

# Opinion Leader Research on Barriers to Optimal Infant and Young Child Feeding Practices in Indonesia



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Alive & Thrive scales up nutrition to save lives, prevent illness, and ensure healthy growth and development. Alive & Thrive is funded by the Bill & Melinda Gates Foundation and the governments of Canada and Ireland and managed by FHI 360.

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## I. Background

A significant number of children in Indonesia still suffer from multiple child malnutrition problems—stunting, underweight, and wasting. To overcome this issue, the Government of Indonesia has stipulated various regulations, policies, and programs on infant and young child feeding (IYCF), which promote the improvement of maternal and child nutrition. In addition, Indonesia has also committed to reaching the 2025 global nutrition targets adopted by the World Health Assembly (WHA) in 2012.

Despite these commitments, the Indonesia's Demographic Health Survey 2012 reported that only 42% of infants are exclusively breastfed for the first 6 months of life; and 63% of children aged 6–23 months are not fed appropriately based on the World Health Organization's IYCF recommendations. Without a deeper understanding of the barriers to improving IYCF practices, it will be hard for Indonesia to achieve its nutrition targets in the future.

This study was designed to:

1. Identify barriers to political and public support for IYCF, particularly breastfeeding
2. Identify possible solutions to these barriers
3. Recognize channels of communication and points of engagement with opinion leaders

This study collected opinions from leaders at the national level supported by two subnational case studies to better reflect urban and rural conditions. Data and information at the national level were gathered through in-depth interviews with potential informants; data in the urban and rural case study areas was collected through in-depth interviews and FGDs. Six groups of informants were identified for in-depth interviews: government institutions; national and international NGOs; health workers and health workers' associations; workplaces and a labor union; formula companies; and the mass media. Meanwhile, FGD participants were stakeholders from the *kecamatan* level, including community and religious leaders, as well as local and community-based support groups such as the Family Empowerment and Welfare Movement (PKK)/integrated service post (*posyandu*) cadres.

To identify barriers of optimal IYCF practices in Indonesia, this study uses the Three-I's Framework. This framework focuses on *ideas* (the knowledge, awareness, values, norms, and beliefs of IYCF stakeholders on optimal IYCF practices), *interests* (the 'motivations', commitments and actions of various IYCF-related stakeholders), and *institutions* (government structures, the relationship between actors involved in the policymaking process, and formal and informal rules/norms related to IYCF in Indonesia).

## II. Barriers to Optimal IYCF Practices in Indonesia

### 2.1 The Role of Ideas on IYCF Practices

#### *Early Initiation of Breastfeeding*

The early breastfeeding initiation (EBI) in Indonesia has increased since the enactment of Government Regulation No. 33/2012. This regulation obligates every health worker, particularly midwives, to encourage EBI. However, EBI practices are often inappropriately implemented and has made the implementation of EBI suboptimal. For example, EBI may be executed in less than one hour by directly putting the baby's mouth on his/her mothers' nipple; other times, it is performed by wrapping the baby in a clean sheet before placing him/her on their mother's chest. Many informants also stated that most caesarean section deliveries do not implement EBI.

Factors that hinder EBI implementation in Indonesia include:

- **Lack of knowledge of the mother, family, and community members** that causes misconceptions and uncomfortable feelings around EBI. They often refuse EBI because they fear that the baby may get cold or the mother expressed discomfort with the baby's blood. The family's and community's lack of knowledge also influences a mother's decision for EBI after delivery as the mother is physically too weak to make decisions.
- **Health workers' weak commitment and willingness to practice EBI.** Although we found that most of our health worker informants can explain EBI correctly, there is no guarantee that the EBI practice will be conducted appropriately. Health workers play the biggest role in the successful practice of EBI because mothers usually follow their instructions due to post-delivery fatigue. However, due to work overload and no commitment, EBI is often not executed.
- **Place of delivery**, for example deliveries at a patient's house or a village midwives' private practice facility, or, those attended by *paraji* or traditional birth attendants (TBA) are less likely to practice EBI. Moreover, deliveries in isolated areas are difficult to be reached by health workers; it is also difficult for community members living in the areas to access health facilities.

