World Breastfeeding Trends Initiative (WBTi)

Assessment Report

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World Breastfeeding Trends Initiative (WBT*i*)

Report

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The World Breastfeeding Trends Initiative (WBT*i*)

Name of the Country: MALAYSIA

Year :2015

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In Collaboration With: Ministry of Health Malaysia

Introduction

In Malaysia, the National Breastfeeding Policy recommends exclusive breastfeeding for the first six months of life and continued up to two years. Since the 1990s, several breastfeeding promotion programmes had been implemented in the country Most of the data for this report was obtained from the Third National Health and Morbitiy Survey (NHMS III) 2006. Breastfeeding data is only collected in 10 yearly interval during the major NHMS, the next being 2016.

NHMS III covered a total of 2167 mothers or carers of children below two years old who were interviewed representing 804,480 of the estimated population of children aged below 2 years in Malaysia. Respondents were asked whether various types of liquid or solid food were given to the child at any time during the preceding 24-hour period.

The findings suggest that the programmes implemented in the last ten years were effective in improving the prevalence of ever breastfeeding, timely initiation of breastfeeding and continued breastfeeding up to two years. However, **the challenge is to improve exclusive breastfeeding practice** and **to improve the rate of continuance of breastfeeding up to 2 years.**

Longterm community-based interventions need to be carried out in partnership with the existing health care system, focusing on discouraging the use of water and infant formula, especially in the first few months of life. Promotion of breastmilk being the only choice of milk for a child up to two years needs to be stepped up and the marketing of growing-up milk (beyond two years) and mothers formula needs to be reduced to decrease cross promotion confusion with infant formula.

Background

Breastfeeding has always been the most optimum nutrition to babies. Despite its numerous benefits to the baby, mother and the society, the breastfeeding rate and duration is still low in Malaysia. At the same time even though the Malaysian Government has been actively promoting breastfeeding to all its hospital, the breastfeeding pick up rate is still unsatisfactory.

The findings from NHMS III:

- Overall prevalence of ever breastfed among children aged less than 12 months was 94.7% (CI: 93.0 - 95.9).
- The overall prevalence of exclusive breastfeeding below 6 months was 14.5% (CI: 11.7 - 17.9).
- Breastfeeding rate at 4 months was only 32%
- Prevalence of timely initiation was 63.7% (CI: 61.4 - 65.9)
- Continued prevalence of breastfeeding up to two years was 37.4% (CI: 32.9 - 42.2)

A study by Bactiar et.al was conducted to determine breastfeeding rate in the Klang Valley, Malaysia and to ascertain factors involved in the early breastfeeding cessation. 259 mothers who delivered their babies were invited to answer a 55-point questionnaire based from the United State's Infant Feeding Practices Study II (IFPS II)(2) via face to face or telephone call. This study found:

- 93% of the mothers initiated breastfeeding in the hospital
- 33% mothers were exclusively breastfeeding their babies at 4 months
- 21% of the mothers were exclusively breastfeeding their babies at 6 months old
- 42% of mothers said that husbands played an important role in the decision making of the infant feeding type
- 34% agreed that grandmothers had a strong influence in the same decision making
- 54% of mothers said that having low milk supply was the main reason to stop breastfeeding
- 35% stopped breastfeeding because they were returning to work
- 11% had other reasons such as baby refused to breastfeed, discouraged by family members
- Majority of the mothers had some health support to breastfeed from the medical staff
- 45% did not received any support from the family members

Another study by Wan A. Manan in semi-urban communities in Kemaman, Terengganu found out of a total of 593 mothers who had children up to 15 months of age that were interviewed , among breast-feeding mothers (n =157):

- 42.0 % fed their babies for less than 3 months
- 58.0% bottle fed for more than 6 months
- 40.1% were found to have bottle fed at one time or another.
- A substantial number of breast fed babies were given weaning foods in the form of porridge mixture (rice + egg, rice + vegetables, rice + meat, rice+ fish and cereals) between the age of 0 - 3 months

The findings of this study concluded that although breast-feeding is widely practiced, however, their duration has dwindled, and early introduction of solid foods is widespread.

A study by Siah and Yadav on breastfeeding practices among mothers in an urban polyclinic, found

- Ever breastfed prevalence rate of 99.3%
- Median duration of breastfeeding of 7.0 months
- 51.6% of the older mothers (41-50 years) continued to breastfeed till 12 months
- The main reason for termination of the breastfeeding practice being 'insufficient milk' (43.9%)
- The mean age of supplementation is 3 months in contrast to 6 months as recommended age by World Health Organisation

Quoting the last study for this section by Chye Fook Yee and Rebecca Chin on Parental perception and attitudes on infant feeding practices and baby milk formula in East Malaysia, they found:

- Initiation of breastfeeding was practised by 86.3% of respondents
- Only 8.3% of 436 respondents exclusively breastfed for 6 months and beyond
- Parents with a higher educational level (($\chi 2$= 70.191, d.f. 28, P< 0.001) and household income (χ= 74.863, d.f. = 28, P 0.001) were found to have a higher tendency in initiating formula feeding earlier
- Parents who practised partial breastfeeding (OR = 2.0) and had a shorter duration of breastfeeding (OR = 2.4), respectively, were at least two times more likely to initiate early formula feeding
- Quality and brand were the two most influential factors in determining parents' purchase decision on infant and follow-up formulas

Assessment process followed by the country

This document is based mainly on the National Health and Morbidity Survey conducted by the Statistical Department in collaboration with the Ministry of Health Malaysia in 2006. Since the census is carried out once every 10 years, the next study will only be conducted in 2016, next year. On an annual basis, there are no available data on breastfeeding at one month, three months, six months, one year and two years because there are other data which the MOH feels is more important then data on breastfeeding.

