

Breast-feeding and the Family Planning Sector's Initiative in Indonesia*

Breast-feeding averts an average of 28 per cent of the total potential fertility (fecundity) per woman of reproductive age in Indonesia, the fifth most populous country in the world. Contraception controls another 35 per cent, and age at marriage and other factors inhibit an additional 15 per cent of the total fecundity. Only about 22 per cent of the total fecundity is realized in actual births, representing a total fertility rate of about 3.4 per woman in 1987.^{1/}

Breast-feeding has been found to protect babies against illness and weight loss in Indonesia (Launer, Habicht and Kardjati, 1990). Bottle-fed Indonesian infants have been reported to be 5 to 8 times more likely to have diarrhoea and respiratory diseases than breast-fed infants (Rhode, 1982; Suradi *et al.*, 1982). Moreover, malnutrition has also been found to be significantly higher among bottle-fed babies (Rhode, 1982; Munir *et al.*, 1982); improper preparation of infant formulas and management may be among the many reasons.

Besides the benefits associated with breast-feeding's contraceptive effects and improved infant health, breast-milk is also a major economic resource. The total net value of mother's milk to the Indonesian economy is estimated to be \$US 520 million (Rhode, 1982). Of this, some \$US 80 million is estimated to be attributable to fertility reduction and \$40 million is estimated to be the value of health services that would have been needed to treat illness such as diarrhoea. The rest (\$US400 million) is the net value of the milk itself.

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Emerging patterns and trends

While most women in rural Indonesia breast-feed their infants for a long duration, in urban areas breast-feeding is generally abandoned or shortened. (See also the article on pp. 89-112 of this issue of the *Journal*.) In the mid-1970s, the average duration of breast-feeding in rural Indonesia was 24 months, while in urban areas it was 16 months (Joesoef, Utomo and Lewis, 1988). This gap between rural and urban populations was one of the largest compared with several other developing countries. In the urban populations, the duration of breast-feeding was considerably shorter among the more educated women or women working for salaries than among their less well educated, non-working counterparts. More importantly, breast-feeding was found to be consistently and significantly shorter among mothers who delivered their babies at hospitals or who were consulted and assisted by a modern birth attendant – a pattern also found in other developing countries (e.g., the Philippines).

During the decade of the 1980s, there appears to have been a revival of breast-feeding in Jakarta (Joesoef, Annest and Utomo, 1989). Interestingly, however, this revival has occurred among the mothers of lower socio-economic status, but not among those of higher socio-economic status. Clearly, more concentrated efforts aimed at promoting breast-feeding should be targeted at the latter group of women also. Nationally in Indonesia, there was no significant change between 1976 and 1987 in the reported duration of breast-feeding. While this is encouraging, it is not a matter for complacency.

The modern health sector

Even among those segments of the population in which breast-feeding has not declined, the optimum benefits of breast-feeding should be ensured. For example, although in Indonesia the perinatal health care providers' perceptions and attitudes towards breast-feeding are found to be very positive, there are many areas in which sound knowledge is lacking and, consequently, incorrect advice may be given to mothers regarding breast-feeding (Hull, Thapa and Wiknjosastro, 1989).

Similarly, although support for the concept of "rooming-in" (i.e., where a mother can breast-feed her baby on demand in hospitals) in Indonesia is found to be strong, many misconceptions prevail among health care providers and administrators (Hull, Thapa and Wiknjosastro, 1989). Even in those few hospitals that have a policy not to promote bottle-feeding, posters promoting infant formula and samples of bottle milk have been found.

At the same time, many women who intend to breast-feed, or who are already doing so, lack information about optimum feeding patterns and are unaware of how to solve problems that may arise (Hull, Thapa and Pratomo,

1990). Many others do not seek advice or guidance regarding optimum ways to breast-feed as part of neonatal health care. Further, most women giving birth at hospitals do not know about the advantages and availability of rooming-in.

Fortunately, recent research in Indonesia and in other developing countries suggests that breast-feeding behaviour responds readily to education, social encouragement, activities of women's self-help groups, and changes in medical attitudes and practices (Suradi *et al.*, 1983; Trastotenojo and Hariyono, 1982; Djoenanda *et al.*, 1979; Procianoy *et al.*, 1983; Hardy *et al.*, 1982; Jones and West, 1986; Relucio-Clavano, 1981).