#### *Exclusive Breastfeeding*

Many informants stated that few mothers breastfeed their infants exclusively. The exclusive breastfeeding practice in Indonesia is influenced by mothers' ideas and commitment to exclusive breastfeeding, the ideas and behavior of family and community members, as well as the support provided by health workers. In addition, since there is a growing involvement of women in productive sectors, the ideas of employers and their commitment to support the practice of breastfeeding are also identified as factors that influence the success of exclusive breastfeeding practices.

1. **The ideas and commitment of mothers, family, and community leaders** regarding exclusive breastfeeding are closely related to the practice of feeding foods/drinks to infants younger than six months old. Giving food, such as bananas, honey, softened dates, sweetened condensed milk, sugary water, and rice flour is still popular in rural areas. Meanwhile in the urban case study area, feeding formula milk is more popular than feeding solid foods. Some reasons that we identified as the causes to this practice are:
  - (i) the perception that formula milk is better than breast milk due to excessive advertisement from formula milk companies,
  - (ii) a misconception that feeding food other than breast milk can stimulate eating,

- (iii) low breast milk supply, particularly in the first three days after delivery, and
  - (iv) the misperception that whenever a baby cries, it means that the baby is hungry. This problem is compounded by easy access to formula milk.
2. **The mothers' belief** that women's bodies and breast change due to breastfeeding also discourages mothers to exclusively breastfeed their babies.
  3. **The support from health workers** can encourage mothers to breastfeed their babies exclusively. Health workers who discourage breastfeeding may have a lack of knowledge about the survivability of newborns, or may possess the knowledge, but the literature they read has not been convincing enough for them to cease providing formula to newborn babies.
  4. **Working mothers' lack of ideas and commitment as well as low workplace support** are the most important barriers that affect the continuing of exclusive breastfeeding among working mothers. Both of these factors influence each other: workplace support without mother's commitment to implement exclusive breastfeeding will change nothing, and vice versa.

### *Complementary feeding*

The inappropriate introduction of complementary foods and their nutritional content are among the main challenges we identified regarding complementary feeding. Early introduction to complementary foods, which also restricts exclusive breastfeeding practices, was found. We also found the late practice of complementary feeding in cases where the infant had no teeth. The latter issue is also influenced by the misconception that formula milk is healthy and can replace complementary foods. In terms of nutritional content, the complementary foods do not meet a balanced nutritional composition, and are particularly low in micronutrients. For example, most mothers in the urban study area feed their children porridge (carbohydrate) without the addition of a vegetable or protein.

Lastly, the provision of instant foods (instead of homemade food) was cited as another issue.

**Lack of understanding and awareness regarding appropriate complementary feeding practices** was identified by informants to be a factor which leads to inappropriate complementary feeding practices. This problem, however, is influenced by the lack of mothers' initiative to attend integrated service posts (known as *posyandu*), lack of willingness to read KIA Book (the Mother and Children Health Logbook), lack of willingness to seek information about complementary foods from other media channels such as social media, books, magazines, and the ineffectiveness of socialization/education activities conducted by government, health workers and *posyandu* cadres—including socialization/education regarding guidance for a balanced nutrition.

**Habit, tradition, and culture, as well as household economic status** are other factors identified by informants as influencing inappropriate complementary feeding practices.

### *Continued Breastfeeding for up to Two Years*

Factors which discourage continued breastfeeding for up to two years are actually associated with the same factors which lead to non-exclusive breastfeeding in the first place, i.e.:

- **Misconceptions about breast milk and formula.** Formula milk is often considered better than breast milk
- **Lack of mother's awareness on the importance of continued breastfeeding at two years**

- **Taboo/cultural beliefs.** For example in Kabupaten Pandeglang, there is a custom based on the culture and elder's advice that differentiates breastfeeding time between a baby girl and a baby boy. Breastfeeding must be done until the baby is more than two years for a baby girl, meanwhile for a baby boy it must be stopped before the age of two.
- **The involvement of mothers in the labor force** presents a significant challenge for them to continue breastfeeding to two years of age.

