



Asosiasi Ibu Menyusui Indonesia



**BETTER WORK**  
*Indonesia*

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# BREASTFEEDING FRIENDLY WORKPLACES

## Guidelines for Employers



International  
Labour  
Office



**International  
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# GLOSSARY OF TERMS & ABBREVIATIONS

<b>AIMI</b>	: Asosiasi Ibu Menyusui Indonesia/ Indonesian Breastfeeding Mothers' Association
<b>ARI</b>	: Acute Respiratory Infection
<b>BFW</b>	: Breastfeeding Friendly Workplace
<b>BWI</b>	: Better Work Indonesia
<b>CODE</b>	: International Code of Marketing of Breast-milk Substitutes
<b>HIV/AIDS</b>	: Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
<b>IBFAN</b>	: International Baby Food Action Network
<b>ILO</b>	: International Labour Organization
<b>ILCA</b>	: International Lactation Consultant Association
<b>IYCF</b>	: Infant and Young Child Feeding
<b>LINKAGES</b>	: A worldwide project whose mandate is to improve infant and young child feeding
<b>MP-ASI</b>	: Complementary Food (Makanan Pendamping Air Susu Ibu)
<b>ORS</b>	: Oral Rehydration Solution
<b>StC</b>	: Save the Children
<b>UNICEF</b>	: The United Nation's Children Fund
<b>WABA</b>	: World Alliance for Breastfeeding Action
<b>WHO</b>	: World Health Organization

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# INTRODUCTION

Research has proven that breastfeeding is the optimal way of feeding infants for the first period of their lives. In order to ensure that children receive the best possible treatment, working mothers must therefore be given breastfeeding support in the workplace. It is of uttermost importance that such support be given to mothers in the Indonesian garment industry, as the sector is chiefly composed of female employees. Several advantages will arise if employers in the garment industry assist their working mothers by introducing a breastfeeding friendly workplace (BFW) policy.

Introducing a BFW will benefit all actors; above all children, working mothers and the enterprise. Allowing mothers to breastfeed their infants for the first period of their lives will lead to healthier and happier babies, which will in turn result in working mothers who take less time off work to care for their sick children, who worry less and who are more productive. A BFW policy will ensure that an enterprise is in compliance with Indonesian Labour Law, obligating employers to provide opportunities and special facilities for mothers to breastfeed during working hours. Such measures will also increase an enterprise's productivity by decreasing the high turnover rate of female staff following maternity leave. Lastly, an infant friendly enterprise will guarantee a good reputation among buyers and high morale among workers.

Asosiasi Ibu Menyusui Indonesia/Indonesian Breastfeeding Mothers' Association (AIMI) and the International Labour Organization's project Better Work Indonesia (BWI) are assisting factory management in the Indonesian garment industry to implement effective BFW policies. Introducing breastfeeding schemes in the workplace enables employers to ensure compliance with the law and to guarantee the loyalty and productivity of their working mothers. The objective of these guidelines is to offer practical assistance to employers who wish to take such actions and support their working mothers.

**“ Breast milk is the best food a baby can have and breastfeeding gives a child the best possible start in life. ”**

UNICEF Executive Director Anthony Lake, July 2010



# WHAT IS BREASTFEEDING?

## 1.1 DEFINITIONS

### 1.1.1 Infant and Young Child Feeding (IYCF)

WHO/UNICEF standards that advocate for global actions in support of optimal breastfeeding, complementary feeding and related maternal nutrition and health. This global strategy on IYCF, approved in 2002, recommends exclusive breastfeeding for 6 months and nutritionally adequate and safe complementary feeding in addition to breastfeeding from 6 months to 2 years of age or beyond. It advises on how to promote, protect and support appropriate child feeding practices.

