

Breastfeeding practices and consumption of breastmilk substitutes among children under 36 months in Bandung City



WHO Recommendations for Optimal Breastfeeding¹¹

- Initiation of breastfeeding within the first hour of life
- Exclusive breastfeeding for for the first 6 months of life
- Introduction of appropriate complementary foods at 6 months and continued breastfeeding up to 2 years

BACKGROUND

- Based on the 2017 Global Nutrition Report, 36.0% of children in Indonesia aged 0-5 years are stunted.¹ Indonesia has one of the highest rates of child stunting in the world, far exceeding the Asia regional average.² Thereby, the Government of Indonesia is prioritizing interventions to reduce stunting, which include efforts to promote optimal breastfeeding practices.³ The Government of Indonesia is also promoting exclusive breastfeeding through the Healthy Community Movement (GERMAS).⁴
- The national exclusive breastfeeding rate has steadily decreased over recent decades.⁵ Only 42.0% of children are exclusively breastfed through six months and just over half of children (55.0%) are still being breastfed at 20-23 months of age. Over one third of breastfed children 0-23 months are also fed with breastmilk substitutes.
- Indonesia has adopted some provisions of The International Code on Marketing of Breastmilk Substitutes in national regulations (Health Law 36/2009, Government regulation on exclusive breastfeeding 33/2012 and Government regulation 69/1999) however they only cover the 6 months exclusive breastfeeding period and restriction to advertise any food products for infants aged up to one year.^{6,7,8,9} The expansion of current national laws to align with The Code and World Health Assembly (WHA) resolution 69.9 and enforcement of the laws will help protect breastfeeding practices and establish good early nutrition as part of the first 1000 days and life cycle approach.
- WHA Resolution 69.9, The WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children calls and urges all stakeholders to end all inappropriate promotion of foods for infants and young children and to promote policy, and a social and economic environment that enables parents and care givers to make well informed infant and young child feeding decisions.¹⁰

Assessment Activities

Helen Keller International (HKI) is implementing a project entitled “ARCH project: Evidence-based Infant and young child feeding program,” to investigate challenges to optimal infant and young child feeding. These challenges are related to many factors, including wide-spread promotion of breastmilk substitutes (BMS), gaps in health care workers’ knowledge and skills to support optimal breastfeeding and complementary feeding, and high consumption of commercial snack foods. In Indonesia, HKI and ARCH worked together with the Government of Indonesia, Ministry of Health, and the Bandung City Health Office to interview mothers in health facilities and to measure point-of-sale promotions at retail locations, with a focus on BMS, commercially produced complementary foods, and commercial snack foods and sugar-sweetened beverages.

Assessment among caregivers of children aged 0-35 months

A cross-sectional survey was carried out with 595 mothers of children 0-35 months residing and seeking child health services in 24 health facilities in Bandung City. Data were collected on mother and child characteristics, breastfeeding and the use of BMS, consumption of commercially produced food and beverage products, counseling, education, and recommendations mothers received on IYCF practices.

Point-of-sale assessment of BMS, commercial complementary foods and commercial snacks

A point-of-sale assessment was undertaken in 10 large and 33 small stores across Bandung City. Data were collected on the availability of BMS and commercial complementary foods for sale, and the prevalence of promotions for BMS, commercial complementary foods, and selected commercially produced snack foods and sugar-sweetened beverages in each store.

FINDINGS: ASSESSMENT AMONG CAREGIVERS

Almost all mothers ever breastfed their infants, and 71.9% continued to breastfeed until the child reached 2 years of age (Table 1). However, only 39.8% initiated breastfeeding within the first hour of life and less than half of children 0-5 months of age were exclusively breastfed, receiving no other foods or liquids aside from breastmilk. Pre-lacteal feeding was reported by 24.9% of mothers and nearly all pre-lacteal feeding was with a breastmilk substitute (23.5% of all mothers). Among the mothers whose infants received breastmilk substitutes in the first three days after birth, 57.1% said the BMS was given by a health professional.

