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REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN INDONESIA



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SUMMARY

The following obstacles/problems have been identified:

- Inadequate infant feeding practices co-exist with high rates of child mortality. The rate of early breastfeeding initiation is low (29.3%) and more than half of the children are not breastfed until 6 months of age, while 35.6% of under-five children are stunted. For 43.9% of the children, complementary food is introduced too early and 12.5% of the children of 4-5 months are weaned prematurely.
- Absence of any policy or programme on infant and young child feeding.
- Absence of sanctions in case of violations of the International Code of Marketing of Breastmilk Substitutes.
- Lack of data on Baby-friendly hospitals numbers and quality.
- Absence of maternity protection for women working in the informal sector.
- Lack of public awareness about HIV/AIDS and infant feeding.
 - Absence of emergency preparedness plan to ensure integrated response to protect and support breastfeeding/ infant and young child feeding in case of emergencies.

Our recommendations include:

- Adopt a national policy and a comprehensive programme on infant and young child feeding that include breastfeeding protection, promotion and support, and allocate sufficient resources to implement this policy and programme. Fully implement the International Code of Marketing of Breastmilk Substitutes and its subsequent WHA resolutions as a minimal national standard, and ensure that such legislation is monitored on a regular basis and action is taken against those who violate the International Code through an effective sanction mechanism.
- Raise awareness on optimal breastfeeding practices (early initiation, exclusive breastfeeding until 6 months, complementary breastfeeding until 2 years or more) through a wide national promotion campaign aimed at the public, especially parents and caregivers.
- Allocate funds to implement the Baby-Friendly Hospital Initiative in all hospitals and maternity facilities of the country and upgrade the curricula of health professionals to integrate accurate training on optimal breastfeeding practices.
- Ensure maternity protection for all working women, including those working in the informal sector, so that every Indonesian woman is protected during maternity and lactation.
- Raise awareness about HIV/AIDS and infant feeding through targeted promotion campaigns, especially in rural areas.
- Develop systematic collection and analysis of disaggregated data, including data on infant and young child feeding practices.
- Ensure integrated response to protect and support breastfeeding **in case of emergencies**.

1) General points concerning reporting to the CRC

Indonesia’s combined 3rd and 4th periodic report will be reviewed by the CRC Committee in 2014. At the last review in 2004 (session 35), IBFAN presented an alternative report.

In its last [Concluding Observations](#) in 2004, in the para 57, the CRC Committee recommended to Indonesia “a) ensure universal access to primary health care, especially **maternal and child health care services and facilities**, including in rural areas as well as in all conflict-affected areas; b) prioritize the provision of drinking water and sanitation services; c) strengthen existing efforts to **prevent malnutrition** [...], to **immunize** as many children and mothers as possible, [...] and to **promote breastfeeding**, and extend these programmes to all conflict-affected areas; d) ensure a life-course approach is taken with respect to **child and adolescent health and development** through the development of **holistic and comprehensive health policies** for child and adolescent; e) seek cooperation in this matter from, among others, WHO.”

2) General situation concerning breastfeeding

General data

	2008-2012 ¹	2011 ²	2012 ³
Annual number of birth			4,736,000
Neonatal mortality rate (per 1000 live births)			15
Infant mortality rate (per 1000 live births)		37	26
Infant – under 5 – mortality rate (per 1000 live births)			31
Maternal mortality ratio (per 100,000 live births) (adjusted)	220 (2010)	228	
<i>Delivery care coverage (%):</i>			
Skilled attendant at birth	83.1		
Institutional delivery	63.2		
Stunting (under 5 years)	35.6%		

Breastfeeding data

	2008-2012 ⁴
Early initiation of breastfeeding (within one hour from birth)	29.3%
Children exclusively breastfed (0-5 months)	41.5%
Introduced to solid food (6-8 months)	84.6%
Breastfeeding at age 2	55.3%