### 1.1.2 Breastfeeding

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. Review of evidence has shown that exclusive breastfeeding for 6 months is the optimal way of feeding infants. Thereafter infants should receive complementary foods in combination with continued breastfeeding up to 2 years of age or beyond.<sup>1</sup>

### 1.1.3 Exclusive Breastfeeding

Exclusive breastfeeding means that an infant receives only breast milk and no other liquids or solids, not even water, with the exception of ORS (oral rehydration solution), drops or syrups consisting of vitamins, minerals and/or medicine.<sup>2</sup> During the first months of life, infants who are breastfed exclusively receive stronger protection against infections than those who are not.<sup>3</sup> Breastfeeding an infant for a longer period of time may also result in stronger protection.

### 1.1.4 Expressing Breast Milk

Expressing breast milk is a means by which a mother secretes milk from her breasts when she is apart from her baby. There are two ways of expressing breast milk, by using hands (hand-expressed) or by using a breast-pump. For mothers who are working but still breastfeed their baby, this activity is mandatory. Working mothers need to store breast milk during working hours/while they are apart from their baby.

The key to successful exclusive breastfeeding for working mothers lies in the methods of expressing breast milk and the storing of the expressed breast milk (Breastfeeding Management). Long-term expressing is hard work and a major commitment on the mother's part. She will need encouragement and support.<sup>4</sup> It is therefore important that the workplace has an appropriate nursing room and gives working mothers the time they need to express their breast milk.

1. [http://www.who.int/nutrition/topics/exclusive\\_breastfeeding/en/](http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/)

2. [http://www.who.int/nutrition/topics/infantfeeding\\_recommendation/en/index.html](http://www.who.int/nutrition/topics/infantfeeding_recommendation/en/index.html)

3. Department of Health and Human Services, Office on Women's Health, HHS Blueprint for Action on Breastfeeding, Washington, DC: Office on Women's Health; 2000.

4. Dr. Brodribb, Wendy, Breastfeeding Management in Australia, Expressing and storing breast milk, 2012 :353.

## 1.2 MYTHS AND FACTS

Although a large amount of evidence has proven the benefits of breastfeeding, myths are still widespread. Many mothers and members of community believe that working mothers should not and cannot continue breastfeeding their babies. The difficulty of pumping and the risk of spoiling and downgrading the quality of the breast milk are the most common reasons why working mothers stop breastfeeding.

Scientific evidence however shows that continued breastfeeding is the best option for both the baby and the mother. Stored breast milk is the second best option for a baby when its mother is away for work. Working mothers should therefore continue breastfeeding their babies during working hours or pump and store their breast milk.





# WHY IS BREASTFEEDING A WORKPLACE CONCERN?

## 2.1 RECOGNITION BY NATIONAL INSTRUMENTS (LAWS & REGULATIONS)

### 2.1.1 Act No. 13 concerning Manpower (2003)

Article 83 of Act no. 13 concerning Manpower (2003) places entrepreneurs under an obligation to provide proper opportunities to female workers whose babies still need breastfeeding. Such opportunities include setting up correct workplace *facilities* that will allow female workers to breastfeed in the workplace, as well as giving female workers *time* to breastfeed during working hours, in accordance with company regulations or collective labour agreements.

### 2.1.2 Government Regulation No. 33 on Granting Exclusive Breastfeeding (2012)

Article 35 of Government Regulation no. 33 on Granting Exclusive Breastfeeding (2012) obliges the workplace manager and the administrator of public facilities to introduce internal regulations that support and aid successful breastfeeding programmes. Such internal regulations demonstrate enterprise support of breastfeeding and allow the enterprise to implement an effective BFW policy through the following means:

- Establish decent workplace facilities for working mothers to breastfeed/breast-pump (nursing room).
- Give working mothers the opportunity to breastfeed/express breast milk during working hours.
- Ensure that the policy on 3 month maternity leave is more flexible. It will not always be necessary to have a 1.5 (one-and-a-half) month's period of rest before giving birth and a 1.5 (one-and-a-half) month's period of rest after giving birth, but it is advisable that the maternity leave is adjusted closer to the date of birth, based on a reference letter from the doctor. This will allow a mother to have more time to breastfeed after the birth and to prepare for her return to work.

