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FRAMING AND NAVIGATING BREASTFEEDING AS A DEVELOPMENT ISSUE

MEMBINGKAI DAN MENGANGKAT PERMASALAHAN MENYUSUI SEBAGAI ISU PEMBANGUNAN

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Abstrak


Kata kunci: perempuan, suami, menyusui, ASI eksklusif, pembangunan

Abstract

This study addresses the issue of working mothers and exclusive breastfeeding. The public overlooks breastfeeding activities by considering it merely as a mother's duty and a mundane matter. The involvement of husband, family, community, and government to support the success of exclusive breastfeeding is still lacking. Working mothers have a dual role, domestic and public duties. Breastfeeding is often a barrier for women's performance in the public sphere, and indirectly it impacts on household financial conditions. On the other hand, exclusive breastfeeding provides many benefits, primary for health and economic benefits. Therefore, this study analyzes breastfeeding activities through the development paradigm and finds the proper strategy for stakeholders to navigate breastfeeding as a development activity. The approach used in this research is qualitative by conducting interviews with stakeholders and literature review. The concepts of gender and development are applied to analyze the involvement of partners, families, and communities in supporting the achievement of exclusive breastfeeding. The government also has an essential role in ensuring women and men to have equal rights in the workplace and the domestic sphere to do household chores and to bear the children. The social movement is effective in providing an understanding to the public that ensuring exclusive breastfeeding is a responsibility for all stakeholders.

Keywords: women, men, gender, exclusive breastfeeding, development

Introduction

While bringing many advantages for infants and mothers, breastfeeding activities also indirectly affect the economic condition of countries. One of the most significant state’s expenditures is the health-care budget. Many studies claim that breastfeeding helps the Government to save money by improving the health quality of children and mothers (Ma, 2013; Bartick, 2012). However, this macro-economic benefit opposes another cost that will
be emerged since the working mothers experience disadvantages during the breastfeeding period. A study conducted by Noonan and Rippeyoung (2011) reveals that working mothers struggle between two different roles, i.e., working and child-rearing. Their strategies to maintain both roles affect family income. Many women decide to sacrifice their work hours or even choose to quit their job. Due to such a decision, breastfeeding can be considered not only an issue for families but also a development challenge for a nation.

This research aims to analyze the significant factors of breastfeeding by framing breastfeeding as a development issue. Framing breastfeeding as development activities is to urge the Government's commitment to support breastfeeding campaigns since breastfeeding has the salient consequences for the nation. This study also reveals the obstacles that arise in the process of breastfeeding and how to overcome it. Eventually, this study aims to increase the awareness of gender equality in the parenthood, between men and women, and also to shift the traditional perspective that lies in society about breastfeeding.

This study uses a qualitative approach, such as an in-depth interview and literature review. Interview data was collected in 2015 with two founders of AyahASI community in Jakarta. Meanwhile, digital data was also collected from 2017 to 2019 from social media accounts and news articles for updating data. Data was analyzed by applying narrative analysis. The literature review also conducted by examining the related documents such as previous studies and regulations. This article divides into six sections. The next chapter discusses breastfeeding from the gender framework and draws critics regarding how to gauge development effectiveness. The third part introduces the gender and development concept in analyzing the breastfeeding issue in family and society. The next part serves the discussion regarding regulation related to breastfeeding in Indonesia, and the following chapter shows the social movement in navigating breastfeeding and parenthood issues. The last chapter delivers the conclusion and recommendations.

Rethinking Breastfeeding in Gender and Development Framework

Baboons & Babcicky (2013) offer some critics toward the development measurement that only recognizes economic commodities to calculate the GDP rate. Even today, many of development interventions either were established by Government or NGO's, are intended to support economic growth. Babones & Babcicky (2013) notice some drawbacks of a measuring method for development effectiveness that relies on the statistic data, which is solely related to the economic sphere. Babones & Babcicky (2013) invites practitioners and governments to start thinking about human wellbeing in the development framework. Babones & Babcicky (2013) also suggest that integrate quality human life with GDP statistics (economic commodities) will invoke an in-depth analysis of development. Financial data are insufficient to capture the real condition of the citizens in a particular country (Babones & Babcicky, 2013). On the economic development framework, productivity means directly generating money and bringing economic growth for the country. Drawing the critics from Babones & Bacicky, every productivity does not always bring a direct effect on economic growth and this can be found in breastfeeding. The government has not considered breastfeeding as an economic activity. However, the result from the myriad study reveals that breastfeeding generates some financial benefit, not only for the household but also for the state.

