

INDONESIA

MATERNAL NUTRITION

FRAMEWORK FOR ACTION

Good maternal nutrition is essential to avoid low birth weight and stunting

In Indonesia, poor maternal weight gain and nutrient deficiencies during pregnancy contribute to 6 percent of births that are low birth weight.¹ These babies may never catch up in growth with low weight and early term birth responsible for 1 in 4 children becoming stunted.² On the other side of the spectrum, overweight and obesity during pregnancy increases the risk of stillbirth and premature delivery. Good maternal nutrition can help ensure a baby is healthy from birth and prevent low birth weight and stunting.

Multiple systems influence maternal nutrition

UNICEF East Asia and Pacific Regional Office has developed a framework for maternal nutrition. The framework illustrates how a woman's behaviour, socio-cultural beliefs and knowledge are the central predictors that determine the quality of her diet and health. These are influenced in turn by predictors in five systems (food, health, social protection, education and WASH). Actions can be taken to modify behaviour and the impact of predictors in the five systems.

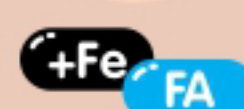


What is maternal nutrition?

Maternal nutrition refers to the nutrition of women before pregnancy, during pregnancy and while breast-feeding. Nutrient requirements increase significantly during pregnancy and breastfeeding and WHO global guidance for nutrition of pregnant women³ recommends:



Diverse diets
(at least 5 food groups a day)



Supplementation with iron
Folic acid or multiple micronutrients



Appropriate physical exercise



Adequate weight gain
(underweight women 12.5–18 kg;
normal weight women 11.5–16 kg;
overweight women 7–11.5 kg;
obese women 5–9 kg)