As for studies conducted by Malaysian academics, there are no current studies that encompass the data that this report requires The following are studies used to explain some of the findings in this report:

1. Fatimah S Jr, Siti Saadiah HN, Tahir A, Hussain Imam MI, Ahmad Faudzi Y., Breastfeeding in Malaysia: Results of the Third National Health and Morbidity Survey (NHMS III) 2006, Malaysia Journal of Nutrition, 2010 : Aug;16(2): 195-206 assessed from internet site: http://www.researchgate.net/publication/225300437_Breastfeeding_in_Malaysia_Results_of_the_Third_National_Health_and_Morbidity_Survey_(NHMS_III)_2006 [accessed Oct 16, 2015].

2. Adlina S., Siti Norjinah Abdul Moin, Soe Soe A., Azimah A. Aqil M.D. , Lugova H. , Mala M. , Aye Aye M. (2015) Breastfeeding Mother's Understanding of Growing-up Milk Advertisement from Maternal Child Health Clinics in Alor Gajah, Malaysia. Submitted to Breastfeeding Review July 2015.

3. N. S. Bachtiar , R. Hussain , S. A. Lanham-New and K. Horton, Infant Feeding Practices in The Klang Valley, Malaysia, Proceedings of the Nutrition Society (2011), 70 (OCE6), E359, doi:10.1017/S0029665111004447, Winter Meeting, 6–7 December 2011, 70th Anniversary: Body weight regulation – food, gut and brain signaling from internet site journals.cambridge.org/article/10.1017/S0029665111004447 (assessed 16 Oct. 2015)

4. Salim F, Hassan Nudin SS, Muhammad Ismail HI & Aris T, 2010, Infant Feeding: The Third National Health and Morbidity Survey 2006 (NHMS III). Malays J Nutr. 2010 Aug;16(2): 195-206. Epub 2010 Aug 15 at internet site www.ncbi.nlm.nih.gov (assessed 15 Oct 2015)

5. Breast-feeding and infant feeding practices in selected rural and semi-urban communities in Kemaman, Terengganu Wan A Manan School of Medical Sciences, Universiti Sains Malaysia, 11800 Penang

6. C K Siah, H Yadav, Breastfeeding Practices Among Mothers in an Urban Polyclinic, 2002, Med J Malaysia Vol 57 No 2 June.

7. Chye Fook Yee and Rebecca Chin, Parental perception and attitudes on infant feeding practices and baby milk formula in East Malaysia, International Journal of Consumer Studies ISSN 1470-6431

8. Rahmah Mohd Amin, Zakiah Mohd Said Rosnah Sutan, Shamsul Azhar Shah, Azlan Darus and Khadijah Shamsuddin, Work related determinants of breastfeeding discontinuation among employed mothers in Malaysia.

9. Jacqueline J Ho, Fatimah Salim[1], Tahir Aris[1], Mohd Yusof Ibrahim[1], Siti Sa'adiah Hassan Nudin, Latipah Salleh and Maimunah A Hamid, Current Breastfeeding Prevalence in Malaysia , p*ediatric Research* (1999) 45, 103A–103A; doi:10.1203/00006450-199904020-00613

10. Knowledge, attitude and practice on breastfeeding in Klang, Malaysia Tan KL Department of Community Medicine, International Medical University, Bukit Jalil, 57000 Kuala Lumpur, Malaysia at internet site www.iiumedic.net/imjm/v1/download/.../IMJVol8No1pg17-22.pd (aaseesed 12 October 2011)

11. Tengku Alina TIa, Wan Manan WMb , Mohd Isa B., 42 Factors Predicting Early Discontinuation of Exclusive Breastfeeding among Women in Kelantan, M Health and the Environment Journal, 2013, Vol 4, No.1

12. Adlina S., Soe Soe Aye, Narimah AHH, Hakimi ZA, Knowledge, attitude and practice in breastfeeding among mothers in the pre-baby friendly hospital initiative implementation at seven private hospitals in Malaysia. Malaysian Journal of Public Health Medicine, 6 (1): 58-63.

13. Zaharah Sulaiman Noraini Mohamad, Tengku Alina Tengku Ismail, Nazirah JohariNik Hazlina Nik Hussain, Infant feeding concerns in times of natural disaster: lessons learned from the 2014 flood in Kelantan, Malaysia doi: 10.6133/apjcn.092015.08 Published online: September 2015 at internet site apjcn.nhri.org.tw/server/APJCN/25/3/0108.pdf (assessed 17 Oct. 2015)

List of the partners for the assessment process

1. Ministry of Health Malaysia
2. Ministry of Women and Family Development Malaysia
3. Ministry of Human Resource Malaysia
4. BFHI Training and Research Institute
5. National Defence University of Malaysia, Faculty of Medicine and Defence Health

Assessment Findings

Indicator 1: National Policy, Programme and Coordination

Key question: *Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National infant and young child feeding committee and a coordinator for the committee ?*

Guidelines for scoring		
Criteria	**Scoring**	**Results** ✓ ***Check any one***
1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	1	√
1.2) The policy recommended exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	1	√
1.3) A national plan of action developed based on the policy	2	√
1.4) The plan is adequately funded	2	√
1.5) There is a National Breastfeeding Committee/ IYCF Committee	1	√
1.6) The national breastfeeding (infant and young child feeding) committee meets , monitors and reviews on a regular basis	2	√
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	0.5	√
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district and community level.	0.5	√
Total Score	**10/10**	**10**

Information Sources Used (please list):

1. National Plan of Action for Nutrition in Malaysia (2006 – 2015)
2. National Nutrition Policy (2005)
3. National Breastfeeding Policy (2006)
4. National Coordinating Committee for Food and Nutrition (NCCFN)
5. National Food Safety and Nutrition Council

Conclusions ***(****Summarize which aspects of IYCF policy, program and coordination are appropriate; which need improvement and why; and any further analysis needed)****:***

In Malaysia, there are a few committees that m monitor, accredit, promote and protect breastfeeding information and practice in Malaysia:

a. National Recognition Committee on Baby Friendly Hospital

b. Vetting Committee on the Code of Ethics for the Marketing of Infant Foods and Related Products

c. Disciplinary Committee on the Code of Ethics for the Marketing of Infant Foods and Related Products

These committees are actively involved in ensuring the quality of BFHI at hospitals and the Code of Ethics and Marketing of Infant Formula and Related Products.