Since the gender inequality embedded in every aspect of life, Doyal (2002) suggests state and donors to start thinking about gendering in globalization and global restructuring. Furthermore, Doyal (2002) recognizes gender as an analysis tool for organizing principles in social and economic life. Doyal (2002) also argues that household and individual experiences are reliable as the instrument to analyze gender inequality and have a particular impact on welfare service. Doyal (2002) acknowledges the condition of working women, that have to serve other roles such as child-rearing and doing domestic chores. She suggests that gendering globalization also can prompt the sharing of responsibilities between men and women in the household. The limitation of gender-disaggregated data has troublesome in examining gender inequality in the development program (Doyal, 2002). Women are always considered as the vulnerable group because of the internal factor, their reproduction function, and the external factor, i.e., the patriarchal hegemony.
Their vulnerabilities produce a demand for a distinctive approach.

A study by Bartick (2011) finds that breastfeeding generates economic impacts for the US. Bartick (2011) covers both sides; she not only calculates the total costs that emerge when the mothers breastfeed their infants but also the expenditure from the families who choose baby formula. Doyal (2002) realizes that because of economic growth regimes, women become the notable tools to catch up with the economic growth. The mothers are encouraged to choose products which are not necessarily useful and potentially the products are less healthy. The baby formula advertisement in developing countries is an ideal example to explain Doyal's concept since the advertisement signify the parents that Baby-formula is better than breast milk, therefore, the parents were driven to buy the product.

Bartick (2011) sums up some points that breastfeeding brings cost-saving for the state, and people in developed countries have started to assume that breastfeeding is free-cost, and the baby-formula is expensive. However, in fact, this study also reveals that the cost is still generated for the households, even the amount is half of baby formula cost. The other expenditures most spend to buy healthy food to support a breastfeeding mother to maintain the quality and the quantity of breast milk. The cost of paid maternity leave also appears as the constraint for promoting the longer duration of the exclusive-breastfeeding period (Bartick, 2011). Bartick (2011) also considers the connectivity between the duration of breastfeeding with mother's absence at the office. The absence of women in their workplace automatically has an impact on another cost for the household.

Furthermore, Ma et al. (2013) estimate the economic situation in 2020 using the data from 2006-2009 of breastfeeding rates in Louisiana. From the findings, the study claims that breastfeeding is an effective method for improving the quality of life of mothers and infants, not only in developed countries but also in a developing country. The researchers believe that the increasing number of breastfeeding mothers will bring significant impact on cost savings. The government has to start to invest in improving breastfeeding rates immediately if they want its citizens having a healthy life and saving its national budget.

However, Noonan & Rippeyoung (2011) reveals the correlation between the duration of breastfeeding with the income risk that will occur. While working mothers choose to breastfeed as their priority, they decide to reduce their workloads or even decide to resign from their job. They must be aware that the decision will bring a significant impact on household income, even for their future economic condition (Noonan & Rippeyoung, 2011). Noonan and Rippeyoung (2011) explore the involvement of fathers during the breastfeeding period. The father of breastmilk-infant has less caring-time than a father with formula-baby, though some campaigns have mentioned about the crucial role of the father in breastfeeding (Noonan & Reppeyoung, 2011). These findings indicate that there is an unfair division of labor in the home. Since breastfeeding carries gender inequality issues and brings a significant impact on family income, breastfeeding cannot be overlooked merely as a domestic issue, but breastfeeding also transforms into a development challenge. This challenge requires intervention from the government. The contributions from all genders and society are also needed in supporting the exclusive breastfeeding campaign.

Breastfeeding is categorized as one embodiment of feminism. Meanwhile, Smith (2013) finds that for a feminist issue, breastfeeding often is seen as a constraint for women's performance in public places. Some feminist scholars share the opinion that the lactating body makes women have fewer opportunities to existing in the paid labor force. Moreover, they assume breastfeeding could drive inequality and gender-based discrimination in public as well as in private life. Smith (2013) elaborates on the background of this negative perspective toward breastfeeding because of biological and social values. Breastfeeding could be a constraint for a body to liberate. Following Joan William, Smith (2013) suggests the maternalist strategy by eliminating antipathetic argument and ensuring the equal parenting advocates. The principal point from maternalist strategy and equal parenting advocates is empowering women as a mother in private and public places. People around the mother, such as her spouse, and her co-workers or boss, are required to recognize and apply this strategy.