The main causes of infants and children mortality are infections such as pneumonia and diarrhoea. More than **one child under 5 out of three is stunted**, which represents a great portion. The **delivery care coverage in is low**: almost one woman out of five is not assisted by a skilled attendant during delivery, and more than

¹ UNICEF, Indonesia Statistics, available at: http://www.unicef.org/infobycountry/indonesia_statistics.html

² UNICEF Indonesia, Ringkasan Kajian, Kesehatan Ibu & Anak, 2012, available at: http://www.unicef.org/indonesia/id/A5_-_B_Ringkasan_Kajian_Kesehatan_REV.pdf

³ UNICEF, Indonesia Statistics, available at: http://www.unicef.org/infobycountry/indonesia_statistics.html

⁴ UNICEF, Indonesia Statistics, available at: http://www.unicef.org/infobycountry/indonesia_statistics.html

IBFAN – International Baby Food Action Network

one woman out of three does not give birth in a medical institution. In addition, early breastfeeding initiation, skin to skin contact between the baby and the mother and also rooming-in seem not to be promoted at all in some of the health facilities.

According to the Demographic Health Survey⁵, there are almost no differences between rural and urban areas concerning breastfeeding practices.

Table 11.2 Breastfeeding status by age

Percent distribution of youngest children under age 2 who are living with their mother, by breastfeeding status; the percentage currently breastfeeding; and the percentage of all children under age 2 using a bottle with a nipple, according to age in months, Indonesia 2012

Age in months	Breastfeeding status						Total	Percentage currently breastfeeding	Number of youngest child under age 2 living with the mother	Percentage using a bottle with a nipple	Number of all children under age 2
	Not breast-feeding	Exclusively breastfed	Breast-feeding and consuming plain water only	Breast-feeding and consuming non-milk liquids ¹	Breast-feeding and consuming other milk	Breast-feeding and consuming complementary foods					
0-1	3.9	50.8	4.2	0.1	31.5	9.6	100.0	96.1	458	30.3	464
2-3	6.4	48.9	9.0	0.9	18.0	16.7	100.0	93.6	552	27.4	557
4-5	12.5	27.1	7.9	0.8	7.9	43.9	100.0	87.5	583	28.7	593
6-8	12.8	3.4	2.5	0.5	2.1	78.8	100.0	87.2	907	30.1	939
9-11	20.4	1.1	1.0	0.5	0.3	76.8	100.0	79.6	899	41.3	914
12-17	25.4	1.0	0.6	0.2	0.1	72.8	100.0	74.6	1,635	39.6	1,681
18-23	40.3	0.7	0.2	0.3	0.0	58.4	100.0	59.7	1,558	42.8	1,652
0-3	5.3	49.8	6.8	0.5	24.1	13.5	100.0	94.7	1,010	28.7	1,021
0-5	7.9	41.5	7.2	0.6	18.2	24.6	100.0	92.1	1,593	28.7	1,614
6-9	13.8	2.7	2.2	0.4	1.6	79.2	100.0	86.2	1,182	32.4	1,216
12-15	22.8	1.2	0.6	0.2	0.0	75.1	100.0	77.2	1,128	37.5	1,151
12-23	32.7	0.9	0.4	0.2	0.0	65.7	100.0	67.3	3,193	41.2	3,333
20-23	44.7	0.9	0.1	0.3	0.0	53.9	100.0	55.3	1,040	45.5	1,113

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children who are classified as breastfeeding and consuming plain water only consumed no liquid or solid supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, non-milk liquids, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus children who receive breast milk and non-milk liquids and who do not receive other milk and who do not receive complementary foods are classified in the non-milk liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

¹ Non-milk liquids include juice, juice drinks, clear broth, or other liquids.

