

Barriers to Optimal Exclusive Breastfeeding Practices in Indonesia: What Leaders Say

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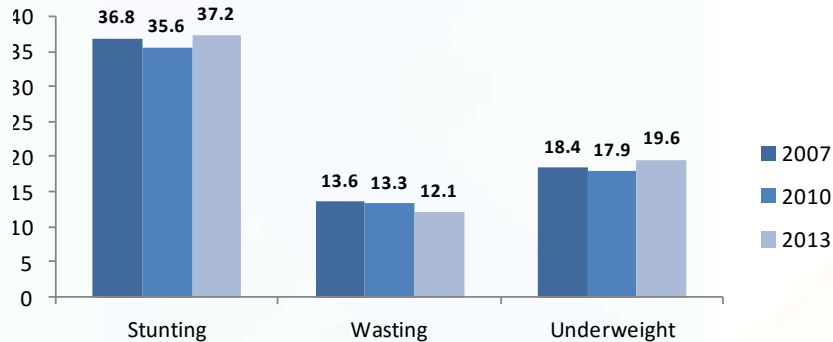


Background



- Data
- objectives

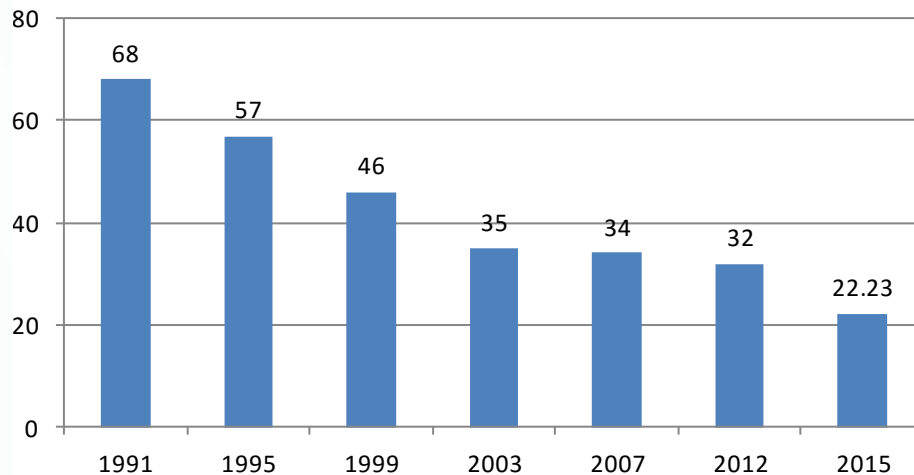
Indonesia Malnutrition Status (%) 2007-2013



iskesdas data 2007, 2010, 2013

Stunting prevalence increased (2007 – 2013)

Infant mortality rate (per 1000 live births)

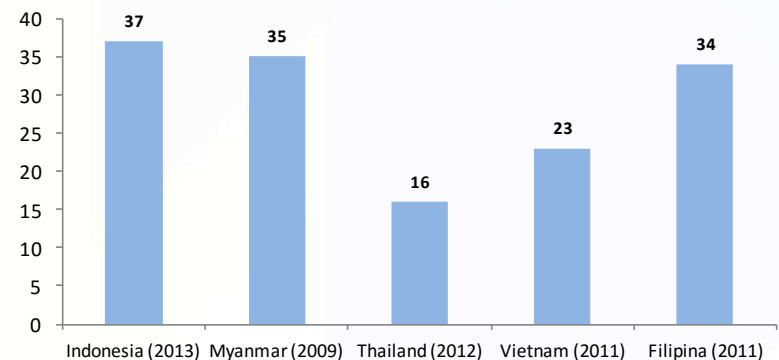


Sumber: SDKI 1991-2012; Supas 2015

Indonesia's IMR continue to decrease but at a slower pace

“Exclusive breastfeeding for the first six months of a baby's life can help bring down infant mortality rates and stunting in the developing world” (UNICEF, 2011)