If women are given more information about rooming-in, which can alleviate their doubts and misconceptions, those giving birth at hospitals might consider rooming-in as a viable, safe option in early infant care. In situations where many women work, legislation protecting a woman's right to breast-feed is important, as are company policies that make it easy for women to breast-feed in the workplace.

Governments and policy makers should therefore strive to identify ways to promote and maintain the practice, especially in the modern health sector in developing countries. The modern health sector needs special attention because, ironically, it has often been linked to the decline of breast-feeding. At the same time, however, this sector is recognized as a potentially important resource for the support of breast-feeding as the method of choice for infant feeding.

Studies have shown that if a mother is placed in a hospital that offers the option of "rooming-in" and provides counselling, the mother is likely to choose to breast-feed and will continue to breast-feed for a considerably longer period after being discharged than will a mother placed in a conventional nursery with delivery and neonatal wards. These premises have helped generate national and international support for the promotion of breast-feeding as an integral part of child survival programmes in Indonesia.

The Government's policy

The Government of Indonesia has taken steps to promote breast-feeding. Breast-feeding promotion is now explicitly addressed in the country's development plans. Non-governmental agencies and organizations have also taken increasing interest. The non-governmental agency known as BK-PP-ASI has been established as the national co-ordinating body for the promotion of breast-feeding in Indonesia. In addition, international agencies have augmented the

momentum by supporting projects that promote breast-feeding. Several Indonesian doctors and nurses have been trained in the management of lactation programmes and counselling, as well as the development of breast-feeding programmes.

The initial phase of these efforts also included a "travelling" seminar, and workshops for health professionals in selected areas in the country. A pilot project for rooming-in, which was introduced in the early 1980s in a teaching hospital in Jakarta, has gradually been expanded to selected hospitals in other regions.

More recently, the possibility of revising the curricula of the medical schools has been discussed to include adequate attention to breast-feeding and rooming-in. An appropriate orientation to the role of breast-feeding for birth spacing and child health will help shape future practices in the modern health sector.

The family planning sector's initiative

The year 1989 marked the beginning of another important step towards the promotion of breast-feeding: the National Family Planning Coordinating Board (BKKBN) developed an explicit policy to promote breast-feeding by integrating it into the national family planning programme under the new initiative "Safe Motherhood and Child Survival."

This integration was based on the premise that family planning in Indonesia is neither a purely quantitative demographic matter nor a clinical matter of contraception, but it involves an endeavour to bring about changes in value systems and norms. The family planning programme forms part of a national effort towards "nation-building" to fight poverty, backwardness and indifference. This is a strategy to institutionalize and popularize the small, happy and prosperous family norm, leading to the development of higher quality human resources.

Such integration represents a unique opportunity and a highly effective means of promoting breast-feeding. As of 1987, for example, 58 per cent of women of reproductive age who had ever been married (approximately 18 million) had received services from BKKBN. In 1987, about one-fifth (5.9 million) of the married women of childbearing age were visited by a family planning field worker at least once every six months (CBS, NFPCB and IRD, 1989). The proportion and number of women receiving services are expected to continue to rise.

Historically, the family planning programme has not given due recognition to breast-feeding. Moreover, the advice given to women regarding the use

of a contraceptive method may not have been in step with ensuring the continuation of breast-feeding. The programme lacked clear policy guidance regarding breast-feeding, as well as needed skills and training for the family planning counselors and providers. Thus, breast-feeding remained essentially a missing component in the overall programme.

The new national breast-feeding initiative is designed to rectify this situation. Family planning field workers, counselors and providers will be provided with training in skills needed for the promotion of breast-feeding. The benefits and importance of breast-feeding will be promoted through the mass media. More importantly, the complementary relationship between breast-feeding and contraception will be emphasized. BKKBN will also work with women's groups and government agencies to ensure that accurate information is widely disseminated, and will work towards formulating legislation to protect women's rights to breast-feed their babies.

Obviously, neither the contraceptive effect nor the practice of full breast-feeding may last beyond a few months following the birth of a child. However, proper birth-spacing can be achieved by a judicious combination of breast-feeding and modern forms of contraception.

Caution is always necessary to ensure that the adoption of a birth control method does not start so early that it will adversely affect breast-feeding. Appropriate timing will also avoid the "double contraceptive protection" provided by breast-feeding and contraception. Family planning providers should have the proper training to provide counselling and guidance to post-partum mothers. They have the potential to establish a firm foundation for continued breast-feeding and to contribute to the successful implementation of the national effort to promote breast-feeding in Indonesia.