(Relevant Indonesian laws and regulations on breastfeeding can be found in Appendix 1)

## 2.2 IMPORTANCE AND BENEFIT

The importance of optimal breastfeeding:

- Saves 1-2 million lives each year.
- Reduces ARI and diarrhoea deaths by 50-95%.
- Significantly increases the effectiveness of immunisations.
- Reduces the need for ORS by more than 50%.
- Significantly increases intelligence and readiness to learn.
- Automatically reduces mother to child transmissions of HIV by an estimated 10-20%.
- Reduces child desertion in hospitals and strengthens mother-child protective bonds.
- Increases growth and provides the majority of an infant's nutritional need.<sup>5</sup>

5. UNICEF and the Global Strategy on Infant and Young Child Feeding (GSIYCF), Understanding the Past-Planning the Future (<http://www.unicef.org/nutrition/files/FinalReportonDistribution.pdf>).

Offering full enterprise support to breastfeeding employees also benefits the enterprise. Breastfeeding is a positive activity and very important for the health of the child. Mothers who breastfeed their babies will not take many leaves of absence to take care of sick children, which in turn improves their work performance and productivity. Furthermore, the cost of health care for employees' children will be reduced since the children will rarely become sick.

### 2.2.1 Benefits for the Employee

1. Obtain a decent, appropriate and clean facility to express milk.
2. Protect the rights of employees' children to have the best and most complete nutrition, as can be provided by breast milk.
3. By fulfilling the child's right to receive breast milk, the child's health will be more secure and there will be a reduction in the number of health claims by the employee's family.
4. Breastfeeding employees enjoy both physical and psychological benefits, which ultimately also has a positive impact on their performance and productivity in the workplace.
5. Children who are breastfed are healthier and less prone to illness, which allows breastfeeding employees to worry less about their children and focus more on their work. This improves overall performance at the enterprise.

### 2.2.2 Benefits for the Enterprise

1. Why Employers Should Care  
BFW policies help mitigating health care costs, absenteeism and low productivity by:
  - Reducing the risk of some short- and long-term health issues for women and children;
  - Decreasing employee absences associated with caring for a sick child;
  - Increasing retention of female employees.
2. Lower Health Costs  
Breastfeeding can reduce medical costs for mothers and children. For every 1,000 babies not breastfed, there are an extra 2,033 physician visits, 212 days in the hospital and 609 prescriptions.<sup>6</sup>
3. Lower Absenteeism  
One-day absences to care for sick children occur more than twice as often with mothers of formula-feeding infants than mothers of breastfeeding infants.<sup>7</sup>
4. Keeping Valuable Employees  
High employee turnover rates are costly for enterprises. Employers are interested in retaining valuable employees, including those who go on maternity leave. Providing family-centred programmes to help employees balance family and work commitments can positively impact retention rates, resulting in potential cost savings for the enterprise. A study of multiple enterprises with breastfeeding support programmes found an average retention rate of 94%.<sup>8</sup>
5. Positive Public Relations  
BFW policies may help employers build goodwill within the community. In addition, any recognition given to breastfeeding-friendly worksites can be valuable because it gives enterprises a competitive advantage when recruiting and retaining employees.

6. Ball TM, Wright AL. Health care costs of formula-feeding in the first year of life. *Pediatrics*, 1999;103(4):870-876.

7. Cohen R, Mrtek MB, Mrtek RG. Comparison of maternal absenteeism and infant illness rates among breastfeeding and formula-feeding women in two corporations (*American Journal of Health Promotion*, 1995; 10(2),148-153).

8. Ortiz J, McGilligan K, Kelly P. Duration of breast milk expression among working mothers enrolled in an employer-sponsored lactation program (*Pediatric Nursing*, 2004; 30(2):111-119).