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. The national infant and young child feeding/breastfeeding policy is a purely government based program which has been implemented in all government hospitals. However, very few of the private hospitals have actually implemented this recommended government policy. Since the code is not law in Malaysia and the punishment for non-compliance to this policy is only warning letters, the private hospitals just ignore this directive. Some hospital groups like Kumpulan Perubatan Johor and the Pantai Group of Hospitals have at least tried to implement the policy, some even achieving accreditation as a BFHI Hospital, but there are many complaints from mothers who deliver at private hospitals that all is not well. There are also smaller birth centres and maternity homes that do not encourage breastfeeding.

Recommendations *(List actions recommended to bridge the gaps):*

1. The voluntary code should be made into Law
2. BFHI assessment should be strict and independent of the Ministry of Health (self assessment whereby staff of the same Ministry go around assessing their counterparts is not a just and reliable method of assessment).
3. The private hospitals must be reprimanded for not attempting to achieve BFHI. Violations of the code is occurring because the code is voluntary.

Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding[1])

Key questions:

- *What percentage of hospitals and maternity facilities that provide maternity services have been designated as "Baby Friendly" based on the global or national criteria?*
- *What is the quality of BFHI program implementation?*

Guidelines – Quantitative Criteria

2.1) 147 out of 358 total hospitals (both public & private)and maternity facilities offering maternity services have been designated or reassessed as "Baby Friendly"in the last 5 years 41 %

Guidelines for scoring		
Criteria	**Scoring**	**Results** √ **Check only one which is applicable**
0	**0**	
0.1 - 20%	1	
20.1 - 49%	2	√
49.1 - 69%	3	
69.1-89 %	4	
89.1 - 100%	5	
Total rating	**2 / 5**	

Guidelines – Qualitative Criteria

[1] **The Ten Steps To Successful Breastfeeding:**The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. The steps for the United States are:

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breastmilk, unless medically indicated.
7. Practice "rooming in"-- allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

Quality of BFHI programme implementation:

Guidelines for scoring		
Criteria	**Scoring**	**Results** √ **Check that apply**
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme[2]	1.0	√
2.3) A standard monitoring[3] system is in place	0.5	√
2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities	0.5	√
2.5) An assessment system relies on interviews of mothers.	0.5	√
2.6) Reassessment[4] systems have been incorporated in national plans with a time bound implementation	1.0	√
2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5	√
2.8) HIV is integrated to BFHI programme	0.5	
2.9) National criteria are fully implementing Global BFHI criteria (See Annex 2.1)	0.5	√
Total Score	**4.5/5**	
Total Score	**6.5/10**	

Information Sources Used (please list):

1. **Summary reports on the status of BFHI, Ministry of Health Malaysia, Nutrition Division**

[2] IYCF training programmes such as IBFAN Asia's '4 in1' IYCF counseling training programme, WHO's Breastfeeding counseling course etc. may be used.

[3] ***Monitoring*** is a dynamic system for data collection and review that can provide information on implementation of the *Ten Steps* to assist with on-going management of the *Initiative*. It can be organized by the hospitals themselves or at a higher level in the system. Data should be collected either on an ongoing basis or periodically, for example on a semi-annual or yearly basis, to measure both breastfeeding support provided by the hospitals and mothers' feeding practices.

[4] ***Reassessment*** can be described as a "re-evaluation" of already designated baby-friendly hospitals to determine if they continue to adhere to the *Ten Steps* and other babyfriendly criteria. It is usually planned and scheduled by the national authority responsible for BFHI for the purpose of evaluating on-going compliance with the *Global Criteria* and includes a reassessment visit by an outside team.Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.#

Conclusions ***(****Summarize how the country is doing in achieving Baby Friendly Hospital Initiative targets (implementing ten steps to successful breastfeeding) in quantity and quality both. List any aspects of the initiative needing improvement and why and any further analysis needed):*

One Criteria is not implemented which is integration of HIV into the BFHI programme. All HIV positive mothers are not allowed to breastfeed their babies even if the babies are HIV positive

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. Though initiation rates have increased in recent years due to stringent implementation of the Ten Steps in BFHI policy, the continuance rate is disappointing. This is partly because the policy is not extended to community clinics where most mothers and their newborns go for follow-up and immunization. As such the rate for exclusive breastfeeding declines as the baby gets older:
    - In 1996 88.6% of mothers ever breastfeeding their infants as compared to 94.7% in 2006
    - Prevalence of exclusive breastfeeding at 6 months was 27% in 1996, down to 14.4% in 2009 and up to 16.2% IN 2010.
    - In 1997, 12% of babies were still being breast-fed at two years of age.
    - Initiation of breastfeeding 1996 = 41% compared to 2006 = 63%
2. Non-conformance after achieving BFHI recognition is another area of concern.

Recommendations *(List action recommended to bridge the gaps):*

1. The internal monitoring and assessment for hospitals has to be strengthened
2. There should be full commitment from all staff at the hospital, not only from the maternity and pediatric staff
3. There should be an independent body (not Ministry of Health) to assess the BFHI status, which picks hospitals at random for a follow-up assessment.

Indicator 3: Implementation of the International Code of Marketing of Breastmilk Substitutes

Key question: *Is the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolution are in effect and implemented? Has any new action been taken to give effect to the provisions of the Code?*

Guidelines for scoring		
Criteria (*Legal Measures that are in Place in the Country*)	**Scoring**	**Results**
3a: Status of the International Code of Marketing		✓ (*Check that apply. If more than one is applicable, record the highest score.)*
3.1 No action taken	0	
3.2 The best approach is being considered	0.5	
3.3 National Measures awaiting approval (for not more than three years)	1	
3.4 Few Code provisions as voluntary measure	1.5	
3.5 All Code provisions as a voluntary measure	2	√
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	3	
3.7 Some articles of the Code as law	4	
3.8 All articles of the Code as law	5	
3.9 Relevant provisions of WHA resolutions subsequent to the Code are included in the national legislation[5] a) Provisions based on at least 2 of the WHA resolutions as listed below are included b) Provisions based on all 4 of the WHA resolutions as listed below are included	 5.5 6	