This strategy requires government intervention (Smith, 2013). To elaborate on the government role, Smith (2013) also provides
other critics towards authority. Many policies overlook the personal necessity of women's bodies either in the private or public areas; this kind of rule eventually leads to discrimination against women. As an example, a pregnant woman needs more time in the bathroom than men or even an un-pregnant woman, but office rule forces her to follow a strict schedule. Therefore, the government or company needs to be more sensitive about gender specific-needs in public areas and workplaces.

Breastfeeding in Family and Society

The benefits of exclusive breastfeeding are well-acknowledged. Based on the World Health Organization (WHO), exclusive breastfeeding means babies only consume breastmilk without any other solid or liquid food, except mineral or vitamin, from birth to six months. Regarding the health benefits of breastfeeding for babies and mothers, in 2012, the WHO has recommended parents to give exclusive breastfeeding to their babies from the day they are born until six and continued to breastfeed for two years. One of the sacred duties of parenthood is breastfeeding. A traditional view in parenting, including breastfeeding, always associated with the mother’s role as a caregiver in the private area, while father as the breadwinner (Carrillo, Bermúdez, Suárez, Gutiérrez, & Delgado, 2016, Bueno-Gutierrez & Chantry, 2015). Though the understanding of exclusive breastfeeding has internalized to parents, the involvement of fathers in supporting their wives to give exclusive breastfeeding for their babies is overlooked.

Several studies suggest that the role of a partner, in this case, the father, has positive influences on breastfeeding (Brown & Davies, 2014, Sheriff & Hall, 2011; Susin & Giugliani, 2008; Marshall et al., 2007). The knowledge about breastfeeding is not solely a woman's responsibility; a man, especially the father, has a similar responsibility to understand about breastfeeding as a form of support for his spouse in giving breastfeeding, especially for working mothers. The lack of support from spouses sometimes is produced by values that are embedded in the common knowledge in society or even less knowledge about breastfeeding (Powell & Baic, 2011). For a long time, society examines breastfeeding as familial matters and women's responsibility. To change these perspectives and to place breastfeeding as a society issue, society is required to shift their perspective about breastfeeding. Breastfeeding is salient for the community because society also has a responsibility to create a better quality of the next-generation. Marshall et al. (2007) reveal that other values of breastfeeding in social contexts, such as an emotional, sexual, and cultural context, have occurred in society. Breastfeeding's meaning is constructed and practiced in many different ways depends on cultures and social-economic status. Marshall et al. (2007) capture the main reason why the mother finally decides to breastfeed for considering her baby's health. The mother assumes breastfeeding is a natural process that they must go through because her mother did the same thing to her when she was a baby. These reasons emerge because of the people's reaction as the natural human being.

Another study argues that breastfeeding also engages with another external, such as culture, religion, and social construction (Susin & Giuliani, 2008). In society, the mother has a challenge that comes from the neighborhood's perception of a good or bad mother, especially that is related to breastfeeding decisions. When a baby of a breastfeeding mother that does not gain appropriate weight, the neighborhood more likely judges the mother as a bad mother (Marshall et al., 2007). This external factor potentially decreases women’s confidence in breastfeeding, and it will impact on the breast milk supply; hence, the condition influences on baby and mother’s health. Indeed, at the beginning of the breastfeeding process, the mother usually deals with many problems. Thus, the viability of a support system is crucial because support and assistance from spouse, parents, friends, other family members, or even health professionals for new mothers helps to maintain the mother's confidence (Marshall et al., 2007). Therefore, the success of breastfeeding not only depends on mother performance but also rely on a support system that realizes the issue of social context.

Drawing on the idea of breastfeeding is a development activity that has economic impacts, the Gender and Development (GAD) concept is applied to analyze the stakeholders' engagement, especially husband and spouse. GAD concept has developed since the 1980s as criticism towards Women in Development (WID) concept that has a limited impact because WID ignores
men’s roles in reducing gender inequality (Sweetman, 2013). Cornwall & Rivas (2015) also argue that women in public and domestic sphere are always connected with men; hence, the presence of men must not be overlooked. Due to physical and biological preferences, women and men have different roles in society, including in activities related to breastfeeding. However, the existing gender power relations are not balanced; only women who are charged with responsibility for breastfeeding. Culture also reinforces this gender power relation imbalance by maintaining gender stereotypes about breastfeeding. Therefore, GAD criticizes how gender power relations had positioned women as subordinates and how culture influences the construction of gender roles in specific contexts. Thus, GAD provides opportunities for men to contribute to achieving gender equality efforts to shift power relations between genders (Cornwall & Rivas 2015).