### 2.2.3 Benefits for the Society

If workplaces do not support breastfeeding mothers, the government and public health may be disadvantaged in various ways:

- Poorer infant health related to a higher incidence of, inter alia, type 1 diabetes, respiratory infections, gastrointestinal infections, ear infections, inflammatory bowel disease and childhood lymphoma.<sup>9</sup>
- Poorer women's health related to an increased risk of certain types of cancer (8, 9, 10).
- Increased health care costs due to poorer infant health and more hospitalisation.<sup>10</sup>
- Negative economic impact.<sup>11</sup>

9. IP S, Chung M, Raman G, et al. Breastfeeding and maternal and infant health outcomes in developed countries. Evidence report/technology Assessment. 2007 (153):1-186; Horta B, Bahl R, Martines J, Victoria C. Evidence on the long-term effects of breastfeeding. Geneva: WHO 2007; Stuebe A. The risks of not breastfeeding for mothers and infants. Rev Obstet Gynaecol. 2009, 2:220-231.

10. Smith JP, Ingham LH, Dunstone MD. The economic value of breastfeeding in Australia. Australian National University, Canberra: National Centre for Epidemiology and Population Health, 1998; Bartick M, Reinhold A. The Burden of suboptimal breastfeeding in the United States, a pediatric cost analysis, Pediatrics. 2010;125 (5): e 1048-1056; Smith JP, Thompson JF, Ellywood DA. Hospital system cost of artificial infant feeding; estimates for the Australian Capital Territory. Aust N Z J Public Health. 2002, 26 (6): 543-551.

11. Smith JP, Ingham LH. Mothers milk and measures of economic output. Feminist Economics. 2005, 11 (1): 43-64; Weimer J. The economic benefits of breastfeeding: a review and analysis. Washington DC : United States Department of Agriculture, 2001, 13; Smith JP. Human Milk supply in Australia. Food Policy. 1999;24 (1): 71-91.



# HOW TO MANAGE BREASTFEEDING IN THE WORKPLACE?

## 3.1 DEFINE A BREASTFEEDING FRIENDLY WORKPLACE (BFW) POLICY

### 3.1.1 Define a Breastfeeding Friendly Workplace (BFW) Policy

BFW policies are well known in various countries such as Australia, New Zealand and the United States of America. Such policies have been developed by enterprises who wish to support their working mothers and their need to continue breastfeeding while at work.

BFW policies are similar in nature, although each one is tailored to the needs and resources of the particular enterprise. Enterprises can also take different approaches and may use different strategies to implement BFW policies at every level of their system. Key steps to guaranteeing the successful implementation of BFW policies are feasibility, safety, easy accessibility and easy implementation processes. The aim is to ensure that everyone in the enterprise is aware of and understands the BFW policy.

### 3.1.2 Components of a BFW Policy

The following is a list of the basic components that an enterprise should provide in order to support breastfeeding in the workplace. They can be tailored to a more advanced level according to the resources and ability of the enterprise.

#### Nursing Room/Facilities

##### 1. Space :

- a) Closed and isolated.
- b) Possibility to lock.
- c) Air-conditioned.
- d) Sufficient space to accommodate at least 3 employees.
- e) Location of nursing room must not be adjacent to a toilet or warehouse.

##### 2. Furnishings:

- a) Comfortable chair or sofa.
- b) Table.
- c) Sufficient space to accommodate at least 3 employees.
- d) Cupboard to store pumping equipment, tissue and liquid antiseptic.

##### 3. Facilities:

- a) Sufficient lighting.
- b) Electrical plugs.
- c) Fridge/freezer to store expressed breast milk.
- d) Washstand/sink with running water.
- e) Water dispenser (hot and cold) or electric thermos of hot water.
- f) Hand soap, antiseptic solution and paper towels/tissue.
- g) Tissue and antiseptic solution.
- h) Trash can with lid.

### **Written Enterprise Policy**

- a) Enterprise support of breastfeeding in the workplace.
- b) Appropriate maternity leave pursuant to Indonesian Labour Law, with more flexible options (not necessarily 1.5 months before and 1.5 months after birth).
- c) Granting of 2 breaks and a lunch period during the workday for expressing milk or breastfeeding the child.