## 2.2 The Role of Stakeholders' Interests on the IYCF Practices

In this study, we looked into each stakeholder's interests which somehow can encourage or discourage optimal IYCF practices. In explaining *interests*, the study maps out the 'motivations' and actions of various IYCF stakeholders which lead to a discouraging interest in optimal IYCF practices.

### 1. Government interest in IYCF

Improving nutrition outcomes has been included as one of the targets set by the government in various development planning documents in Indonesia, including the National Long-Term Development Plan (RPJP), Medium-Term Development Plan (RPJM), and Strategic Plan of Ministry of Health. However, there are weaknesses in the organization of policy implementation, dissemination and education activities, and monitoring and evaluation, as well as law enforcement. Even during policymaking processes, different government bodies are identified to have different levels of interest in setting the improvement of IYCF practices as their priority.

#### a. Policymaking process

One of the Ministry of Health's (MoH) interests in IYCF is to improve exclusive breastfeeding practices, as evidenced by various policies and regulations that have been made to achieve this purpose. However, our informant revealed that not all of the ministries fully support these policies. For example, the Ministry of Trade and Ministry of Industry are more concerned with government revenues. They are afraid that formula companies—who have significant influence toward the success of exclusive breastfeeding—would stop their operation in Indonesia if the formula milk industry was totally prohibited from promoting formula milk under a government regulation. The Lack of knowledge and understanding regarding IYCF practices are identified as the main reason which leads them to be more concerned with government income.

In addition, the close relationship between the government and the formula milk company association is identified by an informant as a barrier that can create conflicts of interests. There is involvement of formula companies joining the discussions around Government Regulation 33/2012. Their involvement could facilitate the incorporation of formula companies' interests into government policy on breastfeeding, e.g., governments decided to allow formula companies to be in partnership with health workers organizing seminars/training/academic activities

#### b. Policy implementation

At the *kabupaten/kota* level, implementation of IYCF programs is influenced by several factors, i.e., regional budget, leaders' initiative, creativity, and priority. These factors are important because, in the era of regional autonomy, leaders of local governments (particularly at the *kabupaten/kota* level) are given a certain degree of authority to determine priority issues to be tackled in their area. It means that *kabupaten/kota* leaders play an important role in facilitating the success of this program.

In addition, the weak coordination between actors (i.e., the SUN Movement and civil society, government and health workers) is also detected as a problem hindering IYCF implementation.

### **c. Socialization and education**

In general, a lack of budget and the vast size of Indonesia's population remain a challenge for performing socialization to regional areas in Indonesia. As a result, socialization for health workers, employers, mothers, and community members are not optimal. Moreover, there is also problem on communication method during the socialization and education session; a less-educated mother have more difficulty to understand the explanation given by the midwife about IYCF. In addition, the socialization activities carried out by health facilities are too focus on mothers, whereas other family members such as parents, mother-in-law, and spouse have a great role in influencing mothers' decision to exclusively breastfeed their infants. Another challenge is the absence of mothers' attendance at *posyandu*, causing them to lag behind on information and thus impacting their understanding of breastfeeding.

We also addressed specific problems regarding socialization for health workers. First, the government education activities for health workers are found to be ineffective because it was too ceremonial and does not delve into the main cause of the problem. Informants identified that the education sessions have not been intensive enough or adequately exposed to the community members, particularly as compared to the efforts on behalf of formula companies.

### **d. Monitoring, evaluation, and law enforcement**

Unfortunately, many informants identified that monitoring, evaluation, and law enforcement for ensuring support to optimal IYCF practices are still weak. The implementation of the law by the government are only to encourage the practice; those who follow the regulation will be considered good. One of the root causes of weak monitoring and evaluation is the lack of clarity regarding the institutions which are authorized to monitor and evaluate IYCF stakeholders, particularly the employers and formula milk companies.

## **2. Nongovernmental Organizations' interest in IYCF**

NGOs were considered to be vested stakeholders by our informants. The positive perception from a majority of informants towards NGOs lies in the activities they conduct related to improving optimal IYCF practice. However, there was also an informant who had a different opinion. Instead of considering NGOs as IYCF supporting stakeholders, the informant prefers to classify NGO as the discouraging stakeholder because she knows that there are NGOs in Indonesia which are in partnership with formula milk companies.

