late King Fahad and approved that created regulations to control marketing of breastmilk substitutes. It is referred to as the "Law of Trading in Breastmilk Substitutes".<sup>6</sup>

The National Code Committee was formed in 2011. In addition, the National Code Penalties Committee to deal with violations was reactivated in 2012. Last but not least, a Committee to identify acceptable medical indications of breastmilk substitutes for the Kingdom was formed in 2015 (as a part of the national breastfeeding programme).

However, **the national Saudi Code needs updating** and some revisions for which suggestions have been submitted to the higher authorities.

### **Monitoring of national policies and legislation**

Monitoring and evaluation recently became a part of the responsibilities of the Assistant Deputy for Medical Assistance Services task, Ministry of Health. However, there is a need to improve mechanisms of a national monitoring and evaluation system.

The current absence of a comprehensive surveillance system that shares and compiles data nationally needs urgent attention.

### **Courses / Training of Health Professionals**

The WHO UNICEF 40-hour and 20-hour Breastfeeding Counseling Training Course have been used by the Ministry of Health for many years, however records of participants has not been kept. However, there are not specific courses on IYCF and HIV in use.

Gaps such as the lack of strategic plans for national implementation of IYCF policies and the lack of the use of IYCF courses (Integrated Management of Childhood Illness (IMCI) and Infant and

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<sup>6</sup> Available in Arabic and English at : [http://www.medicallicence.com/PubFiles/ItemFiles/5142/file\\_5267\\_ar.pdf](http://www.medicallicence.com/PubFiles/ItemFiles/5142/file_5267_ar.pdf) (Accessed 28 July 2016).

Young Child Feeding Counselling; Intergrated Course) leave little hope that progress can be made any time soon.

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

The healthcare sector of the Kingdom of Saudi Arabia is divided into several sectors; the Ministry of Health, National Guard Health Affairs, Armed Forces Health Services, GOSI, and the private sector. Some 26 out of 415 total hospitals (both public and private) offering maternity facilities and services have been designated as Baby-Friendly in the last 5 years. This represents 6.2% of all hospitals. The program has been running since 1994. A strategic plan needs to be adapted beginning with maternity facilities self evaluation, planning, implementation and tracking /evaluation.

According to Mariam Labbock’s 2012 report, the progress of many countries including Saudi Arabia is tracked from data provided by country National Coordinators.<sup>7</sup> The data for Saudi Arabia is cause for concern. Labbock’s table of progress shows the following data for the Kingdom of Saudi Arabia:

1996 – 97	172 hospitals	2 hospitals designated	1% of all Saudi hospitals
2000-2001	172 hospitals	2 hospitals designated	1% of all Saudi hospitals
2003-2004	200 hospitals	2 hospitals designated	1% of all Saudi hospitals
2006- 2007	300 hospitals	6 hospitals designated	2% of all Saudi hospitals
2009 – 2010	400 hospitals	28 hospitals designated	7% of all Saudi hospitals

This data is collaborated within the UNICEF report.<sup>8</sup>

The present national BFHI administration is identified with harsh criteria that are not possible for any institution to achieve. The global recommendations are clear that this program should

<sup>7</sup> Miriam H. Labbok, *Global Baby-Friendly Hospital Initiative Monitoring Data: Update and Discussion*. Breastfeeding Medicine Volume 7, Number 4, 2012. Available at:

[http://breastfeeding.sph.unc.edu/files/2013/11/Labbok\\_BFHI\\_BF-MED\\_2012.pdf](http://breastfeeding.sph.unc.edu/files/2013/11/Labbok_BFHI_BF-MED_2012.pdf) (Accessed 28 July 2016)

<sup>8</sup> See <http://www.unicef.org/pon95/nutr0012.html>



be promoted as a means to best practice, easily implemented and done for a positive benefit to all; mothers, infants, the institution and society as whole.

Only 7 % of hospitals within the Kingdom have ever been designated in 19 years. Many have spent years trying to comply or are struggling to be reassessed. No system of recognizing those who have implemented partial compliance to the Ten Steps exists. In an effort to identify problem areas or weak areas to explain this lack of designations, discussions point to the possibility that this may be due to mistranslations of the original global criteria into Arabic from the original which is written in English. Efforts to confirm problem areas have been blocked on several levels. Access to material is tightly guarded, while the original English version is readily available to anyone on the internet. In addition, the possibilities for trainings are limited and there is no supervision of how the trainings are conducted to ensure that the material presented is exactly as dictated by WHO and UNICEF.