### **Model BFW Policy (produced by the Australian government)**

Bear in mind that the following only serves as an example. Each BFW policy must be tailored to the needs and resources of the particular enterprise.

This organization\_\_\_\_\_ recognizes the importance of breastfeeding for both mother and infant and supports, protects and promotes breastfeeding.

This organization provides facilities and the support necessary to enable mothers in our employment to balance breastfeeding/breast milk expression with their work.

#### **Provision of facilities and support includes:**

Breastfeeding/breast milk expression breaks. There is flexibility for mothers to take breaks for breastfeeding/expressing breast milk during their workday. They can be negotiated between the mother (or her employee representative) and her supervisor.

A clean private room with electricity, lockable door, a comfortable chair, a table, hand washing facilities, (where possible a refrigerator), and breast pump storage area.

#### **Access to breastfeeding resources:**

Employees who are pregnant or considering pregnancy will be provided with information about this policy along with policies on maternity leave/parental leave and about balancing breastfeeding and work.

#### **Flexible work options:**

A mother (or her employee representative) can negotiate flexible work options (such as flexitime, part-time, home-based work) with her supervisor taking into account both the employee's and the organization's needs.

All staff are made aware of this policy.

Source: J. Galtry and M. Annandale, 2003, op. cit., pp. 4-5 (Maternity Protection Resource Package; <http://mprp.itcilo.org/pages/en/index.html>)

### **Workplace Education**

- a) Enterprise offers classes on breastfeeding from time to time, to pregnant and breastfeeding employees. Classes to be conducted by Certified Breastfeeding Counsellors.
- b) Enterprise offers employees a list of breastfeeding counsellors available for counselling.
- c) Enterprise disseminates communication and educational material to raise awareness in all areas of the workplace (pamphlets, posters on walls, banners, books, videos, etc.).

### 3.1.3 Implementation

The following steps can be taken to ensure the successful implementation of a BFW policy:

1. Enterprise commitment in developing and supporting the policy.
2. Create a working group.
3. Tailor policy based on the needs, conditions and resources of each enterprise:
  - a) Space, location of facilities, breastfeeding policy, furnishings, etc.
  - b) Written policy check list (maternity leave, other types of leave, types of accommodations that the enterprise can offer breastfeeding employees, breaks for expressing milk or breastfeeding, educational classes and counselling support).
4. Oral and written socialisation of the policy at every level (management, employees, unions).
5. Provide certificates/accreditations as proof that the enterprise is breastfeeding friendly and that it adheres to its BFW policy.
6. Perform annual compliance reviews to check if the enterprise's BFW policy still meets the standards. Find and resolve any issues.
6. Publicise.



## AIMI 4.1 WHAT IS AIMI?

AIMI, Asosiasi Ibu Menyusui Indonesia / Indonesian Breastfeeding Mothers' Association, is an independent and non-profit organisation that is founded on the basis of a mother-to-mother support group. AIMI aims to disseminate knowledge and information on breastfeeding, as well as to increase the percentage of breastfeeding mothers and breastfed babies in Indonesia.

AIMI was established on April 21st 2007 in Jakarta by 22 young mothers who were concerned about breastfeeding and wanted to give support to every mother who wished to breastfeed her baby. At present AIMI has 6 branches in Indonesia (West Java, Central Java, Yogyakarta, East Java, North Sumatera and South Sulawesi) and is expected to open more branches officially in 2013. AIMI has more than 100 volunteers (at headquarters and branches) and 80 Certified Breastfeeding Counsellors domiciled in various Provinces, including a few counsellors who are also certified as IBCLC (International Board Certified Consultant in lactation consulting).

For the past 5 years AIMI has constantly been receiving support from society. AIMI currently has more than 37,000 followers on twitter @aimi-asi, more than 13,000 members on Facebook, more than 10,500 members on the Mailing List ASIforBaby and an e-mail traffic of 6,000-8,000 e-mails per month.