[5] Following WHA resolutions should be included in the national legislation/enforced through legal orders to tick this score.
1. Donation of free or subsidized supplies of breastmilk substitutes are not allowed (WHA 47.5)
2. Labeling of complementary foods recommended, marketed or represented for use from 6 months onward (WHA 49.15)
3. Health and nutrition claims for products for infants and young children are prohibited (WHA 58.32) are prohibited
4. Labels of covered products have warnings on the risks of intrinsic contamination and reflect the FAO/WHO recommendations for safe preparation of powder infant formula (WHA 58.32, 61.20)

3b: Implementation of the Code/National legislation		✓ *Check that apply*
3.10 The measure/law provides for a monitoring system	1	√
3.11 The measure provides for penalties and fines to be imposed to violators	1	
3.12The compliance with the measure is monitored and violations reported to concerned agencies	1	√
3.13 Violators of the law have been sanctioned during the last three years	1	
Total Score (3a + 3b)	**4/10**	

Information Sources Used (please list):

1. Minutes and Report of the Code of Ethics of Marketing of Infant Formula and Related Products Vetting Committee, Ministry of Health
2. Minutes and Report of the Code of Ethics of Marketing of Infant Formula and Related Products Disciplinary Committee, Ministry of Health
3. Adlina S., Siti Norjinah Abdul Moin, Soe Soe A., Azimah A. Aqil M.D. , Lugova H. , Mala M. , Aye Aye M. (2015) BREASTFEEDING MOTHER'S UNDERSTANDING OF GROWING-UP MILK ADVERTISEMENT FROM MATERNAL CHILD HEALTH CLINICS IN ALOR GAJAH, MALAYSIA

Conclusions: ***(****Summarize which aspects of Code implementation have been achieved, and which aspects need improvement and why. Identify areas needing further analysis)*

Malaysia is at 3.9a. Provisions based on at least 2 of the WHA resolutions as listed below are included

Criteria 3b: Implementation of the Code/National legislation

1.10 The measure provides for a monitoring system

1.11 The measure provides for penalties and fines to be imposed on violators

1.12 The compliance with the measure is monitored and violations reported to concerned agencies

Gaps: *(List gaps identified in the implementation of this indicator)* **:**

1. Non-compliance to the code is increasing. Milk companies are finding ways to break away from the code by using growing up formula milk (GUM). An unpublished study conducted in 2014 at Alor Gajah Community Clinics by lecturers at the National Defence University of Malaysia found the following rather disturbing data:

"90.6% of mothers were able to recall the brand name of the formula after being exposed to the picture for 10 seconds. The words "Mama's Milk" was seen by a higher percentage of mothers compared to the numbers 1,2 and 3 & 4 which points to a possible linking of mothers milk to infant and growing up formula. Even though the majority of mothers thought they could differentiate the advertisement for infant formula and growing up milk, yet the only thing that attracted them to the paper advertisement was the brand name and many could not recall what type of milk was being advertised."

2. The idea of turning the code into law seems remote as the milk industry presses for leniency in the promotion of their products. Endless meetings have met with a deadlock on how to proceed with this matter. The voices of the breastfeeding mothers support groups seem to have fallen onto deaf ears.
3. Even though Malaysia has a Food Act as legislation on labeling and food content it does not separate infant formula and breastmilk substitutes as a stand alone agenda.

Recommendations: *(List action recommended to bridge the gaps):*

1. Review the current scope of the code to cover growing up milk (GUM)
2. Heighten code monitoring and enforcement by hosting a refresher training course and train new people to monitor the implementation of the code.
3. Conduct studies on the value of mothers milk and the state of cross allergy and maybe include this into the code.

Indicator 4: Maternity Protection

Key question: *Is there a legislation and are there other measures (policies, regulations, practices) that meet or go beyond the International Labor Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including those working mothers in the informal sector?*

Guidelines for scoring		
Criteria	**Scoring**	**Results** **Check ✓ that apply**
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave a. Any leave less than 14 weeks b. 14 to 17weeks c. 18 to 25 weeks d. 26 weeks or more	 0.5 ✓ 1 1.5 2	
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. a. Unpaid break b. Paid break	 0.5 1	
4.3) Legislation obliges private sector employers of women in the country to *(more than one may be applicable)* a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	 0.5 0.5	
4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector. *(more than one may be applicable)* a. Space for Breastfeeding/Breastmilk expression b. Crèche	 1 ✓ 0.5	
4.5) Women in informal/unorganized and agriculture sector are: a. accorded some protective measures b. accorded the same protection as women working in the formal sector	 0.5 1 ✓	
4.6) . *(more than one may be applicable)* a. Information about maternity protection laws, regulations, or policies is made available to workers. b. There is a system for monitoring compliance and a way for	 0.5 ✓ 0.5 ✓	✓

workers to complain if their entitlements are not provided.		
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5 ✓	✓
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	✓
4.9) There is legislation providing health protection for pregnant and breastfeeding workers: they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	✓
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1	✓
Total Score:	**6/10**	

Information Sources Used (please list):

1. Ministry of Human Resources Malaysia
2. Ministry of Woman, Family and Community Development Malaysia
3. Ministry of Health Malaysia
4. Labor Law, Malaysia

Conclusions ***(****Summarize which aspects of the legislation are appropritae, and which aspects need improvement and why. Identify areas needing further analysis****) :***

Legislation obliges private sector employers of women in the country only **8 weeks** of paid maternity leave and no formal paid nursing breaks. Paternity leave is granted for the public and private sector for at least 3 days.

Women covered by the national legislation are **not formally allowed at least one breastfeeding break or reduction of work hours daily.**

There is a provision in national legislation that provides for work site accommodation which consists of space for breastmilk expression and crèche (tax rebate is given to the organization that has a crèche within the premises) for breastfeeding and/or childcare in work places in the formal sector.

Information about maternity protection laws, regulations or policies is made available to workers.