The table above provides a presentation of the overall feeding patterns among children 0-23 months for 2012, in Indonesia. It shows that **only half of the children under one month are exclusively breastfed**. The table also indicates that **one child under one month out of three is already consuming infant formulas and other milk than breastmilk**. This is problematic because, according to the WHO recommendations, infants should be exclusively breastfed until the age of 6 months. Besides, the table shows that a large portion of children between 2 to 3 months are being fed with complementary food and this rate considerably increases between 4 to 8 months, indicating that **complementary food is introduced earlier than the recommended 6-9 months**. In addition, already 12.5% of the children between 4 to 5 months are being **prematurely weaned**. This rate increases and reaches a peak of 40.3% of children being weaned between 18 and 23 months, while ideally, weaning should start at 22-23 months.

⁵ DHS and Ministry of Health, Indonesia Demographic and Health Survey, 2012, available at: <http://dhsprogram.com/pubs/pdf/FR275/FR275.pdf>

3) Government efforts to encourage breastfeeding

National measures

Indonesia has not implemented any national policy on infant and child feeding. Its overall national action plans concerning child feeding are poor. This is due to an inadequate human resources capacity and competency and to the insufficient budget allocation.

Specific information concerning the International Code of Marketing of Breastmilk Substitutes

Indonesia has adopted many of the provisions of the International Code of Marketing of Breastmilk Substitutes through the ministerial decree No 237/MENKES/SK/IV/1997. However, the decree does not provide any sanctions in case of violations. Besides, the implementation and monitoring of this law on the regulations of marketing of breastmilk substitutes was postponed due to conflicts of interest.

Monitoring of national measures

There is a coordination programme focusing on infant and child nutrition and health. However, the programme is not monitored by the government itself but by NGOs such as Mothers' and Children' Health Movement (Gerakan Kesehatan Ibu dan Anak – GKIA), which regularly meets with other NGOs, discusses on the recent issues and collects data in case of violations.

The Indonesian Breastfeeding Mothers Association (Asosiasi Ibu Menyusui Indonesia – AIMI) has a call centre to report violations of the Code. The association Badan Kerja Peningkatan Penggunaan Air Susu Ibu (BKPP-ASI) also collaborates with IBFAN in this regard.

Scaling Up Nutrition (SUN) initiative

Indonesia has become a member of the Scaling Up Nutrition (SUN) initiative, whose aim is to promote the right to food and good nutrition. However, its actions are controversial because behind the claim of addressing malnutrition, the also initiative also strives to facilitate the opening up of markets for its 600 partners companies (among others, Danone, Pepsico, Coca Cola and Britannia).⁶

4) Baby-friendly Hospital Initiative (BFHI)

The Ministry of Health in Indonesia has a program called “Mother and Baby Friendly Hospital Initiative” which is totally different from BFHI. The Indonesian initiative rewards health facilities that refuse to collaborate with the baby food industry. However, it is still common that hospitals work in close collaboration and cooperation with formula industry and violate the International Code by giving free formula samples to mothers, organizing sponsored seminars and events for doctors and other health workers and providing the free sponsored medical supplies.

⁶ Schuftan C. and Greiner T., 2013, “The Scaling Up Nutrition (SUN) Initiative”, in: Right to Food and Nutrition WATCH: Alternatives and Resistance to Policies that Generate Hunger. Available at : http://scalingupnutrition.org/wp-content/uploads/2013/10/Right_Food_Nutrition_Watch_SUN_2013_eng_WEB_final.pdf

Actually, there is no specific programme to promote BFHI in Indonesia. In addition, there is no up-to-date information on the number and quality of the baby-friendly hospitals and health facilities in the country. The latest data, issued in 2012⁷, indicates that out of a total of 1,971 hospitals and maternity facilities, 91 have ever been designated as “baby-friendly”. We invite the CRC Committee to request more information on the state of implementation of the BFHI in the country.

5) Maternity protection for working women

Proportion of working women: 38.58%⁸

Maternity leave

The labour code (Law No 13/2003) states that maternity leave applies to women employed in the formal sector. Women working in the informal sector are not covered by this maternity social insurance.