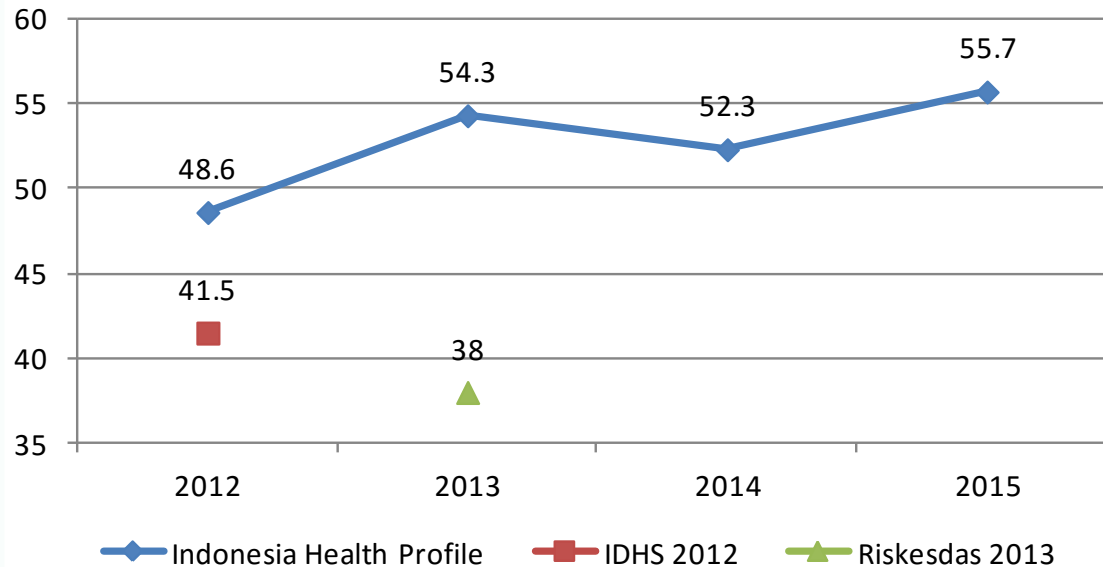
Stunting Prevalence in Southeast Asia Countries



Stunting is higher than other countries in the region

Exclusive Breastfeeding Rate in Indonesia

Exclusive breastfeeding (% of children under 6 months)



There are policies that highlight exclusive breastfeeding practice

- Medium and long term development plan 2015-2019: **exclusive breastfeeding at minimum 50%**
- Ministry of Health's Strategic Plan 2010-2014: **exclusive breastfeeding at minimum 80%**
- Ministry of Health's Strategic Plan 2015-2019: **exclusive breastfeeding at minimum 50%**
- Various policies and programs on exclusive breastfeeding