48.1% of children 0-35 months consumed a breastmilk substitute in the prior day

Mothers were asked if their child consumed a breastmilk substitute the day prior to the survey and 48.1% of all mothers reported yes. By child age, 41.0% of the youngest

children 0-5 months received a BMS, followed by 43.4% of 6-11 months, 47.5% of 12-17 months, 46.5% of 18-23 months, 53.5% of 24-29 months, and 56.6% of 30-35 months. Figure 1 shows the percentage of children consuming a breastmilk substitute by current breastfeeding status. All children between 0 - 17 months old who were not breastfed received a breastmilk substitute, while about a third of breastfed children of the same age also received BMS. By 30-35 months, about half of all children received a BMS, regardless of breastfeeding status.

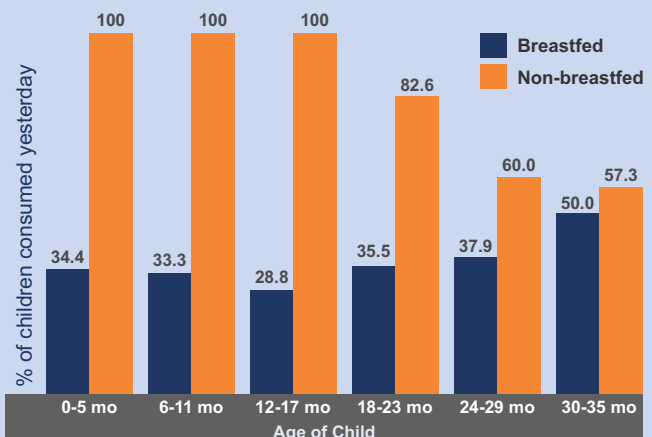
Mothers who said their child received a breastmilk substitute in the week prior to survey (52.1%, n=310) were asked to give the one main reason why her child received the product. The top reason given by 40.0% of mothers was that she believed she did not have enough breastmilk, followed by 24.8% of mother saying the

Table 1. Early and current breastfeeding practices

	(n=595)
Ever breastfed, %	98.8
Early initiation of breastfeeding, %	39.8
Exclusive breastfeeding, 0-5 mo, %	46.0
Current breastfeeding, %	
0-5 months	90.0
6-11 months	84.8
12-17 months	73.7
18-23 months	76.8
24-29 months	29.3
30-35 months	10.1
Pre-lacteal feeding, %	24.9
BMS as pre-lacteal feeding, %	23.5

breastmilk substitute was “healthy and good for the child’s development”, and 11.3% said she had to work. All other reasons were reported by less than 10.0% of mothers. The top reasons did change by the child’s age. For mothers of the youngest children, 0-5 months of age, not having enough breastmilk was more common (70.5%) compared to it being healthy (9.1%). While for

Figure 1. Consumption of all BMS products in the day prior to survey by breastfeeding status and age-group



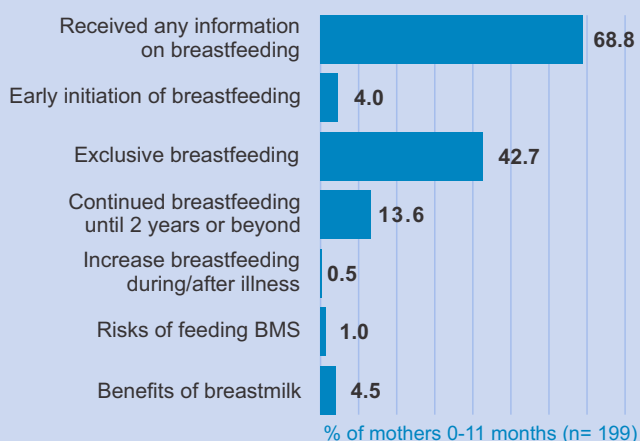
the oldest children, 30-35 months, perceptions of healthiness ranked higher (42.0%) than supply of breastmilk (21.0%).