On a daily basis, AIMI helps Indonesian families and society, in particular all pregnant women and breastfeeding mothers, in the following ways:

- a. To get a proper education and accurate information from reliable sources on the importance of giving children the best possible feeding (known as The Gold Standard of Infant Feeding):
  - Early latch - on.
  - Exclusive Breastfeeding for 6 months.
  - Timely, adequate, safe and appropriate complementary foods and feeding starting after 6 months.
  - Continued breastfeeding for 2 years or beyond.
- b. Create support networks for breastfeeding mothers and offer practical assistance by breastfeeding counsellors.
- c. Advocacy and protection of the rights of mothers to breastfeed their children and the rights of Indonesian children to receive breast milk.
- d. Monitoring and reporting of any violation in promoting breast milk substitutes/infant formulas, based on the International Code of Marketing of Breast-milk Substitutes (WHO).

## 4.2 WHY MOTHERS NEED SUPPORT

One of the keys to successful breastfeeding is having mother-to-mother support. This kind of support can improve a breastfeeding mother's self-esteem and faith, assuring her that she can breastfeed her baby and that her breast milk production is beneficial and sufficient for her baby.

Hearing or sharing experiences between mothers makes breastfeeding mothers feel that they are not alone. Any experiences that are shared become good lessons that can subsequently be implemented or avoided by mothers when they are breastfeeding their babies.

## 4.3 AIMI'S MAIN PROGRAMMES

- a. Breastfeeding Class every 2 weeks.
- b. AIMI Goes to Office/Factory, a socialisation programme for promoting breastfeeding and breastfeeding policies to management and workers in the workplace (office or factory).
- c. AIMI Goes to Community, a socialisation programme for promoting breastfeeding in certain communities.
- d. Counselling (phone, SMS, e-mail, home visits, hospital visits).
- e. kASlh Ibu at Hospital, a mother-to-mother support programme (peer group) held in hospitals.
- f. Workshops for certain groups/professionals.
- g. Breastfeeding Counsellor Training, 40 hour Module, WHO/UNICEF.
- h. Breastfeeding Fair, a yearly event in honour of World Breastfeeding Week.

## 4.4 AIMI-SAVE THE CHILDREN RESEARCH

Monitoring the Implementation of Breastfeeding Policies in "Save the Children" Districts Aceh, West Java, NTT (November 2011)

### 4.4.1 Executive Summary

This research is the continuation of a collaboration between Save the Children (StC) and AIMI on policy mapping, related to an earlier research on the "Role of Breastfeeding and Policy Makers" that was conducted in December 2010. The mapping describes Indonesian national policy and legislation that supports mothers' rights to breastfeed exclusively for 6 months. However, there remain challenges in creating a supportive environment for breastfeeding up to 2 years or more, as recommended by WHO/UNICEF.

Based on the mapping, StC decided to help Indonesia achieve Millennium Development Goals 4 and 5, by monitoring the implementation of the Infant and Young Child Feeding (IYCF) policies. The aim is to see how the policies can be associated with IYCF policies that are introduced at county and township levels, particularly in StC work areas.

Research is still on-going, including monitoring of the implementation of breastfeeding policies at StC districts Patronage, Aceh, West Java and NTT. Monitoring began in November 2011, in cooperation with AIMI. The purpose of the monitoring is to determine the level of implementation and compliance with legislation and national policies on infant and child feeding. Such monitoring makes it possible to provide feedback on the level of implementation of the programme, based on national policy.

Monitoring is limited to StC work areas, 6 districts have been selected from 3 provinces, further divided into another 21 sub-districts. The West Java Province covers Bekasi, Karawang and Padalarang; the Aceh Province covers districts Bireun and Bener Meriah; and the NTT Province covers the city of Kupang.

The monitoring uses the most recent legislation regarding national IYCF policies as a reference point. It is based on a quantitative method, through a survey that was developed by a questionnaire. The focus of the survey is to analyse the implementation of breastfeeding policies at health care facilities, offices and public facilities, by focusing on aspects such as procurement of a room for breastfeeding/expressing breast milk, giving employees the opportunity to breastfeed/express breast milk in the workplace during working hours and the provision of maternity leave. The survey also includes observations on healthcare facilities, in particular the provision and marketing of breast milk substitutes, infant formula product labels, weaning, as well as electronic media and print advertising.