The challenge

The initiative and approach taken by BKKBN may provide encouragement and serve as a model for many other family planning programmes around the world. The challenge lies not only in ensuring that women have an option to breast-feed their infants, but also that health care and family planning providers have the skills and training they need to counsel women about optimum breast-feeding practices.

Footnote

1. This was estimated by applying the model of the proximate determinants of fertility (Bongaarts and Potter, 1983) to the 1987 National Contraceptive Prevalence Survey of Indonesia (CBS, NFPCB and IRD, 1989).

References

- Bongaarts, J. and R.G. Potter (1983). *Fertility, Biology and Behavior: An Analysis of the Proximate Determinants*, (New York, Academic Press).
- CBS, NFPCB and IRD (1989). *National Contraceptive Prevalence Survey, 1987*, (Jakarta, Central Bureau of Statistics, National Family Planning Coordinating Board and Westinghouse Institute for Resource Development).
- Djoeanda, P. *et al.* (1979). "A Rooming-in Programme for Mother and New Borns in Dr. Hasan Sadikin General Hospital," *Paediatrica Indonesiana*, vol. 19, pp. 35-39.
- Hardy, E., *et al.* (1982). "Breast-feeding Promotion: Effect of an Educational Programme in Brazil," *Studies in Family Planning*, vol. 13, No. 3, pp. 79-86.
- Hull, V., S. Thapa and H. Pratomo (1990). "Breast-feeding in the Modern Health Sector in Indonesia: The Mother's Perspective," *Social Science & Medicine*, vol. 30, No. 5, pp. 625-633.
- Hull, V., S. Thapa and G. Wiknjastro (1989). "Breast-feeding and Health Professionals: A Study in Hospitals in Indonesia," *Social Science & Medicine*, vol. 28, No. 4, pp. 355-364.
- Joesoef, M.R., B. Utomo and G. Lewis (1988). "Breast-feeding Practices in Metropolitan Indonesia: Policy Considerations," *Journal of Tropical Pediatrics*, vol. 34, No. 6, pp. 270-274.
- Joesoef, M.R., J.L. Anest and B. Utomo (1989). "A Recent Increase in Breast-feeding Duration in Jakarta," *American Journal of Public Health*, vol. 79, No. 1, pp. 36-38.
- Jones, D., and R. West (1986). "Effect of a Lactation Nurse on the Success of Breast-feeding: A Randomized Controlled Trial," *Journal of Epidemiology and Community Health*, vol. 40, No. 1, pp. 45-49.
- Launer, L.J., J.P. Habicht, and S. Kardjati (1990). "Breast-feeding Protects Infants in Indonesia Against Illness and Weight Loss due to Illness," *American Journal of Epidemiology*, vol. 131, No. 2, pp. 322-331.
- Munir, M. *et al.* (1982). "Problems of Infant Practices: Implications for Immediate Action," in *Proceedings of Travelling Seminar on Recent Development in Breast-feeding*. (Semarang, Diponegoro University).
- Procianoy, R. *et al.* (1983). "The Influence of Rooming-in on Breast-feeding," *Journal of Tropical Pediatrics*, vol. 29, No. 2, pp. 112-114.
- Relucio-Clavano, N. (1981). "The Results of a Change in Hospital Practices," *Assignment Children*, vol. 55/56, pp. 139-165.
- Rohde, J.E. (1982). "Mother's Milk and the Indonesian Economy: A Major National Resource," *Journal of Tropical Pediatrics*, vol. 28, No. 4, pp. 166-174.
- Suradi, R. *et al.* (1983). "Rooming-in in Dr. Cipto Mangun Kusumo Hospital, Jakarta, Indonesia," Paper presented at the Indonesian Society for Perinatology (PERINASIA) Conference, Jakarta.
- Suradi, R. *et al.* (1982). "Country Presentation: Indonesia" Presented at the International Conference of Community Based Support Groups for Breast-feeding Mothers, Jamaica, 29 November – 3 December.
- Trastotenojo, M. and R. Hariyono (1982). *Proceedings of Travelling Seminar on Recent Development in Breast-feeding*, (Semarang, Diponegoro University).