FRAMEWORK FOR ACTION MATERNAL NUTRITION

Based on the UNICEF global action framework on improving young children's diets

EDUCATION SYSTEM

FOOD SYSTEM

WATER, SANITATION, AND HYGIENE SYSTEM

SOCIAL PROTECTION SYSTEM

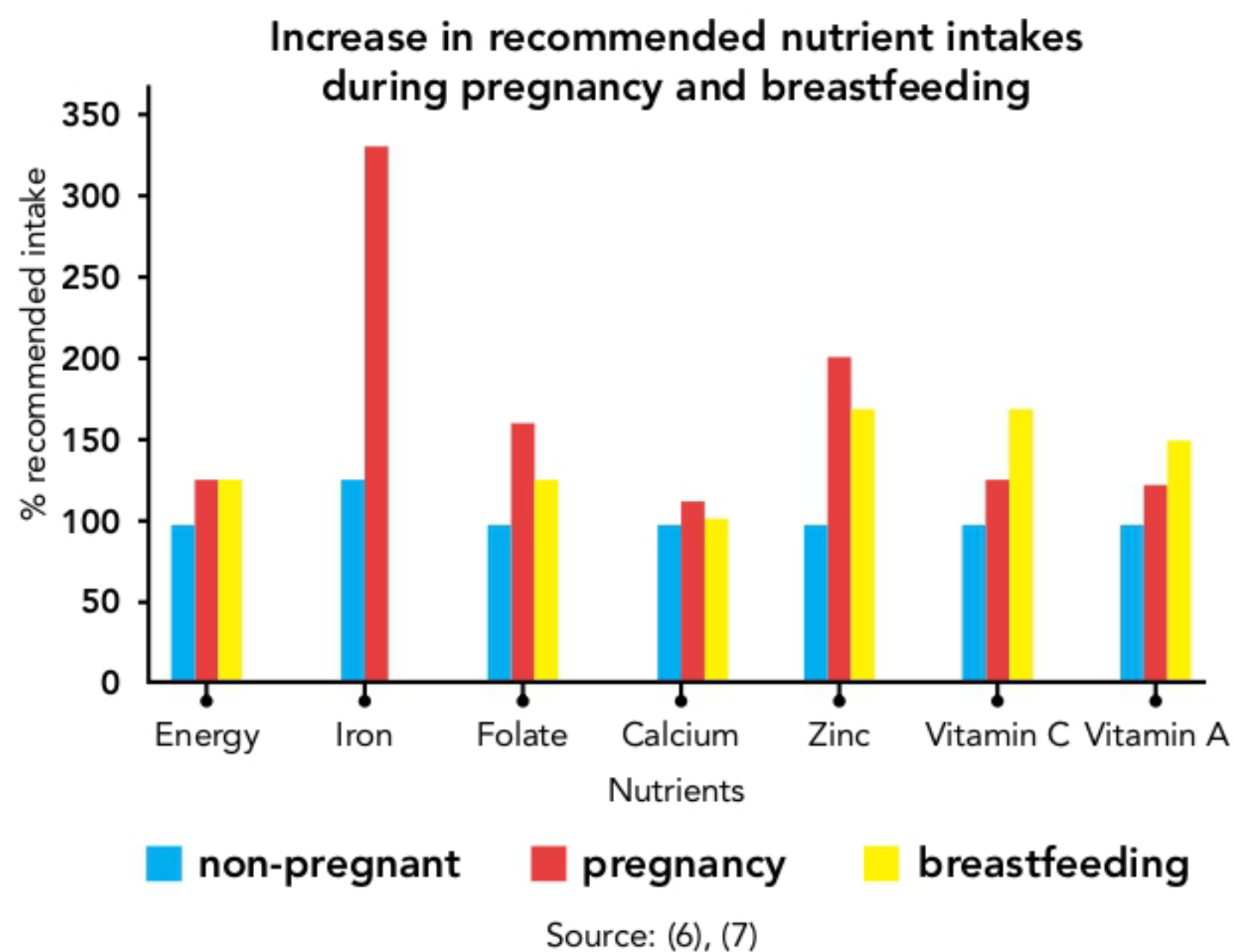
HEALTH AND NUTRITION SYSTEM



The importance of maternal nutrition

Ensuring that women are properly nourished is critical both for their own health and wellbeing, and for that of their children. In Indonesia, 8 percent of women are underweight, and 44 percent are overweight.¹ During pregnancy and breastfeeding, nutrient requirements increase dramatically and nearly half (49 percent) of pregnant women in Indonesia develop anaemia.¹ These women face serious health problems including a higher risk of mortality during childbirth. Pregnant women who are underweight, shorter than 150 cm or who suffer from nutrient deficiencies such as anaemia before or during pregnancy are more likely to have low birth weight babies.

These babies have a greater risk of dying, becoming ill, being stunted, suffering from cognitive deficits and developing non-communicable diseases such as diabetes, hypertension and cardiovascular disease later in life. Overweight during pregnancy also carried risks for the mother and children with higher risk of stillbirth and pre-term birth as well as lifelong risk of obesity and type 2 diabetes. The Government of Indonesia has pledged to end all forms of malnutrition by 2030 (Sustainable Development Goal 2) and has a National Action



Plan for Food and Nutrition (RAN-PG) 2015-2019 in place.⁶ A national stunting reduction movement was launched in 2017⁷ while a new National Action Plan for Food and Nutrition 2020-2024 is currently being developed. Improving maternal nutrition is an essential part of this effort.

Maternal nutrition in Indonesia is inadequate

There is very limited dietary data on women collected through national surveys in Indonesia. The information that is available suggests that non-pregnant and pregnant women have poor quality diets that are lacking in essential nutrients such as energy, protein, vitamin A, vitamin C, zinc and calcium.⁸ A national food consumption survey found that more than 50 percent of pregnant women are

deficient in energy and protein intake and this increases to almost 70 percent among the poorest groups.⁹ Diets lack diversity with a majority of women (95 percent) consuming less than five servings (400 grams) of fruit and vegetables per day.¹ As a result, anaemia affects one half of all pregnant women and the rates are increasing.

The nutrition of adolescents and women before pregnancy is critical

To date, actions to improve maternal nutrition have largely focused on support during pregnancy and breastfeeding. It is essential to improve nutrition before women become pregnant so that they enter pregnancy well nourished. This is particularly important in terms of ensuring sufficient iron stores

before pregnancy. It is also an important opportunity to establish healthy eating habits to avoid overweight and the development of non-communicable diseases such as diabetes and hypertension later in life.

