

The World Breastfeeding Trends Initiative (WBTi)

Name of the Country: Kuwait
December 2010



International Baby Food Action Network (IBFAN) – Arab World

<http://www.ibfanarabworld.com/en/>

<http://www.ibfan.org/>

Indicator 1: Early Initiation of Breastfeeding

Key question:

Percentage of babies breastfed within one hour of birth = 18.7 %

Data source:

Kuwait Breastfeeding Prevalence & Practices Survey (2005-2007). (Unpublished national data)

Summary Comments:

The rate of early initiation of breastfeeding is low, although it has increased about four folds during the past decade, as the previous data from the Kuwait Family Health Survey (KFHS) in 1996 showed that the early initiation rate was 4.5% only.

Indicator 2: Exclusive breastfeeding for the first six months

Key question:

Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hour = 15.2 %

Data source:

Kuwait Breastfeeding Prevalence & Practices Survey (2005-2007). (Unpublished national data)

Summary Comments:

The rate of exclusive breastfeeding among Kuwaiti children less than six months old is low, because of early introduction of formula and other prelacteal feeds, due to the misconception that breast milk is not adequate and due to the lack of professional support to breastfeeding mothers during the early days after delivery.

Indicator 3: Median duration of breastfeeding

Key question:

Babies are breastfed for a median duration of how many months? 2.7 months

Data source:

Kuwait Breastfeeding Prevalence & Practices Survey (2005-2007) (unpublished national data).

Summary Comments:

The mean duration of breastfeeding is very short in Kuwait even it is shorter than the data from the previous study KFHS in 1996 where it was 5.4 months. Mothers quit breastfeeding their babies very early due to the availability of infant formula which is subsidized by the government.

Indicator 4: Bottle feeding

Key question:

*What percentage of breastfed babies less than 6 months old receives other foods or drinks from bottles?
= 32.8 %*

Data source:

Kuwait Breastfeeding Prevalence & Practices Survey (2005-2007). (Unpublished national data)

Summary Comments:

Most of breastfeeding mothers in Kuwait are giving extra formula feeds by bottles and teats to their breastfed babies. They usually start the mixed feeding type of feeding at a very early stage as they lack the professional support and the proper knowledge about how to feed their babies exclusively.

Indicator 5: Complementary feeding

Key question:

Percentage of breastfed babies receiving complementary foods at 6-9 months of age? = 51.4 %

Data source:

Kuwait Breastfeeding Prevalence & Practices Survey (2005-2007). (Unpublished national data)

Summary Comments:

17 % of the mothers in Kuwait will start complementary food for their babies early starting with water, herbs and juices very early from the first month.

Table:

Comparison between Kuwait Breastfeeding Prevalence & Practices Survey, (2005-2007) data with Kuwait Family Health Survey (KFHS), 1996 data.

Indicator1-5: Trends in Infant feeding practices	Status according to KFHS 1996	Status according to KBFS 2005-2007
1. Percentage of babies breastfed within one hour of birth	4.5	18.7
2. Percentage of babies of 0<6 months of age exclusively breastfed in the last 24 hours	12 % (0-<4m)	15.2%
3. Babies are breastfed for a median duration of how many months	5.3	2.7
4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles	58.9 %	32.8%
5. Percentage of breastfed babies receiving complementary foods at 6-9 months of age	55.2 % (4-6 m)	51.4% (6-9m)

Indicator 6: *National Policy, Programme and Coordination*

Key Question: Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National Infant and Young Child Feeding Committee and Coordinator?

Criteria of Indicator 6	Scoring	Results ✓ <i>Check any one</i>
6.1) A national Infant and Young Child Feeding/Breastfeeding policy has been officially adopted/approved by the government	2	✓
6.2) The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	2	✓
6.3) A National Plan of Action has been developed with the policy	2	✓
6.4) The plan is adequately funded	1	✓
6.5) There is a National Breastfeeding Committee	1	✓
6.6) The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis	1	✓
6.7) The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively	0.5	✓
6.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	✓
Total Score	10 / 10	

Information source used:

Kuwait BF Promotion & BFHI Implementation Committee/MOH

Gaps:

The National Breastfeeding Policy is about BFHI implementation and BF promotion; it has been enacted since 1997 without updating.

Recommendations:

- The policy needs updating and upgrading
- The current BFHI policy should be updated to be an Infant Feeding & Young Children Local Strategy covering all aspects of the GIYCFS.
- The local updated policy should be integrated into other relevant policies, whenever appropriate.

