



Breast feeding Assessment Report Java – Indonesia – June 2006

1. Introduction

On Saturday May 27 2006 just after dawn a 6.2 magnitude earthquake devastated the provinces Yogyakarta and Central Java in Indonesia. As of June 13, 2006 more than 5900 people have died, between 33,699 and 57,790 are injured. Up to 537,843 houses were destroyed or severely damaged causing 1,400,000 people to be displaced or without proper housing, in mainly the Bantul district of the Yogyakarta province and Klaten district of Central Java province.

It has been observed during previous ACF interventions in similar natural disasters, more specifically Tsunami or the recent Pakistani earthquake, that in such situations there is an essential risk that inappropriate breast feeding and child care practices arise. This can be caused due to trauma-related stress among lactating women, especially if they have suffered bereavement and/or lack of intimacy for breastfeeding. The large quantities of breast milk substitutes that are distributed without any monitoring in these situations, provide an easy alternative for women, yet can have a whole variety of negative consequences. These include first of all loss of all benefits from breast feeding, risk of hygiene related diseases due to lack of clean water and dependence on infant formula, which will have to be purchased in the future.



It is in this regard that ACF has decided to perform an assessment in the area touched by this earthquake, in order to detect possible problems among lactating women.

2. Objectives

- To detect inappropriate and harmful breast feeding and child care practices related to post-incident stress among the mothers, in the ACF zones of intervention
- To map distribution of breast milk substitutes and infant feeding products in the ACF zones of intervention
- To map the existing interventions covering mental health problems
- To assess the need for ACF intervention in mental health among breast feeding women in the ACF zone of intervention

3. Methodology

Following the days after the earthquake, the ACF water & sanitation team selected 13 of the most destroyed villages in the heavily touched districts of Klaten and Bantul. As a starting point, it was decided to perform the assessment in these villages, as the region is so densely populated that it is impossible to assess all the areas. In addition, as the criteria for selection were the highest level of destruction, it was indicated that if any stress-related problems occurred among lactating women, they were to be found among these villages.

Each village is divided in a number of RW, each RW has its own head. Per selected village a number of RW were randomly selected, and in each of these selected RW, all women with children under 2 years of age were asked questions on their breast feeding and infant feeding practices, as well as on their or their baby's mental health status. A list of women was provided by the head of RW, and a person from the villages accompanied the ACF team. Women were systematically asked for other women with children under two in their RW, as the lists provided were not always complete.

The interviews were conducted by the ACF Emergency Nutrition & Health co-ordinator, together with a local translator.

The villages visited were:

Klaten Province Prambanan	Bantul Province Imogiri
Kotesan	Giri Rejo
Pereng	Karang Talun
Kidul	Karang Tengah
Sengon	Kebon Agung
Taji	Sri Harjo
Sangrahan	
Sawit	
Mutihlan	

4. Results

4.1. General situation

Following the earthquake, most people have remained close to the ruins of their house, and built themselves a shelter with plastic sheeting or tents received. A small number of people are camping in small "camps", often very close to their villages. These temporary shelters are very hot during the day, yet cold during the night, and expose the people to mosquitos and dust. Still, even people whose house is not destroyed are too afraid for new shocks to sleep inside a building.

There have been food distributions by the government, by international NGO's , by local NGO's, by local communities and by individuals. Therefore, the first impression is that food availability is not a major problem at the moment. ACF is currently undertaking a food security assessment, which will have more detailed information on the food availability.

In some villages governmental army or organisations provide hot meals to the population in canteens, in other places people join in a communal kitchen where the women prepare the food together. In some villages people cook for their extended family only.

In most of the villages there has been a distribution of infant formula, by local NGO's or by companies. As people received many donations from different sources, it was not possible to determine exactly the sources of the infant formula donations.

A large number of medical NGO's as well as government facilities have covered the area in the first days after the earthquake in order to bring treatment as fast as possible to the wounded. In most villages mobile clinics passed. These activities are now reduced, yet all the villages visited still had access to a health centre or clinic at reasonably close distance. Around 10 days after the earthquake a general measles vaccination campaign started for children under five, as a precaution.

There have been some reports of increase in diarrhoea cases in some villages, yet so far they have not been reported to spread out to other villages. Water & sanitation teams of different NGO's, among which ACF, are working to ensure safe water and adequate sanitation in order to prevent further increases of diarrhoea.