#### 4.4.2 Results of the Monitoring Analysis

- Procurement of a nursing room for breastfeeding and expressing breast milk: Government Health Facilities 8%, Private Health Facilities 61%, Government Offices 10%, Private Offices 11%, Public Facilities 0%.
- Providing opportunities for employees to breastfeed/express breast milk during working hours: Government Health Facilities 8%, Private Health Facilities 61%, Government Offices 10%, Private Offices 11%, Public Facilities 0%.
- Granting flexible maternity leave: Government Health Facilities 80%, Private Health Facilities 92%, Government Offices 97%, Private Offices 88%, Public Facilities 90%.
- Provision and marketing of breast milk substitutes in healthcare facilities: Government Health Facilities 13%, Private Health Facilities 23%.

#### 4.4.3 Monitoring Observations

##### Infant formula product labels; including formula milk and MP-ASI (Makanan Pendamping Air Susu Ibu/complementary foods).

- Observation of 57 infant formula products and MP-ASI on the market, between September 2010 and October 2011.
1. Infant Formula Milk Products (31 products) :
    - a. Labels include a statement on the benefits of breast milk and caution that formula should only be used after consulting a health professional - 96%.
    - b. Labels include a specific statement of products contained in formula and that suitable for infants who require special nutrition - 58%.
    - c. Labels state that formula is of a similar quality to breast milk - 67%.
  2. Follow-up Formula Milk Products (15 products) :
    - a. Labels list protein sources that are used, in accordance with the corresponding weight, printed adjacent to the product name – 80%.
    - b. Labels state that formula is of a similar quality to breast milk - 86%.
  3. Complementary Foods Products (11 products) :
    - a. Labels list protein sources that are used, in accordance with the corresponding weight, printed adjacent to the product name - 80%.
    - b. Labels include instructions that product can be sold with water or infant formula milk if the product contains more than 15% protein - 36.36%.

#### **Advertisement of Breast Milk Substitutes**

- Observation of electronic media and print advertising: 74 advertisements of formula milk products, advertisements of follow-up formula milk products and MP-ASI commercials produced between September 2010 and October 2011.

##### 1. Infant Formula Milk Products :

- a. Zero advertisement.

##### 2. Follow-up Formula Milk Products :

- a. Print advertisement includes a statement on the benefits of breast milk - 1.35%.
- b. Electronic advertisement includes a statement on the benefits of breast milk - 0%.
- c. Print advertisement includes statement that product is not suitable for infants aged less than 4 months - 0%.
- d. Electronic advertisement includes statement that product is not suitable for infants aged less than 4 months - 0%.
- e. Print advertisement includes a trade name that has similar characteristics to the trade name of a baby formula milk product - 89.19%.
- f. Electronic advertisement includes a trade name that has similar characteristics to the trade name of a baby formula milk product - 87.50%.

##### 3. Complementary Foods Products :

- a. Advertisement includes a statement that product is only suitable for infants aged over 6 months - only 1 advertisement was found.

#### **4.4.4 Conclusion**

Monitoring of the implementation of breastfeeding policies has shown that IYCF rules and regulations have not yet been fully implemented in Indonesia. This is due to a lack of socialisation and insufficient dissemination of information to central/local governments, health care providers, employment service providers and public facilities. As a result, Article 200 of Health Law No. 36/2009, which imposes criminal sanctions on those who hinder mothers from breastfeeding, has not been implemented. At present, there remain many facilities that do not provide support to breastfeeding mothers, as well as many irregularities and breaches of practice regarding the promotion and marketing of breast milk substitutes.





## CASE STUDY <sup>5.1</sup> PT. Dewhirst

PT. Dewhirst invites AIMI to their factory every 2 months to socialise breastfeeding. The first programme was held on July 29th 2010, followed by an additional 13 activities until November 2012, each session lasting 90 minutes (2:30pm-4:00pm).