The engagement of spouse, family, and society in achieving exclusive breastfeeding is a necessity. They determine the access to reliable support and information for breastfeeding mothers. Access to information has an essential impact on breastfeeding parents. Susin & Guigliani (2008) argue that the involvement of fathers in the breastfeeding campaign program during pregnancy can significantly increase the coverage of breastfeeding. The study from Powell & Baic (2011) reveals that prenatal health education, from a professional or reliable source, has a positive impact on breastfeeding. Parents admit that information helps them to prepare the breastfeeding mentally and physically.

The study also reveals that involving health officers has affecting father support for breastfeeding sustainability (Powell & Baic, 2011). Though the health officers have an essential role as the primary source to pregnant mother and her spouse to get some necessary information about breastfeeding, some fathers felt neglected by the health officers. The research shows that fathers are interested and want to be involved more intensely in every step of breastfeeding. However, the information is only intended for the mother so that fathers have no clue about breastfeeding (Sheriff & Hall, 2011). Therefore, education and involvement of partners during pregnancy create a potential value in support of breastfeeding. However, Powell and Baic (2011) find that parents’ education level also determines the duration of exclusive breastfeeding because it is related to their ability to process the information efficiently and weigh it better and wiser.

There are many kinds of fathers’ involvement in breastfeeding. Februhartanty et al. (2006) mention the roles of fathers concerning breastfeeding into six categories based on the Indonesian context, from pregnancy to the postpartum period. These categories are included: (1) finding information about breastfeeding to increase breastfeeding knowledge, (2) determining the feeding methods; (3) Discussing the health facility from pregnancy to delivery; (4) Accompanying wives at the health care facilities, including in the delivery room; (5) Being cooperative in the marriage; and (6) actively supporting child-rearing. Moreover, according to Bar-Yam and Darby (1997), fathers were considered a significant factor in promoting breastfeeding and implementation. They state fathers have an impact on four breastfeeding aspects: breastfeed decision, first feeding support, breastfeeding duration, and risk factor of bottle feeding. These studies both focus on fathers’ influence on the success of breastfeeding. Those supports categorized as physical support, while another support significantly influences the breastfeeding activities; the support is categorized as psychological support. These can be seen from always encouraging mothers to breastfeed, preventing their wives from negative comments, which can potentially decrease breastmilk supply, and providing assistance during breastfeeding.

Breastfeeding and Regulation, Indonesia Case

The Indonesia government commits to protect women’s rights in public and private areas, including supporting breastfeeding women in the public sphere. The Government is already aware of the benefits of breastfeeding and begins to invest in women and future generations. Through many regulations, the state tries to reinforce breastfeeding activities, such as Article 49 section 2 from Law No.39 Year 1999 concerning Human Right, that regulate the protection of women’s reproductive health. The state protection refers to health services related to the reproductive function of women, including the right to breastfeed their children. Additionally, the Government strengthens its regulations on another provision in Article 200 Law No.36 Year 2009 concerning Health that
adjusts criminal sanction for people or companies who prohibit women from breastfeeding their babies. Law concerning Health already mentioned in detail about government and society roles in supporting breastfeeding. This regulation also regulates exclusive breastfeeding in article 128:

(1) Every baby deserves to get exclusive breastfeeding from birth to six months except if there are medical indications.

(2) Families, central government, local government, and societies have to support mothers and babies during breastfeeding period by providing supported time and facilities.

(3) Providing specific facilities as no. 2 is convened in workplaces and public places.

Moreover, in supporting the parenting process for its citizens, the Government provides paid leave regulation for working women through Law No. 13 Year 2003 concerning Labour. Women have maternal paid leave six weeks for prenatal and another six weeks after they give birth (Article 82 (1)). In article 83 company has responsibilities to permit its women employees if they want to breastfeed during office time. However, this regulation has an exception because the permission is only given with particular terms and financial condition that is already negotiated between employer and employee.

In order to increase the rate of exclusive breastfeeding in Indonesia and also to support working women who breastfeed, a join regulation of three ministries; the Ministry of Empowerment Women and Child Protection, the Ministry of Manpower, and the Ministry of Health (48/Men.PP/XII/2008, PER.27/MEN/XII/2008, and 1177/Menkes/PB/XII/2008) concerning Exclusive Breastfeeding has released, especially for working women. Based on the Government Ordinance, there is a national directive for increasing exclusive breastfeeding coverage for at least six months and continued until two years among working women. These regulations significantly influence women to keep breastfeed and feel supported since their working environment are on their sides.