Until this date, there has been no overall follow-up of morbidity data between agencies, so no epidemiological data are available. WHO is working with the Ministry of Health to get this started.

Apart from these diarrhoea cases and an increase in tetanus cases, no outbreaks have been reported, neither has the risk of any outbreak been mentioned in health meetings. Some people in the villages mentioned skin itch as a problem, and indeed, due to the reduced hygiene and the dust, this is an increasing problem.

4.2. Assessment results

A total of 174 women or caretakers with children under 2 years old, coming from 13 different villages were interviewed.

The age distribution was as following:

Table 1: Breakdown by age, ACF Breastfeeding Assessment, Java, June 2006

< 6 months	6 - < 12 months	= or > 12 months
34 (19,5%)	46 (26,4%)	94 (54,0%)

4.2.1. Children under 6 months

Table 2: Breastfeeding for children under 6 months, ACF Breastfeeding Assessment, Java, June 2006

No Breastfeeding	Exclusive Breastfeeding¹	No Exclusive Breastfeeding
2	12	20

Out of the 34 mothers interviewed, two had stopped breastfeeding, one of those was related to the earthquake. The mother had stopped breastfeeding in the days after the earthquake, because she claimed to be so shocked. When she wanted to re-start breastfeeding, she found that her breast milk had dried. She continued now with infant formula, and the baby appeared to be in good health. There was no apparent bonding problem between mother and child. She was going to try to stimulate her milk production. The other child refused breast milk, therefore the mother stopped giving it.

As shown above, only a small part of the babies below 6 months are breastfeeding exclusively, as recommended by WHO. From the reasons for not breastfeeding exclusively however, most are not related to the earthquake:

¹ Drinking breast milk only, and nothing else

Table 3: Reasons for no exclusive breastfeeding for children under 6 months, ACF Breastfeeding Assessment, Java, June 2006

Earthquake related		Not earthquake related	
Mother does not have enough milk since earthquake	3	Mother does not have enough milk since some time	5
Received infant formula in distributions after earthquake	2	Mother wants to add more	4
Grandparents want baby to eat less breastmilk, so mother can help rebuild the house	1	Mother works	2
Received porridge from distribution after earthquake	1	Baby cried a lot, since before earthquake	1
		Hospital where child was born gave milk	1
Total	7	Total	13

Table 4: Nr of times breastfeeding/day for children under 6 months, ACF Breastfeeding Assessment, Java, June 2006

Exclusive Breastfeeding N° of times breast feeding/day				Not Exclusive Breastfeeding N° of times breast feeding/day			
1 to 3		13 to 16	1	1 to 3	4	13 to 16	2
4 to 6		17 to 20	2	4 to 6	6	17 to 20	
7 to 9	2	20 to 25	3	7 to 9		20 to 25	2
10 to 12	4	More		10 to 12	5	More	
				Unknown: 1			

As shown in table 4, the frequency of breastfeeding for children exclusively breastfed, is every two hours or more for 10 out of 12 babies, a little less for two. This means that these mothers breastfeed frequently enough, yet no information is available on the time they let the baby drink.

For those children who are not exclusively breastfeeding, almost half still breastfeeds often during the day, yet 10 out of 19 children breastfeed less than 6 times per day. For the first group this means that these children still get the larger part of their feeding from breast milk, and less from infant formula. Two mothers were giving their baby porridge already.

4.2.2 Children 6 - < 12 months

Table 5: Breastfeeding for children from 6 to 12 months old, ACF Breastfeeding Assessment, Java, June 2006

No Breastfeeding	Exclusive Breastfeeding ²	No Exclusive Breastfeeding
5	1	40

From the age of 6 months, WHO recommends that children start eating additional food, yet still continue breast milk. From the 46 mothers interviewed with children in the age class of 6 to less than 12 months old, one mother continues to give exclusively breast milk. She was not aware that she should start additional food at this age.

5 mothers stopped breastfeeding already, for the following reasons:

² Drinking breast milk only, and nothing else

Table 6: Reasons for not breastfeeding for children from 6 to 12 months old, ACF Breastfeeding Assessment, Java, June 2006

Reason for no Breastfeeding 6 - 12 months	
Mother working	2
Refusal since birth	1
Mother pregnant of other child	1
Mother does not have milk	1

Yet, the largest group of children continued breastfeeding as well as starting with additional food, as normal weaning practice. Many mothers give them infant formula as well as porridge, rice,....