According to the global criteria, if an institution has been rejected twice by the coordinating group, they should be able to raise a complaint to the higher committee which National Authority. No system exists for institutions to seek support or help to reach designation within the country. Many have requested the intervention of UNICEF directly, which does not apply when a country has implemented Baby Friendly correctly.

This is a primary concern and shows an urgent need to have two separate bodies with a National Authority in charge.

## **5) Maternity protection for working women**

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The number of employed Saudi women has surged by 48% since 2010, more than double the rate for men, according to the country's Central Department of Statistics and Information. However, women still only make up only 16.4% of Saudis with jobs and account for 60.3% of the unemployed.<sup>9</sup>

Saudi women occupy only 13% of private and public positions occupied by nationals despite accounting for 51% of Saudi graduates, according to statistics from the Central Department of Statistics and Information. Experts attribute the low proportion of Saudi women in the Saudi workforce to social customs and inappropriate working environments for female staff in some sectors.<sup>10</sup>

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<sup>9</sup> Bloomberg, 10 August 2015. *Saudi Women Are Joining the Workforce in Record Numbers*. Available at: <http://www.bloomberg.com/news/articles/2015-08-10/saudi-women-are-joining-the-workforce-in-record-numbers> (Accessed 28 July 2016)

<sup>10</sup> Saudi Gazette, 10 February 2015. *Women constitute 13% of Saudi workforce: stats agency*. Available at : <http://english.alarabiya.net/en/News/middle-east/2015/02/10/Women-constitute-13-of-Saudi-workforce-stats->

### **Maternity leave**

The amendments to the Saudi Labour (Royal Decree No. M/46 of 05/06/1436) were published in the official gazette No. 4563 dated 24 April 2015. The reforms have been designed to encourage the employment of Saudi nationals in the private sector. It has been announced by the Ministry of Labour that these will be implemented six months after the date of its publication and therefore it was expected that these would be implemented on the 24 October 2015 or early 2016. To date, there is no evidence to prove or disprove the implementation of these changes.

Country's labor laws coming into force as of 2016 include **10 weeks fully paid maternity leave for women, beginning a maximum of four weeks before the likely date of birth**. The benefits are paid by the employer. However, women are not granted with maternity leave benefits only if they have not completed one year of service; they receive a half pay if they have completed between one and three years of service; and they receive a full pay paid if they have completed three years of service (article 152 of the Saudi Labor Law).

It is the responsibility of the employer to provide medical care for the female employee during pregnancy and delivery (article 153 of the Saudi Labor Law).

Women are also allowed to extend their maternity leave for an extra month without pay. If a woman gives birth to a sick child or one with special needs that requires constant monitoring, then she would have the right to have an extra one month fully paid, with the possibility of a further one-month extension without pay (article 151 of the Saudi Labor Law).

Women are permitted to work but are restricted from working in certain fields and are prohibited from working in hazardous jobs or industries, as set out in a list issued by the Ministry of Labour.

### **Paternity leave**

As of 2016, a man is given three days paternity leave (article 113 of the Saudi Labor Law).

### **Breastfeeding breaks**

Once the working woman has returned to work after delivering a child, she will be entitled to one hour break per day over and above the break hours provided to all staff members (article 154 of the Saudi Labor Law). The Ministry of Labor also announced several new measures to

encourage women to enter the work force, including the right to take breastfeeding breaks for one hour per day over two years.<sup>12</sup>

## 6) HIV and infant feeding

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Saudi Arabia remains the least affected Arab country by the HIV virus despite being the largest country in the Arab world. According to a report released by the Ministry of Health, “there is a significant decrease of 6.1% in AIDS cases among Saudis compared to 2011 and by 1.8% compared to 2010.”

The city of Jeddah tops the list for the highest number of HIV cases in the Kingdom. This is believed to be due to the presence of a large number of expats. Health authorities have initiated a mandatory health checkup during the renewal of expat residency permits and prior to the issuance of permits to newly arriving workers.<sup>11</sup>

Saudi Arabia remains a low-HIV-prevalence country, with approximately 1.5 newly detected HIV infections per 100,000 per year among Saudi nationals, and 1.2 per 10,000 among non-Saudis. Since the first case of HIV/AIDS was detected in the Kingdom in 1984, the fight to prevent and control the spread of HIV has received increasingly the highest political commitment and continues to remain high among the national development agenda priorities. At the end of 2011, the Ministry of Health and the National AIDS Program, in close collaboration with national stakeholders, decided to prioritize the development of a five-year National Strategic HIV/AIDS Plan (NSP) for the period of 2013-2017, to Saudi Arabia’s national HIV response for the 5-year period of January 2013 till December 2017.