To better understand the breastfeeding information and support mothers are receiving, we asked the mothers of children less than one year (0-11 months, n=199) about their experiences during antenatal care and delivery. In total, 68.8% of these mothers said they received any information on breastfeeding during antenatal care. Figure 2 shows the percentage of mothers saying they heard key breastfeeding messages. Mothers were also asked about breastfeeding support they may have received after the birth of their child, and 70.9% said they did receive help at delivery. Of these mothers, 83.0% reported a health professional gave the support, split equally between midwives (41.1%) and nurses (41.1%).

45.7% of mothers received a recommendation to use BMS and 93.3% had observed a commercial promotion for BMS

on the package: Infant formula to be introduced between 0-5 months of age; follow-up formula to be introduced between 6-11 months; and growing-up milk to be introduced between 12-35 months. BMS products were found in 28 of the 43 stores (Figure 3). Of these 28 stores, 23 had a least one promotion for a BMS product. Promotions of interest included displays, price discounts, information materials, free gifts, samples, company representatives, store banners, or other types of promotions like seasonal gift baskets. Eleven stores were found to have promotions for infant formula and 11 had promotions for follow-up formula, despite the current policy restricting these types of promotions.

Figure 2. Percentage of mothers with children 0-11 months recalling messages received during antenatal care

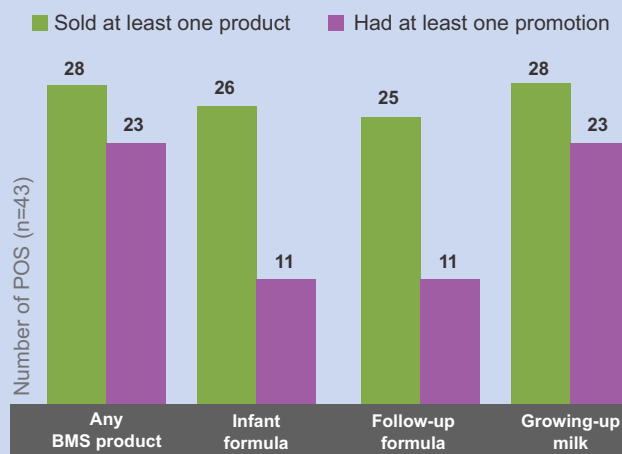


In the survey, we also asked mothers about their exposure to promotions and recommendation for breastmilk substitutes. Nearly all mothers (93.3%) said they had heard, seen, or read a commercial promotion. Promotions could include advertisements, signs/banners, displays, free samples or gifts, price discounts, or point rewards. Almost half of mothers (42.9%) observed a BMS promotion inside the health system, like a hospital, puskesmas, or posyandu. A quarter (26.1%) had received a free sample of BMS since the birth of her child, and 9.8% had received a sample from inside the health system along with 2.5% receiving a sample of feeding bottle/teat. In total 45.7% of mothers of children 0-35 months had received a recommendation to feed a breastmilk substitute to their children and 22.5% said a recommendation came from a health professional.

FINDINGS: POINT-OF-SALE PROMOTION OF BMS

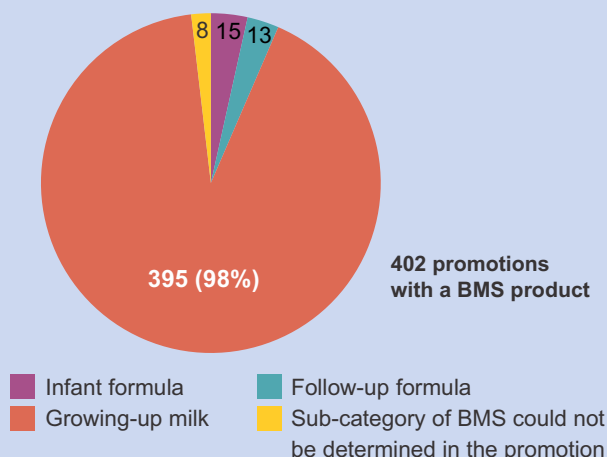
From the 43 stores visited during data collection, 147 different types of BMS products were found for sale. Products were classified into three different categories based on the recommended age of introduction printed