Objectives

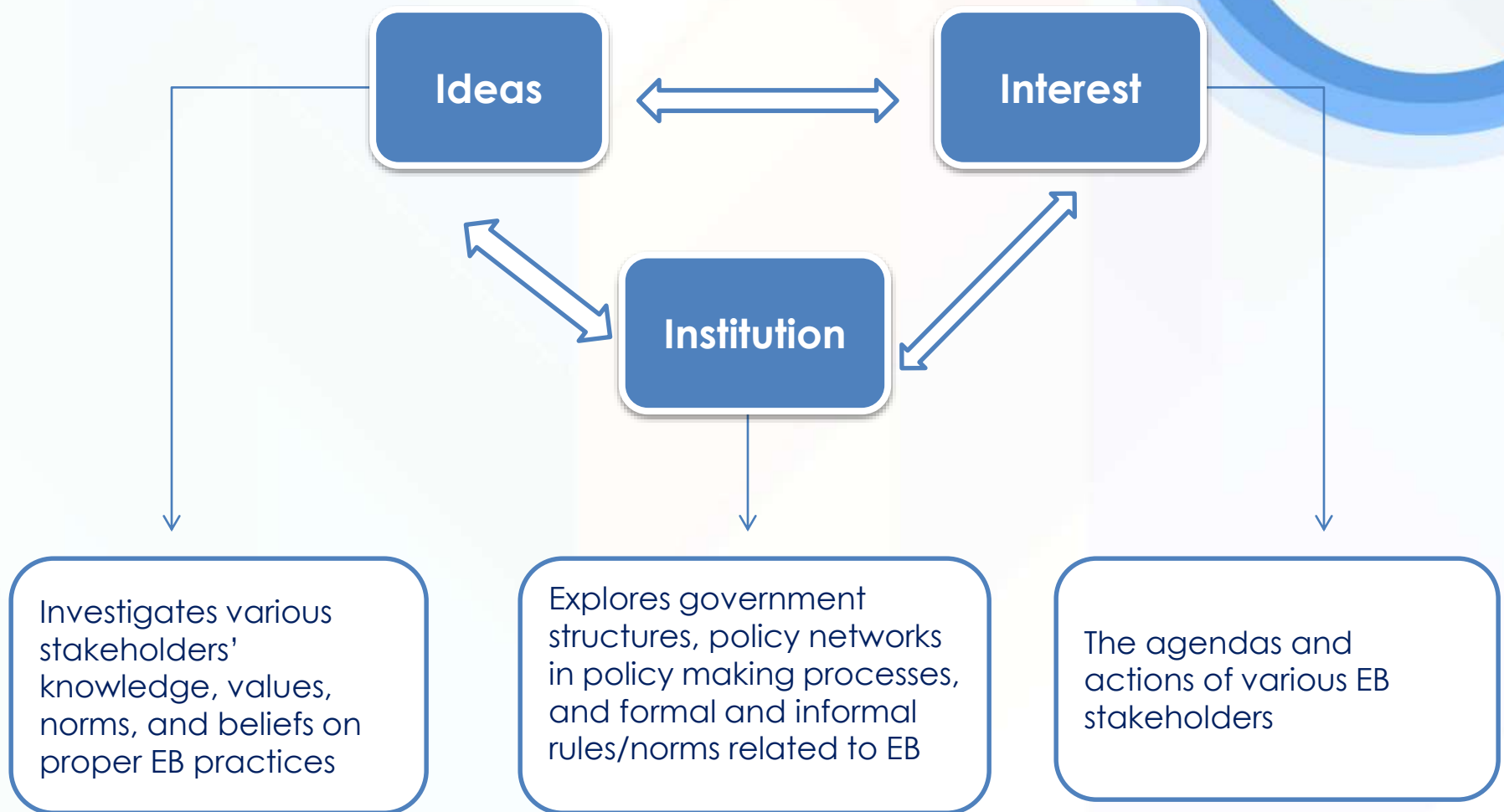
- Identify barriers to political and public support for exclusive breastfeeding
- Identify possible solutions to increase the rate of exclusive breastfeeding

Methodology



- Analytical Framework
- Methodology

Analytical Framework: The Three-I'S FRAMEWORK



Methodology: Qualitative Study



Informant

- Government institutions
- National NGOs and international organizations
- Health workers and health workers association
- Employer and labor union
- Breast milk substitute companies
- Mass media

Study Areas

- ➞ National Level
- ➞ Urban Case Study Area
 - Kota Bekasi, West Java
- ➞ Rural Case Study Area
 - Kabupaten Pandeglang, Banten



- Case study area selection:
- **Purposive Sampling**
 - **BPS definition of urban and rural areas**

Methods

In-Depth Interview

In-Depth Interview

Focus Group Discussion (FGD)

In-Depth Interview
FGD

Data collection period: August-September 2015

Indonesian Context:



POLICY AND PRACTICE

Exclusive breastfeeding policy in Indonesia

Nutrition-Related Targets in RPJM and Ministry of Health's Strategic Plan

Nutrition-Related Targets in RPJP 2005–2025	Nutrition-Related Targets in RPJMN 2015–2019	Performance Targets of MoH in MoH's Strategic Action Plan (for nutrition) 2015–2019
a) Reduce the prevalence of stunting by 40%;	a) Reduce the prevalence of stunting to 28% in children under 2 years old	a) Increase the rate of exclusive breastfeeding in the first six months up to at least 50%
b) Reduce the prevalence of wasting to less than 5%;	b) Reduce the prevalence of malnutrition in children under five to 17% by 2019; and	b) Increase the percentage of early initiation of breastfeeding by 50%
c) Increase the percentage of mothers who breastfeed exclusively for six months	c) Increase the rate of exclusive breastfeeding in the first six months up to at least 50%	c) Increase the percentage of wasting children who receive supplementary feeding by 50%

Government Regulation and Programs:

- Indonesian Health Law (36/2009)
- Indonesian Labor Law (13/2003)
- Government Regulation (33/2012)
- A joint regulation of three ministries on improving breastfeeding practices at the workplace
- SUN Movement
- Movement for Healthy and Productive Women Workers (GP2SP)
- Child –friendly District/City and Health Centre

Exclusive Breastfeeding PRACTICE



Feeding foods/drink other than breast milk (softened date, honey, formula milk, banana and biscuit)