When asked for the number of times they breastfed during the day, mothers answered the following:

Table 7: Nr of times breastfeeding/day for children from 6 to 12 months old, ACF Breastfeeding Assessment, Java, June 2006

Exclusive Breastfeeding N° of times breast feeding/day				Not Exclusive Breastfeeding N° of times breast feeding/day			
1 to 3		13 to 16	1	1 to 3	5	13 to 16	5
4 to 6		17 to 20		4 to 6	12	17 to 20	6
7 to 9		20 to 25		7 to 9	3	20 to 25	1
10 to 12		More		10 to 12	8	More	

The table shows that most children in this age group interviewed suckle the breast a couple of times per day, yet still some drink a relatively high number of times. This means that they do get a large part of their nutritional needs from the breast milk.

4.2.3 Children > or = 12 months and < 24 months

94 mothers with a child of equal to or more than 12 months were interviewed.

Table 8: Breastfeeding for children from 12 to 24 months old, ACF Breastfeeding Assessment, Java, June 2006

No Breastfeeding	Breastfeeding (not exclusive)
32	62

Table 8 shows that the larger part of the children from 12 to 24 months still drink breast milk, in addition to additional food, and in most of the cases, infant formula. Reasons for stopping breastfeeding are all unrelated to the earthquake:

Table 9: Reasons for not breastfeeding for children from 12 to 24 months old, ACF Breastfeeding Assessment, Java, June 2006

Reasons for no breast feeding children 12 – 24 months	
Mother is working	9
Child refused breast milk since before the earthquake	9
Mother is in another country/town for work or study	5
Child is completely weaned	2
Mother does not have breast milk	2
Mother is/was pregnant	2
Child was sick before the earthquake and refused breast milk	1
Mother had a pain in the breast	1
Mother died	1

However, it must be noted that for some of the reasons to stop breastfeeding, the mothers decision to stop could have been prevented by correct counselling of the mother on her breastfeeding problems.

4.2.4 Overall results

A. Breastfeeding problems

In order to measure if there is any impact on the frequency mothers breastfeed, mothers were asked whether they breastfeed, more, less or the same number of times per day since the earthquake, compared to before.

Table 10: Comparison frequency of breastfeeding before/after the earthquake, ACF Breastfeeding Assessment, Java, June 2006*

Breastfeeding more than before earthquake		Breastfeeding less than before earthquake		Breastfeeding same as before earthquake
17		17		97
Mother is more at home	5	Mother eats less	6	
Baby asked for more	5	Less breast milk due to stress after earthquake	3	
Baby cries more	2	Child drinks more powder milk since the earthquake	2	
Weight child reduced since 2 months	1	Grandparents want baby to eat less breast milk so mother can help rebuild the house	1	
Cold at night	1			
No reason given	1	Mother is shy to breastfeed in a tent where other families are	1	
Sleep in the same bed, easier to breastfeed at night	1	Confused after loss of family member in earthquake	1	
		Baby has an itch and therefore restless	1	
		Baby asks less for breast milk	1	
Child is thirsty because of heat	1	Mother is restless	1	

* 3 babies were born the day before or after the earthquake, so no difference before/after could be established. From 1 baby, no information on difference in breastfeeding is available.

The results show that the larger part of the mothers do not indicate a difference in breastfeeding, before or after the earthquake. This means that the recent and current events have had little impact on the frequency of breastfeeding so far.

An exactly equal number of mothers breastfeeds more or less.

In some ways the earthquake has had a positive impact on some people's breastfeeding practices: as mothers spend more time with their baby because they don't go to work and sleep together, they can breastfeed more, whereas before the child was more artificially fed. Also, some children are restless and touchy from living in a different environment, so they have to be comforted more, which is done by offering the breast.

Despite this, there is still an equally large group of women and their babies for whom the earthquake had a negative impact on their breast feeding practices. Practical reasons, such as house destroyed, no private space and less food for the mother, are one group. Yet, a small number of mothers breastfeed less due to their mental state. It must be noted though that the mother who lost a son, claimed that she breastfed less in the beginning, but was improving now.

Two babies breastfeed less now due to the larger availability of infant formula. They were already drinking formula before, their mothers increased the quantity of infant formula given as it was available for free. These children seemed in apparent good health.