Prevention of mother-to-child transmission of HIV (PMTCT) is mainly restricted to pregnant women who were known to be HIV-positive, and has therefore been limited to a very small number of pregnant women. However, efforts are currently underway to reach more HIV infected pregnant women with PMTCT services through provider-initiated testing and counseling (PITC), which will allow identifying new HIV cases among pregnant women, in addition to already known cases.<sup>12</sup>

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<sup>11</sup> Arab News, 28 July 2016. *Kingdom defeating HIV*. Available at: <http://www.arabnews.com/news/485866> (Accessed 28 July 2016).

<sup>12</sup> Kingdom of Saudi Arabia/Ministry of Health. *Global AIDS response progress report 2014*. Available at: [http://www.unaids.org/sites/default/files/country/documents//file\\_94723\\_es..pdf](http://www.unaids.org/sites/default/files/country/documents//file_94723_es..pdf) (Accessed 28 July 2016).

According to Dr. Sana Felemban, chairperson of the first official society in Saudi Arabia for the care of AIDS patients, Saudi Charitable Society for AIDS, the efforts of the government are quite adequate and appear to be effective.<sup>13</sup>

## 7) Infant feeding in emergencies (IFE)

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There have been several regional emergency situations over the past years in the country. For example, the 2009 Jeddah flooding and the movement of village people north away from the Yemen dispute this past year and the movement of Syrian refugees throughout the region.

Emergency preparedness and responses exist<sup>14</sup> but do not take into consideration breastfeeding related issues. There is a definite lack of IYCF during Emergencies training.

The lack of protection of breastfeeding in emergencies has led to disturbing situations. For example, the Saudi company Almarai Nutralac donated 15 tons of baby milk to the Syrian children via the National Commission for Supporting the Brothers in Syria. Almarai's donation was distributed to temporary shelters in countries neighboring Syria. It was explained that the Nutralac Company's participation was "due to the realization of the extent of lactating mothers need to feed their babies in this difficult situation."<sup>15</sup>

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<sup>13</sup> Arab News, 28 July 2016. *Kingdom defeating HIV*. Available at: <http://www.arabnews.com/news/485866> (Accessed 28 July 2016).

<sup>14</sup> They are dealt by the Directorate of Civil Defense is handled directly under the Ministry of Interior.

<sup>15</sup> Arab News, 14 March 2015. *Almarai Donates Baby Milk for Syrian Children*. Available at: <http://www.arabnews.com/corporate-news/news/717856> (Accessed 28 July 2016).

## 8) Implementation of the Extraterritorial Obligations

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Two new local Saudi infant formula manufacturing plants starting operation:

1. The International Pediatric Nutrition Company “IPNC” commenced in 2009 with a 50/50 joint venture between Almarai Company (a huge Saudi dairy company?) and Mead Johnson Nutrition. In 2014 Almarai acquired Mead Johnson Nutrition. . This marked the establishment of the first infant formula manufacturing plant in the region.

Almarai’s Nutralac Powdered Milk factory is located in Al Kharj Governorate with an annual capacity of 20,000 tons. The current distribution territories are KSA, UAE, Qatar, Kuwait and Bahrain. The targeted countries for further expansion are Egypt, Oman, Algeria, Tunisia, Morocco and Iraq.

Nutralac Stage 1 infant formula is marketed as a complete infant formula with the “360 degree Power to Learn System” in violation with the International Code.

2. Saba Danone Factory for infant formula is being built in the new King Abdullah Economic City located between Medina and Jeddah as a joint venture.<sup>16</sup> Little is known yet about its size and targeted territories. However, Danone owned Nutricia according to the Euromonitor holds the second largest share of infant formula sales in Saudi Arabia.

However, there is no national legislation to hold corporations accountable for their human rights violations abroad.

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<sup>16</sup> See <http://www.bayt.com/en/company/al-safi-danone-co-ltd-229171/> (Accessed 28 July 2016).