- **Feeding banana and honey** is more **popular in rural area**
- **Formula feeding** is more **common in urban area**

Breastfeeding practices start to **decrease when the mother returns to work**

FINDINGS:



Barriers to Optimal exclusive breastfeeding Practices in Indonesia

Many mothers, their families, and community members who have a poor understanding and awareness of the importance of exclusive breastfeeding

Ideas

- **Misconceptions about breast milk**
 - ✓ Formula is better than breast milk → the influence of infant formula advertisement
 - ✓ Feeding food other than breast milk stimulates eating
 - ✓ Crying = hungry → could only be stopped once the baby are given foods such as a banana or biscuit
 - ✓ Breast milk supply is not enough → their child will be thin if breast milk production low
 - ✓ Custom to provide prelacteal feeding

The knowledge and awareness of health workers

Lack of support from other family members

Associated with the level of breastfeeding among working mothers



*“People **cannot distinguish** between **the advertisement** for infant formula and that for toddler formula. So even though a formula product is advertised for a three-year-old, or two-year-old, child who obviously drinks from a glass [not a bottle], and who can already run and do other things, but **the formula brand is what the mothers care about** ... That’s the [brand] association and when a mother has breastfeeding problems or when her grandmother or husband sees that she has such problems, they will relate to it [the brand]” (NGO)*



*“It seems like there is a stimulus to eat, so she give it (food). **They feel pity**, an adult is eating and so is the baby (seems want to eat). So that they usually give it” (Health worker in Pandeglang)*

*“People do not fully believe yet that breast milk is better. So they still hold the idea inherited from their parents that **when a baby cries, they should give a banana.**” (Health worker in Pandeglang)*



Ideas

- **The influence of family and community members**

"So... Even when somebody said 'exclusive breastfeeding (is important)' but when the closest people to us, husband and mother -in-law, give less support, so the breastfeeding program will be failed. The mother should have a strong stance and intention, determination, so it will be successful (to breastfeed)" (TV Station)

- **Psychological condition of mothers: mother's worries, mood, readiness to breastfeed**

Giving formula milk to provide their children with a
'complete' nutritional intake
Body and breast shape changes



Ideas

- Health workers' **lack of awareness and knowledge** affecting the success of exclusive breastfeeding

"For example, my grandchild, it was a fact that from the first day of birth, it was difficult, breast milk has not come out yet, rather than having my grandchild turn yellow because of dehydration, I gave the baby some (formula) milk but later and until two years of age, I breastfed, but until six months no (formula milk was given), that's it, (exclusive). That was the case of my grandchild. I did not want my grandchild to turn yellow due to dehydration in the first days"

- A midwife in Kota Bekasi: midwives sometimes **give formula to newborn baby** because the mother' breast milk supply is still very low

"Sometimes, we are sometime in a condition of eating simalakama fruit (a dilemma). When the breast milk supply is very low, the baby will cry a lot.... If we provide no liquid to the baby, the baby often becomes jaundiced"



Exclusive breastfeeding among working mothers



Defining workplace support

- Labor Law No. 13/2003
- Health Law No. 36/2009
- Government Regulation No. 33/2012
- Joint Regulations of three Ministers

- ✓ Lactation rooms
- ✓ Breastfeeding break
- ✓ Maternity leave



- Many **working women do not know their right** to obtain breastfeeding support at the workplace
- Low **working mothers' commitment and awareness** to breastfeed

Level of Support



Three months
maternity leave
and flexible break

But...

Lack of workplace support
such as the provision of
lactation rooms or
breastfeeding breaks

- Among **micro, small, medium and big companies;**
- both **private workplaces and public offices**



Only 39.39% of institutions
provide a lactation room

“Lactation room have not yet become a priority (in our office), do you prepare it only for that (few mothers)?” (Local Government in Pandeglang)



A survey conducted by AIMI: 50% of
breastfeeding mothers have expressed
their milk in **the lavatory**



In Karawang, **only 2–3** out of 4,000
industries provide lactation rooms
(2014)

*“It seems like it’s much easier to find a smoking room
than a lactation room” (NGO)*



Level of Support



Impression among leaders:

Compliance is higher among big business and multi nationals rather than micro and small enterprises



How leaders address the problem

Reason for Lack of support



➤ **Lack of employers ideas and awareness**

"Apparently that was us (the TV station) who announced [that]... It is compulsory for a company to provide such as these (lactating room), ... (but we) do not reflected it (ourselves)" (TV Station).