Table 11: Difficulties in breastfeeding, ACF Breastfeeding Assessment, Java, June 2006

Difficulties Breastfeeding			
Earthquake related		Not Earthquake related	
Mother feels she has less milk, because she eats less	9	Difficult drinker due to prematurity	1
Mother feels she has less milk due to stress	5	Not enough milk because twins	1
Less milk because no traditional drink for lactating mothers available	4	Mother is sometimes sick	1
Arm mother is broken, therefore it is difficult to hold the child	1	Breast is too small	1

23 out of 135 breastfeeding mothers reported some problems with breastfeeding. The major part of those can be related to the earthquake. A large group of mothers (18) claimed they had less breast milk due to stress, lack of food, or lack of their traditional drink to stimulate breast milk production. However, it is not known whether this is an actual reduction of breast milk production, or whether it is only a subjective feeling of the mothers.

B. Use of infant formula

The use of infant formula was already wide spread before the earthquake. Out of 161 children not or not exclusively breastfed, 133 were using infant formula at the time of the assessment. The difference between start of use before and after the earthquake is as following:

Table 12: Comparison use infant formula before/after earthquake, ACF Breastfeeding Assessment, Java, June 2006

< 6 months		6 - 12 months		> or = 12 - 24 months	
Before	After	Before	After	Before	After
13	5	27	7	67	14

A large part of each age group was using infant formula before the earthquake. 26 out of 174 interviewed, had started infant formula after they had received it in the distributions. This means that however well intended, these distributions not only help children who are dependent on infant formula, but also create a larger group of children becoming dependent on the formula, but also lose part of the benefits of breastfeeding and are exposed to the hygiene related dangers of infant formula. However, it

must be added that all mothers who started giving infant formula after the earthquake, continued breastfeeding as well, even though some reduced the frequency.

Water is taken from individual wells or emergency tanks put in place after the earthquake. People had the habit already before to boil the water, especially when used for children to drink or to prepare the infant formula. They continue to do so currently, yet a large group only boils the water to the boiling point, not longer.

C. Additional Food

Weaning starts quite early for some children. A small number of children under 6 months was already given porridge or rice porridge.

From 6 months old, children start in generally with some baby porridge, most of them 2 to 3 times per day, and when they get older they switch more and more to the traditional meal of rice and vegetables.

Of the children from 12 to 24 months, the major part received rice & vegetables 3 times a day, often topped up with some porridge and biscuits, and sometimes fruits.

It seems that mother feed their children small portions, several times per day, and that there is a variety of food present: rice, vegetables, porridge, fruit,.... There is a reasonably good availability of food at the moment, thanks to the distributions. The government will distribute rice and cash for 3 months, and the fields, which have not been affected by the earthquake, will be harvested in July. This needs to be confirmed by the food security assessment.

D. Problems and mental health

When asked whether they had any problems to perform their daily activities since the earthquake, such as taking care of the children, 104 women out of 174 responded yes. The reasons they cited are as following:

Table 13: Problems related to child care due to the earthquake, ACF Breastfeeding Assessment, Java, June 2006

Problems related to the child	
Hot during the day, cold during the night	10
Sleeps bad since because sleeping outside	9
Child cries more easily, needs more attention	6
Eats difficult	5
Baby got a cold	3
Baby has fever but mother too scared to go to health centre	1
Child vomits a lot	1
Child has had diarrhoea	1
Baby got an itch	1

Problems related to the mother	
Stopped work, therefore no income	17
Too large number of activities at the moment	15
Very stressed due to many worries	10
Sleeps bad	6
Afraid to leave the baby out of sight	4
Does not have baby hygiene products	2
Difficult to find water	2
Very scared for additional shocks	2
Lack of food	2
No cooking equipment	2
Grandmother, usual caretaker during day, not present because she is in a camp	1
Confused after loss of family member, but feeling better	1
Only one bathroom in the village	1

Problems related to the mother	
Mother and father are in the hospital	1
Afraid to let child play in ruins	1

Most of the mothers agreed that the large number of activities: cleaning the rubbles of their house, cooking with limited utensils, taking care of children outside etc., is putting a big strain on them and making them very tired. In addition, several women pointed out that it is not easy for them nor for the children to sleep outside under the plastic sheeting tent, as it is cold and they are bothered by mosquitoes. The fear for another earthquake is very much present, even though not all mothers expressed it in this way.

A major part of these problems expressed, will be solved once the reconstruction has finished. Still, the longer this takes, the more strain it will put on mothers, and this might affect their child care practices in the future. Note that 2 mothers indicated a lack of food. This must be interpreted as a lack of rice. A large part of the donations consist of fortified noodles, yet rice is the traditional diet. If people do not or not sufficiently eat rice, they don't consider they have eaten.

