

# INDONESIA

## Code Violations

*A survey of the state of the International Code of Marketing of Breastmilk Substitutes and subsequent WHA Resolutions*



Exhibiting samples of formula in hospitals is forbidden by the Code



Mother with Lactogen sample – some hospitals give more expensive brands to mothers in first class wards



Using breastfeeding to promote Frisian Flag products with endorsement from the Pediatric Association



Gifts of calendars to health workers promote products and companies



Advertisements from Abbott and Nestlé



Companies give equipment such as water dispensers so they can advertise in hospitals

## THE INTERNATIONAL CODE

The International Code aims to promote safe and adequate nutrition for infants, by protecting breastfeeding and ensuring appropriate marketing of breastmilk substitutes.

The Code applies to all products marketed as partial or total replacement for breastmilk, such as infant formula, follow-up formula, special formula, cereals, juices, vegetable mixes and baby teas. It also applies to feeding bottles and teats.


### The Code:

- Bans all advertising and promotion of products to the general public.
- Bans samples and gifts to mothers and health workers.
- Requires information materials to advocate for breastfeeding, to warn against bottle feeding and NOT contain pictures of babies or text that idealise the use of breastmilk substitutes.
- Bans the use of the health care system to promote breastmilk substitutes.
- Bans free or low-cost supplies of breastmilk substitutes.
- Allows health professionals to receive samples but only for research purposes.
- Demands that product information be factual and scientific.
- Bans sales incentives for breastmilk substitutes and contact with mothers.
- Requires that labels inform fully about the correct use of infant formula and the risks of misuse.
- Requires labels to NOT discourage breastfeeding.

Monitoring was carried out from March–June 2003 by 20 independent monitors in 84 health care facilities and 79 retail outlets. 80 mothers with babies below six months of age were interviewed. The project was coordinated by Dr. Dien Sanyoto Besar of the Badan Kerja Peningkatan Penggunaan ASI (BK-PP-ASI)/Yayasan ASI Indonesia (YASIA). Monitoring was carried out in the following areas: DKI Jakarta, Depok-West Java, Surabaya and Sidoarjo-East Java, Makassar and Gowa-South Sulawesi & Solo-Central Java.

**One newborn dies every 5 minutes in Indonesia. Breastfeeding can help prevent many of these deaths.**

**INDONESIA**



**COUNTRY PROFILE**

Total Population*	215 m
Annual number of births*	4.4 m
Infant mortality rate*	33

- Only 27-42% of infants younger than two months of age were exclusively breastfed<sup>1</sup>
- Commercial baby food was consumed by 20-35% of infants aged 1-3 months old, and by 45-70% of those aged 4-5 months old<sup>1</sup>.
- 20-53% of infants receive formula milk at health care facilities during delivery<sup>1</sup>.
- 15-40% of infants received industrial milk during the first year of life<sup>1</sup>.

**Source:**  
 \*State of the World's Children 2003, UNICEF  
<sup>1</sup>Breastfeeding & Complementary Feeding Practices in Indonesia, Annual Report 2002, Helen Keller Worldwide

## Background

Indonesia implemented parts of the Code in 1985 as a regulation to control the marketing of breastmilk substitutes in order to protect breastfeeding. In later years other regulations tried to fill some of the gaps. Altogether, unfortunately these piecemeal regulations are not sufficient to cover all breastmilk substitutes and halt all promotional practices.

The sheer size (4.4 million births annually) of the Indonesian population means that it is still a very attractive market for local and multinational baby food companies. Although an increase in exclusive breastfeeding rates has been reported over the past five years, studies in selected areas reveal that commercial baby foods are consumed by a large number of infants from as early as 1-3 months.

The market is huge and competition is rife. There are no fewer than 24 brands of infant formula, 29 brands of follow-on formula and 19 types of complementary foods. Companies promote their products, in violation of the Code, in order to get a larger market share. They compete with each other and with breastfeeding. Infant health suffers, so does the family income, so does the national economy.