## **3. Health workers' interest in IYCF**

The involvement of health workers in the seminars/training sessions which are held by formula milk companies is prone to conflicts of interests—influencing health workers' interest in prioritizing the improvement of IYCF practices.

Our informants defined several factors which encourage midwives to develop partnerships with formula companies. First, midwives' involvement in health workers' training sessions/seminars increase their knowledge and they also can obtain certificates which be important for job promotion or obtaining a five-year license for opening a practice without having to do a competency test. Another motivation is the rewards/gifts from formula milk companies. The

more products purchased by the midwives, the greater the reward. The situation is made worse by the low incentives offered to health workers on behalf of the government. An instruction from the health workers' association to cooperate with formula milk companies is also a reason that encourages midwives to promote formula milk products

#### 4. Formula company interest

Even though it seems that formula milk companies provide useful assistance by being involved in various government agendas, their commercial agenda cannot be denied. According to an informant, the community empowerment programs (for instance, health worker training program) run by these companies are considerably important for ensuring continued increase in a company's stock value. Based on an interview, it seems that formula milk companies also have influence over the policymaking process. The informants admitted that all formula milk companies unite to influence a policy if the issue is related to the interest of all formula milk companies.

#### 5. Employers

Employers are considered as a discouraging stakeholder because not all employers provide support to working mothers because they prioritize production over employees' welfare. Providing support to lactating working mothers is often considered as a burden—it is associated with having an impact on productivity and the company's revenue.

#### 6. Media

The informant from a private TV station revealed that the proportion of health content compared to other issues is small, only about 10% and it is not broadcasted every day. It was admitted that the TV station's support for IYCF is still lacking, largely because IYCF practices are not considered a hot issue.

Low priority on health issues is also revealed by an informant from a printed media. According to the informant, the media has rarely focused on health issues in the last two years because the media follows trends. The informant added that when there are no strong issues about exclusive breastfeeding—such as the breastfeeding week event—then they can only be published as daily news and not as headline news.

### 2.3 The Role of Institutions in Influencing IYCF Practices

Institutional issues—government structures, relationships between actors involved in policy making process, and formal and informal rules/norms related to IYCF—that discourage optimal IYCF practices are:

- ***The absence of IYCF indicators in the Health Sector's Minimum Service Standard (SPM).*** Indonesia is a decentralized country; meaning that local governments are key stakeholders who ensure the improvement of IYCF practices. However, it is indicated that majority of *kabupaten/kota* leaders in Indonesia (less than 100 *kabupaten/kota* out of 500 *kabupaten/kota*) have not yet committed to prioritizing improved IYCF practices in their policies. Many informants identified that the absence of IYCF indicators in the health sector's minimum service standard (SPM)—a list of health services that are expected to be delivered by local governments—as a factor which leads local governments to fall short of setting the improvement of IYCF practices as a priority in their policies. There are indicators regarding the coverage of complementary feeding for children aged 6–24 months in the SPM, but these indicators only focus on children from poor families.

- **Formula milk companies are involved in policymaking processes.** Some informants criticized the involvement of formula companies because it could facilitate the incorporation of formula companies' interests into government policy on breastfeeding.
- **The tasks, responsibilities, and expected behavior of IYCF stakeholders have been regulated in the existing IYCF legislations in Indonesia, but the stakeholders have not performed behaviors as expected in the legislations.** Government officials or other public duty bearers are obligated to work for the interest of the public because they have been delegated power by the public to act on their behalf. Unfortunately, the government's weak commitment to enforcing the law, weak dissemination and education activities, and weak policy implementation to support optimal IYCF practices lead to the misconduct of IYCF stakeholders.
- **The provision concerning the practice of continued breastfeeding for up to two years in Indonesian policy (Health Minister's Decree) is just to encourage the practice.** No law has been stipulated to support continued breastfeeding for up to two years.
- **There are gender stereotypes on the responsibility of child care** in Indonesia which is identified to discourage optimal IYCF practices, including in matters regarding to children's nutrition intake. Opinions of leaders interviewed in this study also reflect gender stereotyping in caring for children. The majority of informants in this study revealed that the practice of non-exclusive breastfeeding is largely associated with the lack of mothers'/grandmothers' awareness and knowledge, and not the husbands'.