"Do you prepare it only for that (few mothers)?" (Local Government in Pandeglang).

➤ **Limited room/space**

"[we have] not yet (provided lactation room), (because we are) competing for the space. (We even) gather in one desk... The office is too small, (it is) inadequate. One desk is for two staff" (Health Office of Bekasi).

➤ **No demand**

Some companies have provided lactation rooms but the **working mothers do not use** the facilities → *"Why should I (we) provide the facility when it will not be used?"*

I don't think we've required it for a few years" (NGO)

➤ **Limited resources**

➤ **The absence of law enforcement**

Interests

- All but one informant considered **NGOs** support exclusive breastfeeding. However, **the budget constraints** within the NGO institution can be the entry point for the private companies to offer collaboration

“When ... [an] organization uses the logo to indicate funding source, people would view it as if [the organization] also suggests the consumption of the product from that donor.” (NGO)

NGOs &
Intl. Org

Health
workers

HW
Interests?

To gain knowledge, certificate, 5 years practice
license without test, reward

- **Partnership with formula companies**, often in the form of training, is prone to **conflicts of interest**
 - Allowed to do promotional activities outside the seminar room
 - In case study area: free training by health agency is limited, but there “free” training provided by formula company

“There is no such thing as a free lunch” (NGO)

Interests

- **Involved in the selling of formula products**

- Given orders by the health worker associations

“Actually, we did not want to (buy it), but it was a policy from the top, the top management. When the top management said yes, we automatically should follow (the order)... So, the company... came to the central office, (and said) ‘let’s join this (collaboration), shall we? The reward is this and that, how?’. So we bought the cheap one, but we actually just follow (the order). We want to refuse, but how can we? The decision came from the top” (Health worker in Pandeglang)

- **Interests of formula companies** when develop partnership activities with health workers: commercial (increase companies’ stock value and profit)

- Government: formula milk companies have become strategic partners in nutrition day anniversaries to support government programs.

**Health
workers**

**Formula
Companies**

Interests

- **Workplaces** prioritize productivity over employee welfare
 - Providing lactation room considered as a burden

“Company owners tend to think providing their workers with such rooms as a disadvantage, because they think that workers would choose to take more breaks at work and companies would not want to have that” (NGO)
- The **media** has a very limited focus on health issues
 - **Follow the trends**, only “hot issues” (such as donated breast milk and malnutrition),
 - Government has **not optimally engaged** the media in promoting breastfeeding

Workplaces

Media

Interests

Government interests → serve the interests of the public

In reality:

Different levels of interests among government bodies in setting the improvement of exclusive breastfeeding practices as their priority

- Government interests in **policymaking process** → Government Regulation No. 33/2012
 - Ministry of Health >< Ministry of Trade and Ministry of Industry
 - The close relationship between the government and the formula milk company association → conflict of interests

Government

Interests

- **Weak policy implementation:**

- **Budget** allocated for promotion and preventive < curative
- problems of **health workers'** management (distribution, workload, the number of health workers, health facilities)
- Weak policy coordination
- Local government priority

"Let's count the number of pregnant women this year. And we are expected to provide [nursery] rooms for that small number? With that in mind, there's no dire need for nursery rooms. A lot of other facilities are needed more, such as new buildings for posyandu, and [reparation] of some posyandu facilities which are no longer adequate. It's better to focus on that area for now rather than providing the not-so-needed nursery rooms" (Local Government in Pandeglang)

- **Weak dissemination** and education activities → method, the target audience, frequency

- **Weak monitoring & evaluation** and **law enforcement** → unclear authorized institutions to monitor and evaluate

Government

Weak monitoring, evaluation, and law enforcement



BPOM

Monitoring the
formula milk
advertisement

Ministry
of
Health

Issuing advertising
permits for formula
milk companies

Ministry
of
Industry



Ministry
of Trade



**Which institutions are responsible for controlling
formula milk companies?**

Monitor the
availability of
lactation rooms
at workplaces



Ministry
of
Labor?