Limited knowledge, mistaken beliefs and harmful norms

Mothers may not be knowledgeable about the importance of a diverse diet and appropriate weight gain during pregnancy and breastfeeding. Currently, there are limited platforms where women and their families can access accurate information. Among some population groups, foods are restricted in pregnancy including meat, fish, eggs vegetables and fruit which contain key vitamins and minerals such as iron and vitamin A.¹⁰ There are also restrictions during the post-natal period as some foods are believed to delay healing after delivery or to influence the taste and quality of breastmilk.

Lack of focus on women after delivery

After delivery, the focus of attention tends to shift to the new-born. As a result, the mother's diet and nutrition is not paid adequate attention after birth.

Practical constraints

Over half of the women in Indonesia work outside the home.¹¹ Responsibility for complementary feeding falls disproportionately on the shoulders of women, who, because they are working, lack the time to prepare healthy meals for themselves or attend health clinics. Antenatal clinics provide an opportunity for pregnant women to receive counselling on healthy diets and appropriate weight gain, but 29 percent do not attend the recommended ANC care at least four times during pregnancy.¹ In addition, current food-based dietary guidelines require revision to ensure that they include specific messages to address overweight and serving sizes that are appropriate for different geographical contexts.

Early marriage, insufficient child spacing and gender inequalities

Around 9 percent of Indonesian women are married or in a union before the age of 18 years.¹² One in 10 women have become mothers or are pregnant between 15 and 19 years of age.¹² Young mothers face higher risks of disease and infection during pregnancy and are more likely to have a low birthweight baby. When women become pregnant before the previous child reaches the age of two years, women are at risk of maternal nutritional depletion.¹³ Rural women and the poorest are most likely to marry and have children early¹² and to suffer most from gender inequalities.

Lack of access to a diverse diet

Food security has greatly improved in Indonesia since 2010¹⁵ and less than 10 percent of households are now considered food insecure.¹⁶ Poverty has also declined though substantial inequalities remain. Nevertheless, a recent survey found that 38 percent of the national population could not afford a nutritious diet¹⁷ and struggle to meet their full dietary requirements, especially women during pregnancy and breastfeeding.

Inappropriate promotion and marketing of unhealthy food and drink

The consumption of processed foods, high in salt, sugar and fat, is increasing rapidly in Indonesia fuelled by constant advertising. On average, Indonesians watching TV are exposed to one unhealthy food or drink advertisement every four minutes.¹⁹ In addition, changes in lifestyle mean that 26 percent of women now take less than two and a half hours of physical activity per week.¹





Health and nutrition system

Limited training on counselling of pregnant and breastfeeding women

Counselling for pregnant women is delivered through ANC services and specific guidance has been developed by the Ministry of Health,^{20 21} health workers are frequently short of time and lack supportive supervision. As a result, the quality of counselling to mothers of young children by health staff is unclear, inconsistent and dependent on individual skills. Currently, health workers and nutritionists receive no specific training on maternal nutrition during their pre-service training and no information is available on the coverage of training. Given the huge numbers of health workers and nutritionists working across Indonesia, often in hard-to-reach areas, on-line training is the most feasible way of delivering quality training on maternal nutrition.

Limited coverage of micronutrient supplements for pregnant women

The health policy in place is for 90 tablets of iron folic acid (IFA) supplements to be delivered through antenatal care (ANC) service. However, compliance among pregnant women is low and only 38 percent take IFA tablets for 90+ days.¹ Reasons for lack of compliance include unpleasant taste, side effect and consumption by other family members.¹ Improving coverage of IFA will require strengthening both demand and supply.



Social protection system

Poverty and lack of access to social protection services

Poverty has declined in Indonesia with around 9 percent of the population now living below the poverty line.²² Despite this, substantial inequalities remain. A range of social protection programmes are in place to support the less wealthy. These include the Family Hope Programme (*Program Keluarga Harapan* or PKH) which provides conditional cash transfers to the poorest 20 percent of households with vulnerable family members including pregnant women provided that they fulfil certain conditions. The Rastra (Subsidized Rice Delivery Programme) which aims to reduce the burden of household expenditure by providing 15 kgs of rice at subsidized prices to the poorest 25 percent of households. The provision of eggs has been added under the BPNT (*Bantuan Pangan Non Tunai*) which is an extension of the Rastra. However, coverage of these programmes is limited and nutritionally vulnerable women are not necessarily included.