Figure 3. Availability of BMS products and promotions in stores



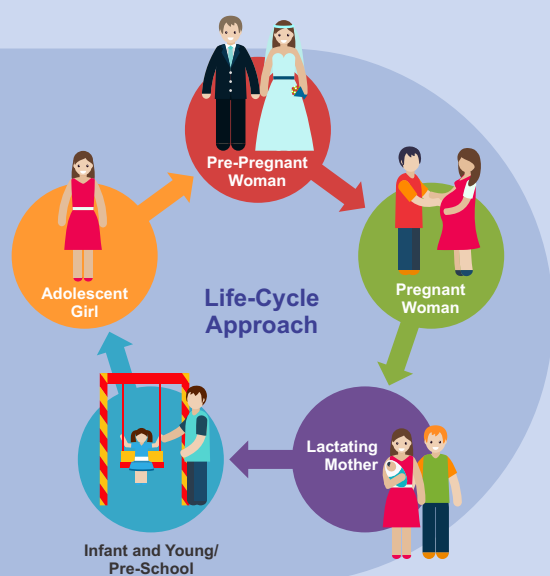
Across all 43 stores, 402 promotions for BMS products were counted in total (Figure 4). Nearly all promotions included growing up milks (98.3%, n=395), and a small number included infant formula (n=15) and follow-up formula (n=13) which are prohibited. Eight promotions included BMS products but the sub-category could not be determined in the promotion. Of the 402 promotions observed, 197 had a BMS product and snack product promoted together, and 8 included a BMS product and a commercially produced complementary food.

Figure 4. Number of promotions observed in points of sale by BMS sub-category



SUMMARY

- 1 Breastfeeding was universally practiced and continued breastfeeding at 2 years was high, however exclusive breastfeeding was low and pre-lacteal feeding with BMS was of note. Formula feeding, particularly pre-lacteal feeding, can disrupt optimum breastfeeding
- 2 Use of BMS was high across all age groups and mixed feeding of BMS and breastfeeding was very common. Promotions of BMS were reported inside the health system, with nearly half of all mothers seeing a promotion inside a health facility and 45% receiving a recommendation to use BMS. Mothers also received samples of BMS and bottles from health providers.
- 3 Promotions for BMS products in stores were highly prevalent, especially for growing up milks which were targeted for children 12 months and above. A number of violations of national regulations were observed, with promotions of infant formula and follow-up formula.
- 4 Approximately 70% mothers of children in the first year reported that they received some breastfeeding messages at ANC, but only a few key messages were remembered. A similarly high number of mothers also said they received help with breastfeeding at delivery.



Optimal breastfeeding practices establish good early nutrition as part of the first 1000 days and continues the benefits into the full life-cycle.

RECOMMENDATIONS

- 1 The findings show the presence of violations to three existing laws. There is a need to enforce the laws and sanction violators, and have a clear monitoring-reporting mechanism to detect and report violations of the law.
- 2 National laws only cover restrictions of promotions to children aged one year and below. This age range should be expanded to align with the scope of age recommended by WHA resolution 69.9, which is three years and below.
- 3 Health staff need to be made aware of the national policies protecting breastfeeding and their sanctions. Health staff should comply with the law and be reminded of the benefits of breastfeeding and the risks of feeding breastmilk substitutes. Breastfeeding education and support for mothers by the health system should be improved.
- 4 The Ministry of Health's efforts to strengthen regulations on BMS labeling and advertisement should receive multi sectoral support, particularly sectors regulating business activities such as trade and industry.

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