Indicator 7: *Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)*

Key Question:

7A) What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria? **None**

7B) What is the skilled training inputs and sustainability of BFHI? **Not applicable**

7C) What is the quality of BFHI program implementation? **Fair quality (in progress)**

7A) Quantitative

7.1) *What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria?* **0%**

7B) Qualitative

7.2) *What is the skilled training inputs and sustainability of BFHI?* **Not applicable**

Qualitative

7C) What is the quality of BFHI program implementation?

Criteria of Indicator 7	Score	Results <input checked="" type="checkbox"/> <i>Check that apply</i>
7.3) BFHI programme relies on training of health workers	0.5	✓
7.4) A standard monitoring system is in place	0.5	✓
7.5) An assessment system relies on interviews of mothers	0.5	✓
7.6) Reassessment systems have been incorporated in national plans	0	-
7.7) There is a time-bound program to increase the number of BFHI institutions in the country	0.5	✓
Total Score	2	
Total Score 7A, 7B and 7C	2/10	

Information source used:

Kuwait BF Promotion & BFHI Implementation Committee/MOH

Conclusion and Recommendations:

1. BFHI Policy should be updated & new targets should be set within the current plan cycle.
2. Training needs reinforcement & to be compulsory to reach those who needs it.
3. Implementation of ante-natal breastfeeding education sheet needs enforcement.
4. Encourage health workers commitment for the establishment of the system that will support breastfeeding mothers.
5. Accurate statistics of breastfeeding rates and other infant feeding indicators among the whole population need to be established with adequate resources provided.

Indicator 8: *Implementation of the International Code*

Key Question: Are the *International Code of Marketing of Breastmilk Substitutes* and subsequent WHA resolution given effect and implemented? Has any new action been taken to give effect to the provisions of the Code?

Criteria of Indicator 8	Scoring	Results ✓ <i>Check those apply. If more than one is applicable, record the highest score.</i>
8.1) No action taken	0	
8.2) The best approach is being studied	1	✓
8.3) National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable	2	✓
8.4) National measures (to take into account measures other than law), awaiting final approval	3	
8.5) Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions	4	✓
8.6) Some articles of the Code as a voluntary measure	5	
8.7) Code as a voluntary measure	6	
8.8) Some articles of the Code as law	7	
8.9) All articles of the Code as law	8	
8.10) All articles of the Code as law, monitored and enforced	10	
Total Score:	4 /10	

Information source used:

Kuwait BF Promotion & BFHI Implementation Committee/MOH

Gaps:

1. The code in Kuwait is only implemented in MOH facilities but penalties and sanctions are not well established.
3. MOH is accepting ready to feed free milk samples from milk companies.
4. Kuwait government is subsidizing infant formula for Kuwaitis.
5. A team from the National BF Committee is monitoring the code implementation using SIM sheet.
6. Also a team is working on getting the I.C. as part of the Kuwait Child Rights Law.

Recommendations:

We should work on having all articles of the Code as law, monitored and enforced.

Indicator 9: *Maternity Protection*

Key Question: Is there legislation and are there other measures (policies, regulations, practices) that meet or go beyond the International Labor Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including those working mothers in the informal sector?

Criteria of Indicator 9	Score	Results Check <input checked="" type="checkbox"/> that apply
9.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave		
a. Any leave less than 14 weeks	0.5	✓
b. 14 to 17weeks		
c. 18 to 25 weeks		
d. 26 weeks or more		
9.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.		
a. Unpaid break		
b. Paid break	1	✓
9.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	0	
9.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector.	0	
9.5) Women in informal/unorganized and agriculture sector are:	N.A.	-
a. accorded some protective measures		
b. accorded the same protection as women working in the formal sector		
9.6)		
a. Information about maternity protection laws, regulations, or policies is made available to workers	0.5	✓
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.’	0.5	✓
9.7) Paternity leave is granted in public sector for at least 3 days.	0	

9.8) Paternity leave is granted in the private sector for at least 3 days.	0	
9.9) There is legislation providing health protection for pregnant and breastfeeding workers and the legislation provides that they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	✓
9.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5	✓
9.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0	
9.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0	
Total Score:	3.5 / 9	

Information source used:

Kuwait BF Promotion & BFHI Implementation Committee/MOH

Gaps:

1. Maternity leave is short. The legislation of Kuwaiti working mothers offers 8 weeks fully paid maternity leave and an optional extra leave of 4months half paid + 6months without payment.
2. Non Kuwaitis are allowed 6 weeks maternity leave only.
3. Breastfeeding mothers can be allowed one paid nursing break but up to the head of service willingness.
4. Legislation prohibits employment discrimination and assures job protection for breastfeeding workers.
5. Private sector does not apply the recommended maternity leave.
6. No breastfeeding accommodation or childcare crèches in all workplaces.
7. Paternity leave is one day only.
8. ILO MPC No. 183 is not enacted.