When asked whether they knew somebody whose behaviour had changed since the earthquake (eg. Not able to do anything any more,...), most women and their family did not know about anybody. In some villages people pointed out the same person, but this was limited. As it never concerned any mother or caretaker of a child, no further investigations were made.

Still, a lot of mothers pointed out that people in the villages, including themselves were very panicky when aftershocks occurred. They also reported some children who were afraid to go into the house since the earthquake. These reactions are quite understandable, and it is true that even aftershocks include the risk of making collapse buildings that were only partially destroyed in the first earthquake, and who are now instable.

A number of mothers addressed the problem that due to their large number of activities they have less time to occupy themselves with the children. At this stage, the children of all ages have also suffered from the impact of the earthquake, are fearing additional shocks and would thus be in need of more attention. There are some initiatives with Child Centres who organise activities for the older children, yet they are not everywhere.

During the assessment, no mother was met who was in such a bad state of depression or other after the earthquake, that it could endanger her child. Nor have there been any cases of obvious bonding problems observed. On the contrary, the women met seem to be taking very good care of their babies. As only a small sample of women was interviewed, this does not mean that no women in these circumstances exist.

5. Discussion

The results presented as above have to be interpreted with caution, as only a small number of people were interviewed in a limited number of villages. It does seem that other villages are in more or less the same situation, so that similar results might be found there. Still, this assessment must be considered as a snapshot picture from the situation in these villages.

A Helen Keller International report³ showing the results of a survey conducted from December 1999 to September 2003 shows that exclusive breastfeeding for children under 6 months old has been declining in the last years. Therefore the finding that use of infant formula was already wide spread before the earthquake, is no surprise. However, availability of local health facilities (Poskesmas) and growth monitoring of children under five (in Posyando or integrated health post at sub-village level) was wide spread. The Helen Keller report indicates that even if the effectiveness could be debated, the attendance of mothers in the Posyando in rural Central Java, was among the highest in Indonesia. However, even now, it was noticed that mothers with breast feeding problems did not receive the correct recommendations and counselling, because of which they changed too easily to infant formula. On top of that, it has been reported that it was the health centre or hospital that gave the infant formula to the mother. The majority of children under two are breast feeding, yet a large part combines it with use of infant formula as mothers believe they need to add this formula in order to provide good nutrition for their children. The fact that they receive it from a health worker, reinforces their believes. The number of

³ Indonesia Crisis Bulletin, Nutrition and Health Surveillance in rural Central Java, January 2004

mothers who started giving infant formula, 26 out of 174, are a relatively large part of the observed group, and if it can be expected that similar results can be found in other villages, it means that the unmonitored distribution of infant formula has a big overall impact on the breastfeeding practices.

It must be observed how mothers continue to cope with the situation: if the reconstruction does not advance and people can not return to normal life again, the strain on the mothers will increase, which might have a negative effect on breast milk production as well as on breastfeeding practices.

Care is setting up a health education programme together with a local NGO that will target a large number of villages, and that can include breastfeeding promotion as well. There is a number of local NGO's as well as the university, who might be interested to participate in similar projects with UNICEF.

UNICEF will organise a training for village midwives and nurses on the proper counselling of mothers with breastfeeding problems. They are also involved with the government in advocating against unmonitored distribution of infant formula, for NGO's, organisations and companies.



According to the same report from Helen Keller International, malnutrition in this area is among the lowest in Indonesia with a underweight⁴ rate ranging from 32-38% (still rated as "very high" according to WHO classification), a stunting⁵ rate of 32% in 2003 (rated as "high") and a wasting⁶ rate of 9%. All these indicators were in a declining process. It can therefore be estimated that the for nutrition situation of children before the earthquake, there was more a worry on chronic malnutrition, than on acute malnutrition.

During the assessment, it was observed that weaning practices sometimes start too early, but further on are relatively appropriate in general: children receive small quantities of food, in several meals during the day, and during the night (mainly if breastfeeding) and are varied. This does not exclude that a certain number of mothers might benefit from some training on infant feeding practices.