### III. Policy Recommendations

This study delivers three main policy directions to overcome barriers of optimal IYCF practices in Indonesia:

#### 1. Strengthen Socialization and Education Programs for Various IYCF Stakeholders

- Strengthen socialization and education programs at community level
  - Develop an intensive and continuous communication and support to mothers, family, and community members
  - Engage various stakeholders at the community level to educate community members, including religious/community leaders
  - Establish coordination between health workers, *posyandu* cadres, and influential community leaders when communicating about IYCF to the public
  - Ensure that target audiences of IYCF education and dissemination are not only mothers but also other family members
  - Develop an effective communication method (practical instead of theoretical; explaining not only the benefits of optimal IYCF practices, but also the risks of suboptimal practices; and using different ways of communication for audiences with different characteristics).
  - Appoint a Breastfeeding Ambassador who can actively voice the importance of breastfeeding
  - Improve government engagement with the mass media
- Ensure socialization and education programs reach poor families
- Improve education on balanced diets at primary and secondary schools to improve optimal IYCF practices in the future
- Improve Policy Communication to Private-sector Workplaces
- Improve awareness of local governments to support optimal IYCF practices

- Improve government awareness regarding conflicts of interests created by the involvement of formula milk companies in policymaking processes and policy implementation
- Improve the quality of training of health workers

## **2. Strengthen control on the interests of various IYCF stakeholders**

- Develop a more comprehensive regulation on the expected behaviors of IYCF stakeholders and relevant institutions to do monitoring, evaluation, and law enforcement
- Regulate retail market of formula milk products
- Ensure strong implementation of monitoring, evaluation, and law enforcement
- Include IYCF indicators as one indicators of outcomes in the health sectors' minimum service standard (SPM)
- Increase government concern on continued breastfeeding for up to two years and complementary feeding practice improvement

## **3. Strengthen policy implementation to support improvement of IYCF practices**

- Increase budget allocation for preventive activities, particularly for the improvement of IYCF practices
- Improve coordination in policy implementation
- Improve management of health workers
- Government support for MSEs (micro- and small-scale enterprises) in providing lactation rooms
- Improve access of information on IYCF for isolated areas

# IV. Points of Engagement

## 4.1 Policy and Stakeholder Engagement

In the era of decentralization, policy engagement should be carried out both at national and subnational levels. Engaging the government at the national level is important because local governments often refer to the national policies when they formulate their own policies; national government can play budget politics to push local government to commit to certain strategic policies; and local governments are typically motivated if advocacy is carried out by the central government. Policy engagement at the local level is also strategic because local governments' commitment influences the implementation of a policy.

Advocacy of the central government to local governments should involve the Ministry of Home Affairs. Direct advocacy to the local government can be conducted through sector and planning agencies, elected local leaders, and local parliament members, and village-level forums. Indeed, policy engagement by stakeholders is likely to work more effectively if several stakeholders work together than if it is conducted individually. In addition, our informants explained that stakeholders who have a large number of members, e.g., labor unions or religious organizations, play an important role in policy advocacy.

## 4.2 Means of Engagement

Policy advocacy can be aimed directly at government institutions, or indirectly through engagement with other IYCF stakeholders. Direct policy engagement may take place through different mechanisms, including formal approaches (such as public hearings and letters), informal (personal) approaches;

while indirect policy engagement might take place through labor unions, religious organizations, and the media (print and broadcast media, social media). The media is an important means of engagement because it is able to magnify a problem and draw the attention of policymakers. Furthermore, statistical data and the results of rigorous studies can be a powerful tool for advocacy which can influence governments to formulate a certain policy. Indeed, different ways of engagement may result in different impacts. Its effectiveness might also vary in different areas.

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