There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. Women are only covered for 54 days of maternity leave (minus weekends and public holidays), they have been short changed.
2. Maternity leave of 54 days is given for only 3 children instead of 5 previously.
3. Creche at workplaces is slow in coming due to high level of bureaucracy.
4. No subsidy for childcare at workplace for women with household income above RM 3,000
5. Masters and PhD full time students are not eligible for maternity leave during the course of their study.

Recommendations *(List action recommended to bridge the gaps):*

1. Maternity leave of 120 days should be allocated to all mothers regardless of the number of children.
2. Subsidy for childcare at workplace should be allowed.
3. Maternity leave should be allocated to everyone regardless if they are employees or students.

Indicator 5: Health and Nutrition Care Systems (in support of breastfeeding & IYCF)

Key question: *Do care providers in these systems undergo* skills training, *and do their pre-service education curriculum support optimal infant and young child feeding; do these services support mother and breastfeeding friendly birth practices, do the policies of health care services support mothers and children, and whether health workers responsibilities to Code are in place*?

Guidelines for scoring			
	Scoring √ *Check that apply*		
Criteria	**Adequate**	**Inadequate**	**No Reference**
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country[6] indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
		√	
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care. *(See Annex 5b Example of criteria for mother-friendly care)*	2	1	0
	√		
5.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers.[7]	2	1	0
		√	
5.4) Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country.	1	0.5	0
		√	
5.5) Infant feeding and young feeding information and skills are integrated, as appropriate, into training programmes focusing on (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women's health, NCDs etc.)	1	0.5	0
	√		

6 Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

7 The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

5.6) In-service training programmes referenced in 5.5 are being provided throughout the country.[8]	1	0.5	0
		√	
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick.	1	0.5	0
	√		
Total Score:	**7/10**		

Information Sources Used (Please list):

1. Service Report Ministry of Health Malaysia
2. Medical Curriculum, UPNM, UiTM, Taylor's University, UCSI

Conclusions: ***(****Summarize which aspects of health and nutrition care system are appropriate and which need improvement and why. Identify areas needing further analysis.)*

Breastfeeding education in medical and nursing schools are inadequate. Although nursing schools have allocated more hours compared to medical schools when it comes to breastfeeding, they do not have counseling the breastfeeding mother incorporated into the curriculum. Most medical schools do not have a course on lactation management. Breastfeeding topics are interspersed within the curriculum in year 1 during Anatomy (anatomy of the mammary gland), Biochemistry (biochemistry of breastmilk production) and Physiology (physiology of breastfeeding), in year 3 Pediatric posting. Most medical schools do not cover topics like Insufficient Breastmilk, Breastfeeding and the Ill mother/baby and Cow's milk protein allergy. As such many doctors ask mothers to stop breastfeeding once they are ill and to give formula to a baby that is not gaining weight in the early weeks of his life.

Government hospitals have adequate training for their medical staff (covering the 20 hour and 40 hour BFHI breastfeeding counseling course) but the private hospitals do not have this traiinig.

Gaps: *(List gaps identified in the implementation of this indicator)* **:**

1. The curricula on IYCF is inadequate because it is not reaching the important target groups example medical students and grassroot. Nursing programmes have incorporated the IYCF into their curricula but nurses alone cannot be responsible for breastfeeding success.
2. The in-service training program is inadequate because doctors are not committed to attend the training citing `too busy, no time' as the excuse or they are just not interested.
3. Only government health workers have some knowledge on the implementation of the code, not all are trained. Even in BFHI accredited hospitals, knowledge of the code is inadequate amongst health staff as many nutritionists and specialists still work with milk companies.
4. In service training program is adequately provided throughout the country as it is limited to the Ministry of Health government hospitals and it has just started.

Recommendations: *(List action recommended to bridge the gaps):*

1. There has to be more focus to grassroot level by pushing the code into law.

8 Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction.

Indicator 6: Mother Support and Community Outreach - Community-based support for the pregnant and breastfeeding mother

Key question: *Are there mother support and community outreach systems in place to protect, promote and support optimal infant and young child feeding .*

Guidelines for scoring			
Criteria	**Scoring** √ *Check that apply*		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based ante-natal and post -natal support systems with counseling services on infant and young child feeding.	2	1	0
		√	
6.2) All women recieve support for infant and young child feeding at birth for breastfeeding initiation.	2	1	0
		√	
6.3) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage.	2	1	0
		√	
6.4) Community-based counseling through Mother Support Groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy IYCF/Health/Nutrition Policy.	2	1	0
		√	
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.	2	1	0
		√	
Total Score:	**5/10**		

Information Sources Used (please list):

1. Breastfeeding Information Training and Research Center
2. Ministry of Health, Malaysia

Conclusions *(Summarize which aspects of a health and nutrition care system are adequate and which need improvement and why. Identify areas needing further analysis)* **:**

Not all women have access to IYCF counseling and support services.
Community based counseling through mothers support group are not integrated into an overall IYCF health and development policy.
Community based volunteers and health workers are not trained in counseling for IYCF.

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. Even at BFHI hospitals, mothers are not fully taught how to attach the baby to the breast since there is inadequate training (few hands on exercises and training program only covers 20 hour course that is inadequate).
2. Postnatal follow up IYCF at community clinics and community level is inadequate.

Recommendations *(List action recommended to bridge the gaps):*

1. All health staff at hospitals and community level should be trained WHO 40 hours breastfeeding counseling course
2. Mothers support groups should be trained on breastfeeding counseling skills.

Indicator 7: Information Support

Key question: *Are comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented?*

Guidelines for scoring			
Criteria	**Scoring** √ ***Check that apply***		
	Yes	To some degree	No
7.1) There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/ potential conflicts or interest are avoided.	2	0	0
	√		
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding	1	.5	0
			√
7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding	1	.5	0
		√	
7.3) IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding	2	1	0
		√	
7.4. IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being implemented at local level and are free from commercial influence	2	1	0
	√		
7.5 IEC materials/messages to include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF).[9]	2	1	0
			√
Total Score:	**5.5/10**		

[9] to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;

Information Sources Used (please list):

1. Ministry of Health, Health Education Department and Nutrition Department
2. BFHI Training and Research Centre

Conclusions *(Summarize which aspects of the IEC programme areappropriate and which need improvement and why. Identify areas needing further analysis)* **:**

The government of Malaysia in particular the Ministry of Health has done a good job in promoting breastfeeding. Their shortcomings are mainly due to the lack of staff to educate and counsel individual mothers on breastfeeding and a lack of continuity of this process at the community clinic level. As such, there should be more grassroot level peer counselors to help individual mothers. The current peer counseling training are mainly urban based, as such mother sin the rural areas are not getting much assistance when faced with breastfeeding problems.