Duration: The duration of maternity leave is a period of 3 months, with the possibility of extension if required for medical reasons.⁹

Conditions: Working women are entitled to a 1.5 (one-and-a-half) month period of rest before the time at which they are estimated by an obstetrician or a midwife to give birth to a baby and another 1.5 (one-and-a-half) month period of rest thereafter.

Breastfeeding breaks: The new law no 33/3012 states that breastfeeding breaks can be taken 2 to 3 times a day and are paid by the employer. The employer also needs to provide other facilities like nursing room for the working women that would require it.

Last year, the Indonesian Breastfeeding Mothers Association (AIMI) has issued a guideline document in collaboration with ILO and Better Work Indonesia explaining to employers how to provide maternity benefits to their workers¹⁰.

⁷ Labbok M. H., 2012, “Global Baby-Friendly Hospital Initiative Monitoring Data: Update and Discussion”, *Breastfeeding medicine*, 7 (4):210-222. Available at:

https://www.google.ch/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0CC4QFjAA&url=http%3A%2F%2Fwww.researchgate.net%2Fpublication%2F230617756_Global_baby-friendly_hospital_initiative_monitoring_data_update_and_discussion%2Ffile%2F79e415037abf6c5f21.pdf&ei=HGkpU4m0B8WGywPPtoH4Bg&usq=AFQjCNGp83uM79JmdQTYHnM5_V0I14kqGQ&bvm=bv.62922401,d.bGQ

⁸ Kementerian Tenaga Kerja dan Tranmigrasi, Rencana Pembangunan Jangka Panjang 2010-2025, 2012. Available at : <http://www.depakertrans.go.id/uploads/doc/RPJP.pdf>

⁹ ILO, *Maternity Protection, Indonesia*, 2011. Available at: http://www.ilo.org/dyn/travail/travmain.sectionReport1?p_lang=en&p_countries=ID&p_sc_id=2000&p_year=2011&p_structure=3

¹⁰ Asosiasi Ibu Menyusui Indonesia (AIMI). Available at: <http://aimi-asi.org/ilo-bwi-aimi-campaign/>

6) HIV and infant feeding

Prevalence of HIV/AIDS amongst people between 15 and 49 is of 0.4%, which represents 610,000 persons in the country.¹¹

According to the Demographic Health Survey¹², people living in rural areas are less aware of safe HIV/AIDS prevention methods (33.5%) than in urban areas (51.5%). However, the knowledge rate of HIV/AIDS infection is relatively low. Only one woman out of two knows about HIV infections. The main cause of infections is sexual intercourse between a HIV-positive and an HIV-negative partner. HIV prevention programmes insist on three aspects to prevent the infection: on the importance to have a limited number of sexual partners, to use condoms and to delay sexual debut for young persons.

Women and men are almost equally aware about the risk of transmitting the infection to the child during pregnancy, delivery and breastfeeding (between 62-65.9%). Around 84.1% of HIV-positive people received antiretroviral treatment in 2011¹³.

7) Breastfeeding and young child feeding in emergency situations

Currently, there is no emergency preparedness to ensure integrated response to protect and support breastfeeding in case of emergencies.

Data sourced from:

http://www.unicef.org/nutrition/files/IYCF_65_country_assessment_report_UNICEF.pdf

<http://dhsprogram.com/pubs/pdf/FR275/FR275.pdf>

<http://www.childinfo.org/files/maternal/DI%20Profile%20-%20Indonesia.pdf>

http://www.childinfo.org/country_profiles.php?input=69

http://www.unicef.org/infobycountry/indonesia_statistics.html

¹¹ UNAIDS, Indonesia, available at: <http://www.unaids.org/en/regionscountries/countries/indonesia/>

¹² DHS and Ministry of Health, Indonesia Demographic and Health Survey, 2012. Available at: <http://dhsprogram.com/pubs/pdf/FR275/FR275.pdf>

¹³ Public Citizen, Antiretroviral Treatment in Indonesia, available at: <http://www.citizen.org/treatment-in-Indonesia>