Prior to AIMI's first visit, PT. Dewhirst already had a BFW policy. For example, PT. Dewhirst allowed their workers to plan their own maternity leave (as opposed to adhering to the strict 1.5 months of rest before and 1.5 months of rest after birth). The supervisor/manager also initiated a supportive vitamin intake programme for PT. Dewhirst's pregnant workers. In coordination with AIMI, PT. Dewhirst organised a one day seminar on the subject "Early Latch-On" for the midwives working under PT. Dewhirst and partners.

The factory provides 2 nursing rooms on factory premises. Each of the rooms can be locked and contains chairs, power and a refrigerator.

## AIMI Secretariat & Branches

- **AIMI Secretariat**

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# INTERNATIONAL ORGANISATIONS ADDRESSING BREASTFEEDING IN THE WORKPLACE

- **The International Labour Organization (ILO) / Better Work Indonesia (BWI)**

[http://www.ilo.org/jakarta/whatwedo/projects/WCMS\\_180290/lang-en/index.htm](http://www.ilo.org/jakarta/whatwedo/projects/WCMS_180290/lang-en/index.htm)

Better Work Indonesia (BWI) – a partnership programme of the International Labour Organization (ILO) and the International Finance Corporation (IFC) - brings together the government, employers, workers and international buyers to improve labour standard compliance and competitiveness in global supply chains. In collaboration with AIMI, BWI assists factories in implementing BFW policies and in raising awareness on the benefits of breastfeeding, in order to ensure that all factories are in compliance with Indonesian Labour Law.

ILO has adopted 3 conventions and 2 corresponding recommendations on maternity protection (*available at: [http://www.ilo.org/travail/aboutus/WCMS\\_119238/lang-en/index.htm](http://www.ilo.org/travail/aboutus/WCMS_119238/lang-en/index.htm)*).

It has also published a Maternity Protection Resource Package that provides useful and practical information on breastfeeding in the workplace, including training exercises (*available at: <http://mprp.itcilo.org/pages/en/index.html>*).

- **The World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF)**

[http://www.who.int/nutrition/topics/infantfeeding\\_recommendation/en/index.html](http://www.who.int/nutrition/topics/infantfeeding_recommendation/en/index.html)

WHO and UNICEF are United Nations agencies that focus on the global development of IYCF policies. WHO has issued infant feeding recommendations and has implemented a global IYCF strategy. WHO and UNICEF jointly recommend 4 steps to ensure the successful implementation of the Gold Standard of Infant Feeding in each country, including Indonesia. This recommendation is often used as a medical and legal basis to justify the right of mothers to breastfeed/give breast milk to their infants and ensure that they receive the nutrition that they need. WHO and UNICEF strongly advocate the advantages of breastfeeding for the healthy growth and development of infants, recommending the initiation of breastfeeding within the first hour of life, exclusive breastfeeding for 6 months coupled with complementary foods and breastfeeding on demand (as often as the child wants, day and night) until the age of 2 years and beyond.

- **World Alliance for Breastfeeding Actions (WABA)**

[http://www.who.int/nutrition/topics/infantfeeding\\_recommendation/en/index.html](http://www.who.int/nutrition/topics/infantfeeding_recommendation/en/index.html)

WABA is a global network of individuals and organisations concerned with the worldwide protection, promotion and support of breastfeeding, in the framework of the Innocenti Declarations (1990 and 2005) and the Global Strategy for Infant and Young Child Feeding.

WABA and its members, namely IBFAN, ILCA and LINKAGES, have campaigned since the 1990s for stronger maternity protection legislation and they were closely involved in the process leading up to the recent ILO convention on Maternity Protection (C183, 2000). WABA has also launched a Maternity Protection Kit, which promotes similar core elements to the ILO Maternity Protection Resource Package.<sup>12</sup>

12. <http://www.waba.org.my/pdf/2012labordaystatement.pdf>

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