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. National health nutrition system have not reached individuals, it is only at the health worker level. What gets through is when individuals go to breastfeeding support groups online for information but advise given may be inadequate and inaccurate because online counselors may not be properly trained.

Recommendations *(List action recommended to bridge the gaps):*

1. There should be a national monitoring system by and independent body for all media online and off line with regards to breastfeeding information and counseling. If there are wrong messages or information then they will advice the media to correct the article or information

Indicator 8: Infant Feeding and HIV

Key question: Are policies and programmes in place to ensure that HIV - positive mothers are supported to carry out the national recommended Infant feeding practice?

Guidelines for scoring			
Criteria	**Results** ✓ *Check that apply*		
	Yes	To some degree	No
8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV	2	1	0
	✓		
8.2) The infantfeeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0
		✓	
8.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5	0
	✓		
8.4) HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5	0
	✓		
8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers.	1	0.5	0
			✓
8.6) Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible.	1	0.5	0
		✓	
8.7) HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake.	1	0.5	0
	✓		
8.8) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0
		✓	
8.9) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5	0
	✓		
Total Score:	**7.5/10**		

Information Sources Used (please list):

1. Communicable disease control unit, Ministry of Health Malaysia

Conclusions *(Summarize which aspects of HIV and infant feeding programming are appropriate, and which aspects need improvement and why. Identify areas needing further analysis)* **:**
Although health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support, nevertheless, a HIV positive mother is not allowed to breastfeed her baby no matter the HIV status of the baby. The reason is because Malaysia has safe water supply to ensure safe delivery of formula milk to a baby whose mother is HIV positive.

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. HIV mother is disallowed to breastfeed, there are no options given. In line with that the government will give free formula for the baby which is against the recommendation by WHO.

Recommendations *(List action recommended to bridge the gaps):*

1. To offer options to the HIV infected mother and not forced to accept the government's choice. Adequate knowledge should be imparted on the HIV infected mother.

Indicator 9: Infant and Young Child Feeding during Emergencies

Key question: *Are appropriate policies and programmes in place to ensure that mothers, infants and young children will be provided adequate protection and support for appropriate feeding during emergencies?*

Guidelines for scoring			
Criteria	**Scoring √ Check that apply**		
	Yes	To some degree	No
9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance	2	1	0
		✓	
9.2) Person(s) tasked with responsibility for national coordination with all relevant partners such as the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
		✓	
9.3) An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations, and covers: a) basic and technical interventions to create an enabling environement for breastfeeding, including counseling by appropriately trained counselors, support for relactation and wet-nursing, and protected spaces for breastfeeding	1	0.5	0
			✓
b) measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsollicited donations, and procurement management and use of any infant formula and BMS, in accordance with strict criteria, the IFE Operational Guidance, and the International Code and subsequent relevant WHA resolutions	1	0.5	0
			✓
9.4) Resources have been allocated for implementation of the emergency preparedness and response plan	2	1	0
		✓	
9.5)a) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	1	0.5	0
			✓
b) Orientation and training is taking place as per the national emergency preparedness and response plan	1	0.5	0
			✓
Total Score:	**3/10**		

Information Sources Used (please list):

1. Ministry of Health
2. Media Reports such as at intenet site www.sinarharian.com.my, 6 Januari 2015, KPWKM cadang sumbangan banjir lebih focus
3. Zaharah Sulaiman Noraini Mohamad, Tengku Alina Tengku Ismail, Nazirah JohariNik Hazlina Nik Hussain, Infant feeding concerns in times of natural disaster: lessons learned from the 2014 flood in Kelantan, Malaysia doi: 10.6133/apjcn.092015.08 Published online: September 2015 at internet site apjcn.nhri.org.tw/server/APJCN/25/3/0108.pdf (assessed 17 Oct. 2015)

Conclusions *(Summarize which aspects of emergency preparedness and response are appropriate and which need improvement and why. Identify areas needing further analysis)*:

Malaysia is not prepared to handle a major disaster when it comes to breastfeeding advocacy. In the recent Kuala Krai floods, milk formula was given out free of which the expiry date of the milk was questionable and families did not have clean, safe water and electricity supply.

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. Breastfeeding during disaster is not taught in any institution, health or academic.
2. No NGOs are prepared to handle breastfeeding issues during disaster.
3. As reported by Zaharah et.al. :

" A concern is that in times of crisis, large donations of infant formula, teats, and feeding bottles are often received from many sources. Although the intentions are generally good, there is a lack of awareness that such donations can do more harm than good, as the basic infrastructure, and utensils may be inadequate to reduce the risks associated with the preparation of infant formula and other breast milk substitutes. When a crisis site has contaminated water, this means that the donations of infant formula do more harm than good and increase infant mortality and morbidity, as the uncontrolled distribution of infant formula exacerbates the risk of diarrhea among infants and young children in emergencies. Therefore, these donations should be avoided."

Recommendations *(List actions recommended to bridge the gaps):*

1. The Ministry of Defence, in particular the National Defence University of Malaysia should be roped in to come out with a course on breastfeeding during disaster working together with the Ministry of Health and NGOs to form a task force for IYCF during disasters.
2. There must be monitoring the distribution of formula feeding, providing water, electricity and medical care for breastfeeding mothers and their infants.
3. A multifaceted rescue mission team involving various agencies comprising of local government, including the health and nutrition departments, private or non-governmental organizations and individual volunteers have the potential to improve a satisfactory condition of women and infants affected by floods and other potential natural disasters
4. All stakeholders in the disaster management team need to ensure their plan of action would not undermine breastfeeding practice.