Limited resilience to disasters

Poor families are economically vulnerable and also lack resilience in times of disaster. Indonesia is vulnerable to earthquakes and tsunamis – most notably in 2018 when thousands of people lost their homes and livelihoods. Women and young children are particularly vulnerable during emergencies when health and social services breakdown.



WASH system

Unsafe foods and unhygienic behaviour

There have been significant improvements in access to clean water and sanitation though 9 percent of households continue to practice open defecation¹¹ while hygiene behaviours can be inadequate such as the failure to wash hands before cooking and unsafe storage of food.



Education system

Limited coverage of micronutrient supplements to adolescent girls

The current policy is to provide iron and folic acid (IFA) supplements to all adolescent girls in Indonesia. Coverage is limited, however, with only 76 percent of girls aged 10 - 19 years, receiving IFA in the previous 12 months. However, only one percent consumed the supplements on a weekly basis through school.¹ In Indonesia school is used as a platform to distribute IFA supplements.

Actions to improve maternal nutrition need to build upon and be integrated within existing initiatives and strategies. Relevant initiatives in Indonesia include:

- **The National Action Plan for Food and Nutrition.** The National action Plan for Food and Nutrition (RAN-PG) 2015-2019 is in place and a new National Action Plan for Food and Nutrition 2020-2024 is currently being developed.
- **The National Strategy Acceleration of Stunting Prevention 2018 – 2024.** The strategy aimed to facilitate convergence of all programmes related to stunting prevention. It includes specific and sensitive nutrition intervention.
- **Scaling Up Nutrition (SUN) Indonesia.** On 2011, Republic of Indonesia joined SUN Movement and began 'First 1,000 Days of Life Movement' included objectives cemented in an official policy framework that mirrored the World Health Assembly 2025 targets on nutrition.
- **Community Movement for a Healthy Life (Germas).** Launched by the Government of Indonesia at 2017. It is a multisectoral approach that involves 18-line ministries and institutions with three main domains: healthy life paradigm, strengthening health service and national health insurance.
- **Behavior Change Communication Strategy for Acceleration of Stunting Prevention in Indonesia 2018.** The strategy aimed to provide guidance to district level in developing and implementing a behavior change communication strategy for stunting prevention with respect to local contexts.
- **Conditional Cash Transfer Programme.** The programme has been implemented since 2007. Through this programme, poor family with pregnant women, children, disability and elderly are encouraged to have access and utilize basic social services on health, education, food and nutrition, care, and assistance, including access to other social protection programs.
- **Non-cash Food Assistance Programme.** The programme has been implemented since 2018 which aims to reduce the burden of expenditure and provide more nutritious food by providing rice and eggs for poor family.
- **Accelerating the Diversification of Food Consumption Programme.** It has been implemented since 2010 which aims to optimize the utilization of home-yard for providing family's food and nutrition, closer food access as well as income generating purposes.
- **The National Rural Water Supply and Sanitation Project (Pamsimas).** It has been implemented since 2008 which aims to improve clean water and sanitation facilities using community-based approach.
- **Holistic Integrative Early Child Development.** It has been implemented since 2013. A multisectoral initiative which include components of education, nutrition & health and parenting in early child development service.
- **Holistic Integrative Bina Keluarga Balita (BKB HI) 2018.** The service activities cover the aspects of care, health and nutrition and implemented by National Population and Family Planning Board.

Overarching actions

Implement an innovative Social Behaviour Change Communication (SBCC) campaign including through social media

An SBCC campaign, through multimedia, high level advocacy and inter-personal counselling, will deliver clear recommendations on the importance of providing locally available, affordable diverse foods to women. The campaign should target the whole population including wealthier groups who can afford a diverse diet. Messages will be tailored to take account of regional differences in foods accessible and dietary habits. The campaign will also aim to raise the awareness of key stakeholders within government and among partner organisations.