The availability of food seems more or less sufficient at the moment, yet it must be seen how it continues in the coming months. Many parents with a salaried or daily work have stopped working since the earthquake to protect the assets, work on their houses and be with the family in case of further disaster. Although some companies have continued to pay their employees, a large number of people are currently without income. At the moment they are dependent on distributions and their savings, if they have any. Again, if the reconstruction and following the return to a "normal life" takes too much time, it will have to be monitored if the access to food remains sufficient. If not, this might have a deterioration of children's nutritional status as a consequence. In addition, if mothers experience a lack of food, this might as well have an impact on their breastfeeding practices as could already be noticed with a number of women during the assessment.

UNICEF will co-operate with Helen Keller International for the distribution of sprinkles (easy-to-use vitamin supplements) for children and multi-micronutrients for pregnant women. They also plan to make MP-Asie (a local child porridge) available, in addition to the MP-Asie the government intended to distribute.

The earthquake has caused a lot of reason to worry, and put a strain on many mothers, especially those who are lactating. Yet it seems that for the majority of these women, these experiences have not had a major influence on their breast feeding and child care practices. Even though not all practices used before the earthquake are as recommended, the children observed are taken well care of, seem to be in good health and no apparent bonding problems with their mother were observed. Still, in the long term, such strain can result in fatigue of the mother, and have a negative impact on their child care practices.

There are a number of mothers who do face problems due to the earthquake, due to fright, to a loss, because of the stress, and who would be helped with some counselling and support. Some mothers had found alternatives, and/or were being supported by the other women in their village. These women are spread over a large number of villages in a densely populated area, and therefore not easy to reach.

No large-scale mental health programmes have been set up, yet a number of organisations, among which the department of psychology of the Yogyakarta University have programmes or planned programmes and that will most likely increase in the future.

⁴ Low weight for age

⁵ Low height for age, chronic malnutrition

⁶ Low weight for height, acute malnutrition

6. Conclusion

The recent earthquake in Indonesia has caused a lot of damage, a large number of villages saw almost all their houses destroyed, with a serious loss of assets for the people as a consequence. People do not gather in displacement camps, yet gather in a tent or under a plastic sheeting outside of their house or sleep in small camps at the border of their village.

Food distributions are fairly widespread and community response has been large scale. However, food availability must be monitored in the coming months, because if the aid and distributions come to an end before the people have finished the reconstruction, deterioration of the nutritional situation of children and lactating women might be expected.

Use of infant formula was widespread even before the earthquake, yet has increased among the children included in the assessment due to the unmonitored distribution of infant formula. In most cases, use of infant formula is combined with breastfeeding. Even if there is one case of stopping of breastfeeding since the earthquake and a significant number of mothers who breastfeed less, the overall impression is that the earthquake has had limited negative impact on the breastfeeding practices of the mothers included in the assessment. However, if current stress levels for mothers, due to lack of housing and fear for further shocks continue, a deterioration can still occur. The same counts for the mental health status of the mothers. The situation must thus be monitored in the future, and for mothers who currently face difficulties, counselling and support is advisable.

UNICEF and a number of NGO's, as well as the Yogyakarta University have activities or planned activities in response to these issues. UNICEF takes the lead in the advocacy against unmonitored distribution of infant formula.

As the women, with whom problems in breastfeeding were detected and who would be in need of counselling, are widespread individuals in a large area, it is difficult to intervene with one specific programme. As UNICEF is planning a training on breastfeeding counselling for village nurses and midwives, as well as encouraging the existing health education programmes of other NGO's, a part of the needs will be covered.

In addition, ACF has decided to provide aid only for a short term in this region; therefore projects as recommended below would not fit into the objectives of the mission.

Taking all this into account, ACF has taken the decision not to intervene with an infant feeding support programme.

7. Recommendations

- ✓ To train local health care staff on dangers of infant formula and benefits of breastfeeding, as well as on proper counselling of mothers with breastfeeding problems
- ✓ To train NGO and other organisations' staff working with lactating women on dangers of infant formula and benefits of breastfeeding, as well as on proper counselling of mothers with breastfeeding problems
- ✓ To provide health education for pregnant and lactating women on proper infant feeding practices, dangers of use of infant formula and benefits of breastfeeding. To provide them with useful and correct information on breast milk stimulation, storage of breast milk and other useful tips
- ✓ To provide counselling for women for whom the stress and/or trauma related to the earthquake has had an impact on their breastfeeding practices
- ✓ To advocate against distribution of infant formula, within the governmental health facilities
- ✓ To advocate against unmonitored distribution of infant formula with NGO's, organisations and companies
- ✓ To monitor the breastfeeding practices in the future, especially if reconstruction is ongoing or not yet started, in order to detect timely any deterioration in the situation