Recommendations:

- 1- ILO MPC No. 183 should be enacted in order to give at least 14 weeks paid maternity leave and paid nursing breaks and to provide work sites accommodation for breastfeeding and/or childcare in work places in the formal sector.
- 2- Paternity leave should be extended to at least 3 days for private and public sectors.

Indicator 10: *Health and Nutrition Care System*

Key Question: Do care providers in these systems undergo *skills training*, and do their pre-service education curriculum support optimal infant and young child feeding; do these services support mother and breastfeeding friendly birth practices, do the policies of health care services support mothers and children, and whether health workers responsibilities to Code are in place?

Criteria of Indicator 10	Results ✓ <i>Check that apply</i>		
	Adequate	Inadequate	No Reference
10.1) A review of health provider schools and pre-service education programmes in the country ¹ indicates that infant and young child feeding curricula or session plans are adequate/inadequate		1	▲
10.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.		1	
10.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. ²	2		
10.4) Health workers are trained with responsibility towards Code implementation as a key input.	1		
10.5) Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrhoeal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)	1		
10.6) These in-service training programmes are being provided throughout the country. ³	1		
10.7) Child health policies provide for mothers and babies to stay together when one of them is sick	1		
Total Score:		8 / 10	

Information and Sources Used:

Primary Health Care Administration/MOH
Food & Nutrition Administration/MOH

Gaps:

1. Lack of practical training on IYCF for health/nutrition care providers in pre-service education.
2. No guidelines for mother-friendly childbirth procedures and support.

Recommendations:

1. Pre-service education on IYCF for health care providers needs to be implemented and scaled up.

1 Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

2 The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

3 Training programmes can be considered to be provided “throughout the country” if there is at least one training programme in each region or province or similar jurisdiction.

2. Standards and guidelines for mother-friendly childbirth procedures and support should be developed and disseminated to all facilities and personnel providing maternity care.

Indicator 11: *Mother Support and Community Outreach*

Key Question: Are there mother support and community outreach systems in place to protect, promote and support optimal infant and young child feeding?

Criteria of Indicator 11	Results		
	Yes	To some degree	No
11.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.	2		
11.2) All women have access to support for infant and young child feeding after birth.	2		
11.3) Infant and young child feeding support services have national coverage.	2		
11.4) Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (inter-sectoral and intra-sectoral).		1	
11.5) Community-based volunteers and health workers possess correct information and are trained in counselling and listening skills for infant and young child feeding.		1	
Total Score:	8 / 10		

Information and Sources Used:

Primary Health Care Administration/MOH

Food & Nutrition Administration/MOH

Gaps:

1. Community-based support services for the pregnant and breastfeeding women are not integrated into an overall IYCF and health strategy.
2. Counselling services are not integrated into an overall IYCF and health strategy.
3. Some community-based health workers working directly with mothers didn't have the proper training on IYCF counselling.

Recommendations:

1. Community-based support system and services on infant and young child feeding need to be strengthened and integrated into an overall IYCF and Health National Strategy.
2. All community-based health workers working directly with mothers should have proper training on IYCF counselling.

Indicator 12: *Information Support*

Key question: Are comprehensive Information, Education and Communication (IEC) Strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented?

Criteria of Indicator 12	Results		
	Yes	To some degree	No
12.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.		1	
12.2) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2		
12.3) Individual counselling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.		1	
12.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	2		
12.5) A national IEC campaign or programme ⁴ using electronic and print media and activities has channelled messages on infant and young child feeding to targeted audiences in the last 12 months.	2		
Total Score:		8 / 10	

Information and Sources Used:

Primary Health Care Administration/MOH
 Food & Nutrition Administration/MOH

Gaps:

1. A national IEC strategy for improving infant and young child feeding is lacking.
2. Individual counselling and group education services related to infant and young child feeding are available at some health care facilities only.