Improve collection and analysis of data, and monitoring of progress

Inclusion and robust monitoring of maternal nutrition indicators in routine and survey data, including minimum dietary diversity for women, is required to monitor progress and support future policy and planning for improvement of maternal nutrition.

Engage and coordinate multiple sectors and stakeholders

The multisectoral drivers of maternal nutrition are addressed through multi-sectoral action. Engagement and coordination of multiple sectors and stakeholders including government, professional, UN, civil society and religious organisations is essential. It is also an opportunity to engage and work through the posyandu with its extensive network of cadres, to reach mothers of young children, including the most disadvantage population.

Build capacity across multiple sectors

Maternal nutrition has received limited attention to date. Developing the capacity of multiple sectors to focus their policies, plans and actions on improving maternal nutrition is crucial.

Implement quality research on drivers and determinants, and SBCC strategy

There are many gaps in understanding of the predictors and determinants of maternal nutrition. In addition, the channels for delivery and types of messaging for a successful SBCC campaign are not known. The engagement of academic institutions to conduct robust and high quality research can fill information gaps.

Food system actions

Restrict marketing of unhealthy foods and improve nutrition labelling

Strong legislation to control the advertising, promotion and labelling of foods high in salt, sugar and fat is critical to ensure that women develop healthy eating habits. It is also essential to prohibit inappropriate claims included on milk marketed at pregnant and breastfeeding women.

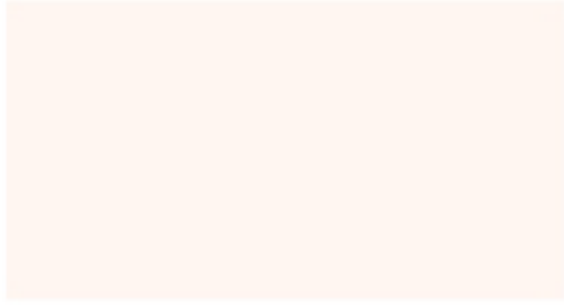
Strengthen a food systems approach

A food systems approach takes a holistic view of the food chain from production to processing, marketing, sale and preparation of food. The approach aims to ensure that healthy food is available, accessible, affordable and safe for all.

Strengthen food based guidelines

Food based guidelines need to be revised to include more specific information on overweight and information that is regionally specific.