## Code violations

Nearly every Code provision is violated: products are promoted in health care facilities, to health care professionals, to mothers and future mothers and to the general public. Violations also occur in the way products are labelled. Idealising and quasi-scientific claims are commonplace. Large multinational companies and smaller, local companies are equally guilty of violations.

### Violations in health care facilities

The Code bans promotion in hospitals and clinics but nearly all the facilities visited were **full of promotional materials** bearing the names and logos of companies and/or their products. They include:

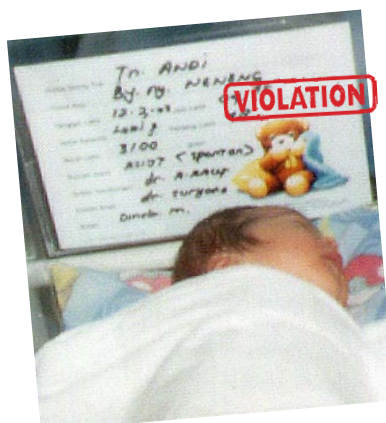
- Abbott (Similac poster, clock, baby ID cards)
- Frisian Flag (baby ID cards, cash rewards, posters)
- Mead Johnson (baby ID cards, posters, clocks, growth charts)
- Morinaga (baby ID cards)
- Mirolta KSM (immunisation charts, pamphlets for mothers)
- Nestlé, (calendars, clocks, sign boards, posters, feeding schedule)
- Netania (calendars, pamphlets to mothers)
- Nutricia (calendar, posters, clocks, baby ID cards)
- Sari Husada (maternity ward sign board, clocks, posters, baby ID cards)
- Wyeth (poster, misleading information material).



In maternities Nestlé's blue bear tells the time



Cerelac sign board for maternity home



Abbott baby from birth



File numbers with advertising messages



When health workers give out samples, they influence mothers to bottle feed

Companies are also **aggressively seducing health workers** because they know that doctors and nurses influence mothers' choices. Presents such as ice boxes, televisions and emergency lights have been donated to healthcare facilities while companies are also reported to give cash or 'cheap' and low-cost supplies of breastmilk substitutes to hospitals. Ready availability has a crucial impact on mothers and pregnant women, inducing them either to abandon breastfeeding or to supplement from a very early age. Nearly all healthcare facilities regularly receive free samples or bulk supplies of infant formula. Products such as SGM I and Vitalac I (Sari Husada), Lactogen I (Nestlé), Bebelac I (Nutricia) and Frisian Flag I (Friesland) are regularly distributed, in violation of the Code and to the detriment of mother and infant health.

### Promotion to the public

Companies are also active in promoting product and company names through advertising. Billboards, television adverts, newspaper promotions and company-paid clinic signs are some of the ways used by companies to reach the public, in breach of Article 5 of the Code.



Two types of promotions to the public: road signs and company representatives in shops

### Labelling

Labelling has always been a source of misinformation. In Indonesia, this is no different. Monitors found labels with the wrong age recommendation as well as labels which idealise, labels which omit required information, labels which make favourable comparison to breastmilk and labels which make unjustified claims. Several product labels are also not in the local language, but in English or French.



The outer packaging says "6 months" but conceals products which are labelled for 4 months



Pictures of babies on labels idealise the use of complementary foods for babies 4 months old



Both Gerber and Hipp fail to label their products in Bahasa Indonesia. Gerber does not indicate any precise age while Hipp labels its products as suitable from 12 weeks

### Promotion of complementary foods

Indonesian regulations and breastfeeding policies have not yet caught up with the 2001 WHA Resolution which recommends exclusive breastfeeding for six months. Many complementary foods are used at too early an age. The national policy still recommends breastfeeding up to four to six months only although plans for review are underway. Meanwhile, companies continue to encourage mixed feeding from the fourth month, sometimes even earlier, and this leads to early weaning when babies could have benefitted from continued breastfeeding.