Recommendations:

1. Development of a national IEC strategy is mandatory for improving infant and young child feeding.

⁴ An IEC campaign or programme is considered “national” if its messages can be received by the target audience in all major geographic or political units in the country (e.g., regions or districts).

2. Individual counselling and group education services related to infant and young child feeding should be implemented throughout the community health services.

Indicator 13: Infant Feeding and HIV

Key Question: Are policies and programmes in place to ensure that HIV - positive mothers are informed about the risks and benefits of different infant feeding options and supported in carrying out their infant feeding decisions?

Criteria of Indicator 13	Results		
	Yes	To some degree	No
13.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV			0
13.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation			0
13.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.		0.5	
13.4) Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1		
13.5) Infant feeding counselling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.	1		
13.6) Mothers are supported in making their infant feeding decisions with further counselling and follow-up to make implementation of these decisions as safe as possible.	1		
13.7) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.			0
13.8) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.			0
13.9) The Baby-friendly Hospital Initiative incorporates provision of guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers.			N.A.
Total Score:	3.5/9.5		

Information and Sources Used: MOH

Gaps: Policy is not in place.

Recommendations:

The country should have a comprehensive policy on infant and young child feeding that includes infant feeding and HIV and gives effect to the I.C/National Legislation.

Indicator 14: Infant Feeding during Emergencies

Key Question: Are appropriate policies and programmes in place to ensure that mothers, infants and children will be provided adequate protection and support for appropriate feeding during emergencies?

Criteria of Indicator 14	Results ✓ <i>Check that apply</i>		
	Yes	To some degree	No
14.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies			0
14.2) Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed			0
14.3) An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed			0
14.4) Resources identified for implementation of the plan during emergencies			0
14.5) Appropriate teaching material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.		1	
Total Score:	1/10		

Information and Sources Used:

MOH

Gaps:

No comprehensive policy in emergencies situations.

Recommendations:

1. An emergency preparedness policy and plan should be formulated and resources identified.
2. Persons tasked with responsibility for national coordination with the related NGOs regarding IYCF in emergency situations should be appointed.
3. Integrate into pre-service and in-service training IYCF in emergencies.

Indicator 15: *Monitoring and Evaluation*

Key Question: Are monitoring and evaluation data routinely collected and used to improve infant and young child feeding practices?

Criteria of Indicator 15	Results		
	Yes	To some degree	No
15.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2		
15.2) Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.	2		
15.3) Baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.	2		
15.4) Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers	2		
15.5) Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys.	2		
Total Score:	10/10		

Information and Sources Used:

Food & Nutrition Administration/MOH

Gaps:

Baseline and follow-up data are collected from Kuwaiti nationality infants and children only by the Kuwait National Surveillance System.

Recommendations:

A broader nutritional surveillance monitoring system or periodic national health surveys should target all residents in Kuwait.

Kuwait Assessment Process:

The Kuwait assessment of the situation of implementation of the Global Strategy for Infant and Young Child Feeding was carried out jointly by Kuwait BF Promotion & BFHI Implementation Committee, Primary Health Care Administration/MOH and Food & Nutrition Administration/MOH during October and November 2010. The process included identification of *Dr Mona Al-Sumaie* as “National IYCF Assessment Coordinator” to coordinate the process of assessment at country level and formulating a core group who after identification of the plan of action for the assessment they collected the available country data and reviewed the policy and programme documents thoroughly. They listed gaps in the policy and BF promotion programme using the 15 indicators of the *WBTi* then recommended solutions to overcome these gaps. They prepared a report which was shared with the members of the Kuwait BF Promotion & BFHI Implementation Committee then sent through the IBFAN Arab world to the *WBTi* coordinating office. Next step will be sharing the findings with the stakeholders and all partners in a meeting to discuss the plan of action.

The Core Group for the assessment process:

1. **Dr Nawal Al-Hamad:** Kuwait BF Promotion & BFHI Implementation Committee/MOH
2. **Dr Mona Al-Sumaie:** Kuwait BF Promotion & BFHI Implementation Committee/MOH
3. **Dr Rehab Al- Wotayan:** Primary Health Care Administration/MOH
4. **Mrs Prasanna Brakash:** Food & Nutrition Administration/ Research Section/ MOH

The Partners for the Assessment Process:

- Members of Kuwait BF Promotion & BFHI Implementation Committee
- Primary Health Care Administration
- Food & Nutrition Administration/ Research Section