Indicator 10: Mechanisms of Monitoring and Evaluation System

Key question: *Are monitoring and evaluation systems in place that routinely collect, analyse and use data to improve infant and young child feeding practices?*

Guidelines for scoring			
Criteria	**Scoring** ✓ **Check that apply**		
	Yes	To some degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0
		√	
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions	2	1	0
		√	
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2	1	0
		√	
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	2	1	0
			√
10.5) Monitoring of key infant and young child feeding practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	2	1	0
		√	
Total Score:	**4/10**		

Information Sources Used (please list):

1. Ministry of Health Malaysia

Conclusions *(Summarize which aspects of monitoring and evaluation are appropriate and which need improvement and why. Identify areas needing further analysis)* **:**

There is a lack of data on breastfeeding from simple rates to breastfeeding problems and case studies. Postgraduate students are not interested to conduct studies on breastfeeding (including students pursuing nutrition based and children feeding issues). The National Health Morbidity Survey is conducted every 10 years, which leaves a big gap of missing data until the next study is conducted.

Data collected or published do not reach decision makers, as such there has not been much progress on issues such as breastfeeding breaks and flexible working hours for breastfeeding mothers.

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. The Ministry of Health keeps all information and does not seem to share it with others
2. There is currently no National Breastfeeding Committee, it did exist during Tun Mahathirs era when Tun Siti Hasmah was the chairperson.
3. Lack of research on breastfeeding issues

Recommendations *(List actions recommended to bridge the gaps):*

1. Information should go down to all levels of the health care system both government and private as well as the community.
2. The National Breastfeeding Committee headed by the Prime Minister's wife should be rekindled.
3. Ministry of Health should elect a university (preferably with a nursing or medical faculty) to be the key research institution on issues of infant and young child feeding.
4. Provide grants for research on breastfeeding.

Indicator 11: Early Initiation of Breastfeeding

Key question: *What is the percentage of babies breastfed within one hour of birth?63.7%*

Guideline:

Indicator 11	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBTi**	
Initiation of Breastfeeding (within 1 hour)		***Scores***	***Colour-rating***
	0.1-29%	3	**Red**
	29.1-49%	6	**Yellow**
	49.1-89% **(63.7%)**	9	**Blue**
	89.1-100%	10	**Green**

Data Source (including year):

The Third National Health and Morbidity Survey 2006 (NHMS III), this survey is conducted once every 10 years, the next due is in 2016.

Summary Comments :

The initiation rate is above 90% in government hospitals. It is the private hospitals that is bringing down this rate.

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: *What is the percentage of babies 0<6 months of age exclusively breastfed[10] in the last 24 hours?* ***44%***

Guideline:

Indicator 12	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBT*i***	
		Scores	***Colour-rating***
Exclusive Breastfeeding (for first 6 months)	0.1-11%	3	**Red**
	11.1-49% (44%)	6	**Yellow**
	49.1-89%	9	**Blue**
	89.1-100%	10	Green

Data Source (including year):

The Third National Health and Morbidity Survey 2006 (NHMS III), this survey is conducted once every 10 years, the next due is in 2016.

Nutrition division Ministry of Health Malaysia (2014)

[10] Exclusive breastfeeding means the infant has received only breastmilk (from his/her mother or a wet nurse, or expressed breastmilk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (2)

Indicator 13: Median Duration of Breastfeeding

Key question: *Babies are breastfed for a median duration of how many months?* ***12 months***

Guideline:

Indicator 13	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBT*i***	
		Scores	***Colour-rating***
Median Duration of Breastfeeding	0.1-18 **Months (12 months)**	3	**Red**
	18.1-20 ’’	6	Yellow
	20.1-22 ’’	9	**Blue**
	22.1- 24 or beyond ’’	10	Green

Data Source (including year):

1. **The Third National Health and Morbidity Survey 2006 (NHMS III), this survey is conducted once every 10 years, the next due is in 2016.**

2. **Nutrition division Ministry of Health Malaysia (2014)**

Indicator 14: Bottle feeding

Key question: *What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles?* ***56%***

Guideline:

Indicator 14	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBTi**	
Bottle Feeding (0-12 months)		**Scores**	**Colour-rating**
	29.1-100% (56%)	3	**Red**
	4.1-29%	6	**Yellow**
	2.1-4%	9	**Blue**
	0.1-2%	10	**Green**

Data Source (including year):

1. **The Third National Health and Morbidity Survey 2006 (NHMS III), this survey is conducted once every 10 years, the next due is in 2016.**

2. **Nutrition division Ministry of Health Malaysia (2014)**

Indicator 15: Complementary feeding --- Introduction of solid, semi-solid or soft foods

Key question: *Percentage of breastfed babies receiving complementary foods at 6-9 months of age?* ***...60.%***

Guideline

Indicator 15	WHO's	IBFAN Asia Guideline for WBTi	
	Key to rating	***Scores***	***Colour-rating***
Complementary Feeding (6-9 months)	0.1-59%	3	**Red**
	59.1-79% (60%)	6	Yellow
	79.1-94%	9	**Blue**
	94.1-100%	10	Green

Data Source (including year):

1. **The Third National Health and Morbidity Survey 2006 (NHMS III), this survey is conducted once every 10 years, the next due is in 2016.**

2. **Nutrition division Ministry of Health Malaysia (2014)**

Summary Comments :

A high majority of mothers suspend breastfeeding when they start complementary feeding with the idea that formula should replace breastfeeding as a source of milk as early as 4 months.

Source :

Summary Part I: IYCF Policies and Programmes

Targets:	Score **(Out of 10)**
1. National Policy, Programme and Coordination	**10**
2. Baby Friendly Hospital Initiative	**6.5**
3. Implementation of the International Code	**4**
4. Maternity Protection	**6**
5. Health and Nutrition Care Systems	**7**
6. Mother Support and Community Outreach	**5**
7. Information Support	**5.5**
8. Infant Feeding and HIV	**7.5**
9. Infant Feeding during Emergencies	**3**
10. Monitoring and Evaluation	**4**

IBFAN Asia Guidelines for WBT*i*

Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated out of 100.