Limited resources

No mandate

Weak monitoring, evaluation, and law enforcement



	Health Workers	Formula Companies	Workplaces
Responsible institution to do monitoring	Kabupaten/kota health agency.	<ul style="list-style-type: none"> • BPOM: monitoring the mass media advertisement advertising of formula products • Ministry of Health: issuing advertising permit for formula companies and permit to have partnership activities with health workers • The legislation assigned no institution responsible for monitoring the formula companies' sponsorship and marketing activities • APPNIA has an initiative to conducts internal monitoring (formula marketing at the market) 	Unclear institution assigned to monitor the availability of lactation room at workplaces
The implementation of M&E and law enforcement	weak	weak	Weak

The Causes of Weak M&E and Law Enforcement

Institutions

- **Formal Regulations:**

- Decentralization era, but many local governments do not prioritize IYCF practices in policy >> a cause: No IYCF indicators in the health sector minimum service standard (SPM)
- Various legislations have regulated the behavior of IYCF stakeholders. Have they followed the expected behaviors outlined in legislation? **✗**
- The legislations, somehow, incomplete

- **Policy Making Process:**

- The involvement of private sector organizations with conflicting interests

- **Informal norms in the community:**

- Gender role stereotype that non-exclusive breastfeeding is largely associated with lack of mothers' awareness instead of husband's.



Others

- **Easy access to formula and non-formula milk**

“There are a lot of [Alfa and] Indomaret stores (retailers) now, right? ... And they sell [formula] milk there. When people see an ad, “well, that milk is good,” they will go out and try to find it.” – (Health worker in Pandeglang)

- **Geographic condition of rural area**

>> Health personnel find it difficult to reach some villages

Policy Recommendation



- Recommendation
- Policy Discourse

1. Improve IYCF Information Dissemination and Education

- **Recommendation 1:** Strengthen dissemination and education programs at the community level
 - **Recommendation 2:** Improve policy communication to private workplaces
 - **Recommendation 3:** Improve awareness of local governments to support optimal exclusive breastfeeding practices
-
- **Recommendation 4:** Improve government awareness regarding conflict of interest created by the involvement of formula companies in policy making processes and policy implementation
 - **Recommendation 5:** Improve the quality of health worker training



2. Exercise More Control over the Behaviors of Various Stakeholders

- **Recommendation 1:** Develop a more comprehensive regulation on the expected behaviors of various stakeholders and responsible institutions to do monitoring, evaluation and law enforcement
 - **Recommendation 2:** Regulate retail market of formula products
-
- **Recommendation 3:** Ensure strong implementation of monitoring, evaluation, and law enforcement
 - **Recommendation 4:** Include IYCF outcome indicators in the Health Sectors' Minimum Service Standard (SPM)



3. Accelerate Policy Implementation to Promote Exclusive Breastfeeding

- **Recommendation 1:** Increase budget allocation for preventive activities, particularly for exclusive breastfeeding practice improvement
 - **Recommendation 2:** Improve coordination on policy implementation
 - **Recommendation 3:** Improve health worker management
-
- **Recommendation 4:** Government support for MSE (Micro Small Enterprises) to provide lactation rooms
 - **Recommendation 5:** Improve access to isolated areas



Policy Discourse : six months maternity leave



Pros

Increase exclusive breastfeeding rate

Beneficial for mothers: recovery process and control their child development

Beneficial for companies: reduce rates of absence from work

Cons

Not addressing the root problem of low breastfeeding rate: ideas of mothers and communities

Social impact: decrease mothers' source of income and a risk of losing their job

Psychological impact: mothers get bored

Employers disadvantages: disturb workplace activities, financial loss

Policy Discourse : six months maternity leave



SUGGESTION

The extension of maternity leave should be implemented in stages

Strengthening the support systems for breastfeeding working mothers

Increasing mothers' and community knowledge and awareness about EB

Ensuring that the policy will not be an incentive for Indonesian people to have more children



Policy Discourse: expand the limitation of formula milk advertisements in mass media

Pros

- The negative effect of formula advertising is quite strong towards the breastfeeding practice

Cons

- It will not be effective
→ the same as cigarette advertising

Further study is needed to justify the importance of extending the age limitation of formula milk products advertisement

Limitations of The Study And Future Research

Limitations

- ❑ This research is opinion leaders → more on macro analysis
- ❑ Did not involve the mothers as informants
- ❑ Case study area are limited in West Indonesia

Future Research

- ❑ Study of extended maternity leave to six months
- ❑ Study involving the mothers as informants or informants from poor household



Thank You

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