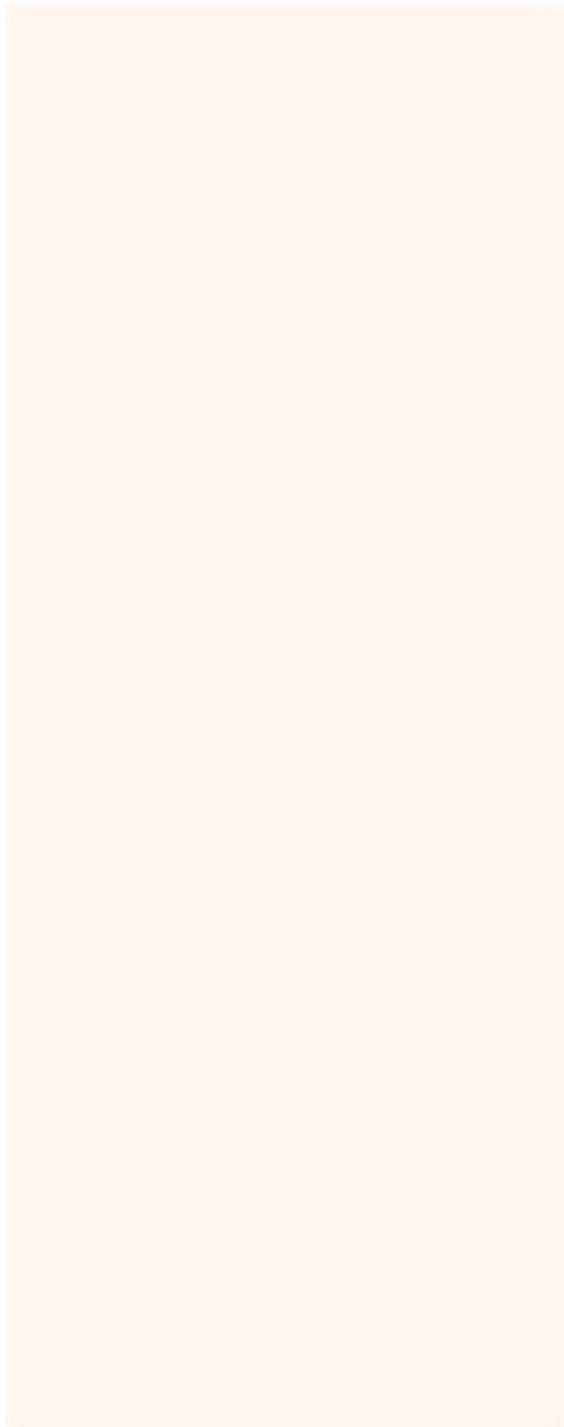
Social protection actions



Ensure that social protection programmes are nutrition-sensitive

Social protection programmes that already target poor families with young children, pregnant and breastfeeding mothers will effectively support improvements to maternal nutrition if they target specific messages and integrate nutrition-specific interventions and support related to maternal nutrition. Empowering women through community empowerment programmes is also an important measure that will indirectly contribute to improved maternal nutrition.

Health and nutrition system actions



Strengthen health staff capacity to provide quality counselling including through on-line training

On-line in-service training is the most feasible way of delivering quality training to the huge numbers of health workers and nutritionists working across Indonesia, often in hard-to-reach areas. In addition, it is essential that in-service training materials are accredited and training implemented as quickly as possible.

Prioritise maternal nutrition

Government at national and sub-national level need to prioritise maternal nutrition in planning, implementing, budgeting and monitoring.

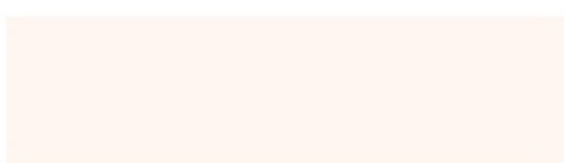
Ensure supportive supervision for counselling on maternal nutrition

It is essential that supervision visits include supervision of maternal nutrition counselling and that supervisors are held accountable.

Strengthen mother-to-mother support groups

Mother-to-mother support groups supported by community facilitators are already in place. The groups meet regularly and receive funding through the Puskesmas (health centres). These groups provide a platform for channelling clear messages on maternal nutrition and innovative methods of delivering methods such as through short videos deserves consideration.

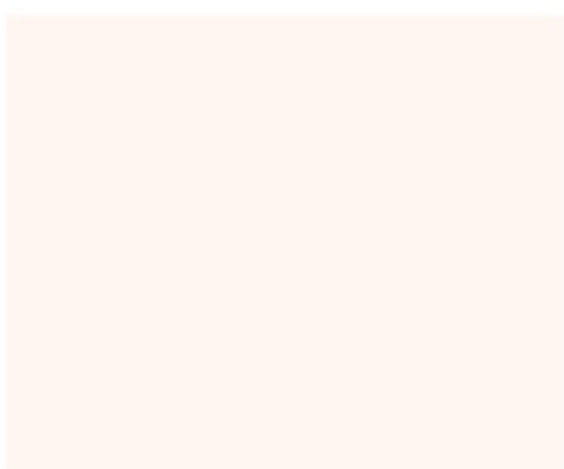
WASH system actions



Provision of safe water, sanitation, and environmental hygiene

Continue to improve provision of safe water and sanitation to all women of reproductive age, and to maintain good environmental hygiene to prevent the contamination of foods and cooking areas used by women, especially during pregnancy.

Education system actions



Expand coverage of IFA to adolescent girls through schools

Currently, coverage is low and needs to be significantly expanded to cover all adolescent girls prior to conception and pregnancy.

Advocate for strict enforcement of legal age of marriage at 19 years

Preventing early marriage and early childbearing is essential to protect the nutrition of adolescent girls. This can be supported by ensuring the enrolment and attendance of all girls in schools, providing appropriate sexual and reproductive health education in schools and addressing the need for unmet family planning.

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