Scores	**Colour- rating**
0 – 30.9	**Red**
31 – 60.9	**Yellow**
61 – 90.9 (58.5)	**Blue**
91 – 100	**Green**

Conclusions *(Summarize the achievements on the various programme components, what areas still need further work)*[11] **:**

[11] In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

Summary Part II: Infant and young child feeding (IYCF) practices

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	63.7%	9
Indicator 12 Exclusive Breastfeeding for first 6 months	44%	6
Indicator 13 Median duration of Breastfeeding	12 months	3
Indicator 14 Bottle-feeding	56%	3
Indicator 15 Complementary Feeding	60%	6
Score Part II (Total)		27

IBFAN Asia Guidelines for WBT*i*

Total score of infant and young child feeding Practice (indicators 11-15) are calculated out of 50.

Scores	Colour-rating
0 – 15	**Red**
16 – 30 **(27)**	**Yellow**
31 - 45	**Blue**
46 – 50	**Green**

Conclusions *(Summarize which infant and young child feeding practices are good and which need improvement and why, any further analysis needed)*[12] **:**

The implementation of the Baby Friendly Hospital Initiative (BFHI) in many hospitals may have created a positive environment in which breastfeeding is the accepted norm. Mothers during pregnancy are encouraged to practice breastfeeding. . However more efforts are needed to improve the exclusive breastfeeding rates and to discourage early supplementation. Studies have shown that quality and brand were the two most influential factors in determining parents' purchase decision on infant and follow-up formulas. Although breastfeeding is widely practised, its prolongation is still hindered by many social constraints such as lack of facilities and support in the workplace to encourage mothers to breastfeed and therefore most parents resolved to early formula feeding for their convenience.

Refer to Summary of Key Gaps and Recommendations for further discussion.

[12] In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

Total of Part I and Part II (indicator 1-15): IYCF Practices and Policies and Programmes

Total score of infant and young child feeding **practices, policies and programmes (indicators 1-15)** are calculated out of 150. Countries are then rated as:

Scores	Colour- rating
0 – 45.5	**Red**
46 – 90.5	**Yellow**
91 – 135.5 **(85.5)**	**Blue**
136 – 150	**Green**

Key Gaps

1. Self assessment of the BFHI status by Ministry of Health personnel is a conflict of interest and subject to bias even though the team consists of members from a different hospital from a different state as the hospital that is being assessed.

2. The promotion of growing up milk and mothers milk have an impact on infant feeding practice which is currently not included in the code of marketing of infant formula and breastmilk substitutes.

3. Mothers support groups are not reaching the grassroots level especially in rural and semi urban areas. Most mothers support groups are concentrated in cities like Kuala Lumpur and Penang thus their efforts do not encompass the rest of the country. These groups also have their own vested interest and some make a business out of selling breast pumps to breastfeeding mothers.

4. Breastfeeding during disasters needs to be seriously looked into because experience from the floods at the end of 2014 showed that milk formula was given out to mothers with infants (some still breastfeeding) without advocating for the safer option of continued breastfeeding.

5. Communty clinics and general practitioners are not trained in helping breastfeeding mothers.

6. Health staff especially doctors are not properly trained in handling breastfeeding issues. Most medical schools do not have a complete module on breastfeeding.

7. The exclusive breastfeeding rate below 6 months of 14.5% needs to be improved.

8. There is a high rate of early supplementation, some as early as 3 months which is not following the National Policy that recommends supplementation at 6 months of age.

9. Researchers seem to shun the topic of breastfeeding. A 10 years gap in breastfeeding rate is unacceptable. Data should be collected at a regular basis and not dependent on the Statistics Department or the Ministry of Health.

10. The role of family members and the society in supporting mothers to breastfeed has been undermined and could be one of the main reasons for the low and short breastfeeding rate and duration. Less mothers in the Klang Valley Malaysia were successful in breastfeeding their babies due to a variety of reasons including failure to get enough support from family members and society. This showed that mother's knowledge alone is insufficient to ensure breastfeeding success.

11. There are not enough facilities like crèches and breastfeeding rooms at the workplace to encourage mothers to breastfeed.

Key Recommendations

1. If the BFHI assessment is to be conducted by the Ministry of Health, there should be one or two independent persons in the team (private or NGO). If this option is not available, a separate group of assessors should be formed under an independent body to conduct a spot check on the hospitals already assessed every year by picking 5 BFHI hospitals at random.

2. Growing up milk an mothers milk should be added into the code.

3. A national breastfeeding mothers support group meeting should be held to draft procedures and code of conduct for their activities and streamline efforts to get the information to the mothers at all levels. Breastfeeding mothers support groups should not be promoting anything detrimental to the breastfeeding process.

4. Breastfeeding during disasters should be taught at all levels in the Ministry of Health, Ministy of Defence, Medical Directorate and Disaster Relief Organizations.

5. Baby friendly community clinics should be initiated and include general practitioner clinics by modifying the 20 hours and 40 hours WHO breastfeeding counselling course.

6. The breastfeeding curriculum should appear in the topics area of the medical school accreditation document (MMC/MQA) so that medical schools have no choice but to insert at least 20 hours of lectures/practice sessions.

7. Information on exclusive breastfeeding and supplementation needs to
   - Reach all mothers urban or rural, educated or not educated, housewives or working mothers
   - Be more attractive, informative and convincing
   - Use all teaching learning methods from holding public seminars to the distribution of pamphlets to media advocacy. Subtle messages on breastfeeding should be given to mothers at all levels of education for the pregnant mother and postnatally.
   - Involve everyone, not just the health staff in hospitals and not just the breastfeeding mothers support group.

8. Encourage breastfeeding research by offering research grants and prizes to researches that give a big impact on breastfeeding issues. IBFAN, WABA and WHO should advocate for this.

9. . Effort must be made to help mothers to successfully breastfeed their babies such as educating the immediate family members (husband, grandparents, siblings), providing sufficient facilities like crèches and breastfeeding rooms for breastfeeding at the work place and the formation of more breastfeeding support group