### The problem with bottles and teats

Although bottles and teats are covered by Indonesian regulations, the focus to date has been on baby food companies, leaving bottle and teat companies free to promote their products in ways which are worse than the marketing practices of baby food companies. This is evident from the labelling of these products. Almost all brands found in Indonesia have pictures of mothers and babies or babies alone. They also make favourable comparisons with the breast (Avent and HUKI). Bottles and teats are promoted in the mass media (Chicco, Pigeon and HUKI), in shops (Chicco, Tommy Tippee, Japlo, Nuk, and Pigeon) and in health care facilities (Camera and HUKI)



Promoting bottle feeding by comparing the teat with the breast and using attractive pictures of breastfeeding mothers and babies

## Stretching the rules

Apart from blatant Code violations, also worrying is the way companies 'stretch' the rules. This is mainly done by promoting growing-up milk and milk for mothers. These are relatively new products and therefore not covered by the Code or Indonesian regulations. Companies know that marketing products with similar brand names as formula promotes brand recognition, for example SGM 3 by Sari Husada bears nearly the same brand name and logo as SGM 1 and SGM 2. Promotion of growing-up milks and milks for mothers in the mass media is widespread and should be discouraged.



Trying to create ever-expanding markets: reaching out to pregnant mothers ... Promotion of milks for pregnant women and lactating mothers undermines mother's confidence in her ability to breastfeed



Products bearing the same names as infant and follow-up formulas inculcate brand loyalty



SGM 3 height chart also promotes SGM 1 and SGM 2

## Indonesian Government Initiatives

There are several regulations which control the marketing of baby foods in Indonesia. In 1985, the Indonesian government implemented the Regulation of the Minister of Health on Breastmilk Substitutes No. 240/Menkes/Per/V/85. In 1991, two Operation Manuals were issued to assist in the implementation of the 1985 regulation:

1. Operation Manual: The Decision of the Director General of Food and Drugs Control concerning Substitutes for Mother's Milk, No. 02048/B/SK/VI/91
2. Operation Manual: The Decision of the Director General of Community Health Development on the Preservation of Breastfeeding, No. 1669/BM/DJ/BGM/XI/91

The 1985 Regulation has since been replaced by Decree Number 237/Menkes/IV/1997 of the Minister of Health on the Marketing of Breastmilk Substitutes. This particular regulation implements many of the Code provisions but not subsequent WHA resolutions.

In 1999, Regulation Number 69 of the Government of the Republic of Indonesia on Advertising and Labelling of Foods was issued. It prohibits advertising of foods for babies below 12 months but excludes complementary foods.

### *Lobby to repeal the regulation resisted: Companies fail in effort, Government stands firm*

In 2000, PT Harvest, a business development company, sought revision of Regulation PP69/99 which forbids the advertising of follow-up formulas. PT Harvest, representing undisclosed clients, lobbied the government with 'evidence' to show that promoting formula made no difference to infant or maternal health. The 'evidence' was flawed and designed solely to extend commercial influence on infant feeding choices. A spate of protest by breastfeeding advocates ensued; the company backed down and the government ensured the regulation remained intact.

## What more can be done?

The following steps are necessary to safeguard infant and young child health:

- Strengthening existing regulations which protect, promote and support breastfeeding.
- Putting in place an ongoing systematic and effective monitoring system backed by the government.
- Changing exclusive breastfeeding policy to "six months" as recommended by WHO.
- Implementing the Global Strategy on Infant & Young Child Feeding by formulating a national plan of action.
- Stronger advocacy at national and local level.
- Intensifying the training of health workers on their roles under the International Code/Indonesian regulations.

This pamphlet is part of a series of IBFAN pamphlets which highlight Code violations in selected countries around the world. The benchmark standards are the International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly Resolutions.

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