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**Institute for Social Sciences in Agriculture
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**Assessment of Infant Feeding Policies and Practice
in Deyang City (Sichuan province) of China**

Master Thesis

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6.7.3 Unemployment rate of women during reproductive period

Based on the findings of this study, the unemployment rate of women who were in the reproductive period was 35.4%. Moreover, the situation was even worse in rural in urban areas. This social problem may be caused by many factors. Compared to urban women, rural women have a lower education level, which leads to a more unstable working environment with relatively low income. Meanwhile these job positions are usually accompanied by limited welfare policies. That is why more rural women prefer to quit their job during their reproductive period than urban women. In addition, from a traditional point of view, it is mainly the husband's responsibility to afford the household expenditure in rural areas.

7 Conclusion and recommendation

Due to the earthquake related emergency situation and the increased shortage of medical staff during the study period (May to July 2008), the main focus at hospital level was to provide emergency treatment for large numbers of additional patients. Therefore, antenatal care and other more preventive programs were largely reduced. Due to the ongoing aftershock and over burden of the health system, there was a high proportion of women who delivered their baby by cesarean section. In addition, the lying-in period for mothers in the hospital was reduced to 3 days even for those who delivered by cesarean section. This was harmful for a successful initiation of breastfeeding and may have increased the risk of maternal and infant morbidity and mortality. Although no solicited donation of breast milk substitutes (BMS) was found in Deyang city, BMS were routinely distributed to the newborns whose parents came from the earthquake affected areas to the hospitals. No attention was paid to the promotion of breastfeeding in the emergency context, and there was no effort made to control the distribution of BMS or to accurately target it for those in need (e.g. orphans).

In China, the prevalence of exclusive breastfeeding of infants below 6 months is 51%

and 15% of the mothers continue to breastfeed their children up to 20-23 months (UNICEF 2008). In general, breastfeeding prevalence has decreased during the last years, and the proportion of mothers who breastfeed their infants is even higher in rural compared to urban areas. Main problems include late initiation of breastfeeding and offering of pre-lacteal food instead; only a few of the parents of newborns were aware of the benefits of exclusive breastfeeding and on-demand feeding.

A legal system to promote Baby-friendly Hospitals (BFH) is established in China. However, the implementation of BFH rules need to be improved; especially regarding an ongoing education system for medical staff members and the active promotion of exclusive and long-term breastfeeding to enhance the health status of women and children.

Baby food production is a profiteering industry in China. Although there is a relatively better implementation of the *International Code of Marketing of Breast-milk Substitutes* (WHO) inside the “Baby-friendly hospitals”, activities to break the rules of infant feeding policies can be found everywhere. Meanwhile, the Chinese standards for manufacturing infant formulas are outdated (published in 1989 and revised in 1997) and several important quality indicators are missing. During the study period, only a few parents were worried about the safety of infant formulas. As the costs of these products are usually high many rural families could not afford them. Due to the impact of a serious food safety accident related to infant formulas (Melamine Contamination Crisis started in September 2008), a great reforming process is ongoing in this field in China. As a positive result, more mothers are willing to feed their babies with their own breast milk rather than with infant formulas.

As the demand for food with high quality (protein, vitamins and minerals) is increased during the reproductive period, pregnant women and breastfeeding mothers need more professional advice and guidance. Studies should be designed to assess the value of traditional recipes recommended during this sensitive period. Moreover, family

members who take care of infants and mothers during the lying-in period should be included in appropriate education programs.

Rural women are usually poorer and more vulnerable towards nutritional- and health problems. In addition, the unemployment rate of rural women is higher during the reproductive period. Therefore, it is necessary to establish a maternity insurance system by the Chinese government for rural women too.