However, the implementation of those regulations has many flaws. Law No. 33 Year 2012 concerning Exclusive Breastfeeding stated that every workplace needs to provide a lactation room. The regulation has not been implemented. According to Director of Work Health and Sport, Ministry of Youth and Sports Affair, the percentage of lactation rooms provided by workplaces in Indonesia was 64.8% (Handayani, 2018). A similar picture happened in Jakarta, where data from the International Labour Organization (ILO) in 2015 reveals that from 142 companies that are recognized on Better Work Indonesia (BWI) list, only 85 companies that already provide lactation room. In addition, working women who did not get full support from their colleagues or office mates experience hardship to keep their commitment to giving exclusive breastfeeding to their babies. Their office mates often express negative comments on their breastfeeding activities at the office, which influences women’s mood and significantly decreases the amount of breast milk (Rahadian, 2014). Breastfeeding activists claim this situation significantly influences the rate of breastfeeding. The picture of exclusive breastfeeding in Indonesia shows a low rate. Based on the 2018 RISKESDAS (Basic Health Survey) that was conducted by the Ministry of Health, the rate of exclusive breastfeeding in Indonesia was 37.3%. This rate is still far from the 80% target of the rate of exclusive breastfeeding as described by the government. Besides the intervention from the Government through policies, the enormous support from the public is also a necessity in achieving the national target of exclusive breastfeeding.

In terms of ensuring the support from husbands during breastfeeding, there is no specific paternity leave within national regulations. A regulation about paid leave for husbands to accompany wives during the delivery process has only referred to Law No. 13 of 2003 concerning Labour in article 93. The regulation mentions that the male workers have the right to take the paid leave for only two days. Meanwhile, the specific regulation for civil servant, the National Board of Civil Servant No. 24 of 2017, mentions that male civil servants are only allowed to use paid leave for a maximum of one month. The regulation does not mention this paid leave as maternity leave, and the duration very limited only to gather with their wives while delivering babies. Thus, fathers usually only take three to five days off. However, some cities and regencies have established local regulations on paternity leave, such as DKI Jakarta and Aceh. However, those regulations are segmented for only government officers.
The existence of the community in Indonesia has a positive effect on public awareness towards exclusive breastfeeding, in particular among the middle-class group. There is a group of fathers who voluntarily campaign the benefits of breastfeeding, i.e., AyahASI, which means breastfeeding father. The initiative to create this community came from several fathers in Jakarta. There were some commonalities between these men. Their wives were the working mothers, and they have a similar vision on breastfeeding, they believe that breastfeeding brings many advantages for their family. The founders always address themselves as breastfeeding support community. By having different experiences on how to support their breastfeeding wives, they agreed to share their strategies for achieving breastfeeding success.

Before establishing this group, these eight fathers gathered and discussed regarding breastfeeding and parenthood issues. Then, the idea of publishing the book came up during the discussion. They assumed that by sharing their personal experiences in parenting, especially their support to their wives during breastfeeding period, could be an effective strategy to raise public awareness regarding breastfeeding and parenthood issues.

Besides the health benefits of breastfeeding, each father also had a distinctive motive to deliberately involved in the campaign. X supports breastfeeding because of his premature baby; X and his wife agreed that breastfeeding was the best option for their son's growth and health. Meanwhile, Y had a perspective that father’s involvement in parenting, including participation in breastfeeding, is common sense. Without hesitation, Y joined the group to do the equal-parenting campaign. Based on Y’s explanation, another founder of AyahASI, namely, Z also had a personal aim by initiating this movement; he wanted to counter the baby-formula corporations.

After publishing the book "Catatan AyahASI" (Diary of Breastfeeding Fathers) in 2008, they continued to promote and introduce the campaign through the social media platforms, such as Twitter. They chose "ID_AyahASI" as the username as well as to introduce this kind of social movement to the public. These fathers came from various backgrounds and professions; some of them are public figures (actors), advertising consultant, HR consultant, and other professions. They already have many followers and fans on their personal accounts. Thus, it was not difficult for them to invite followers for “ID_AyahASI” account. However, they realized they are not the expertise in breastfeeding issues; they even have a tagline: "We are not experts, but we are willing to share." Though the message consists of crucial information about breastfeeding, they prefer to use informal language because they want people to know that promoting breastfeeding can form in many ways, and they chose the eccentric one. However, the simple, familiar, amusing, or even sometimes to be labeled with 18+ rates content, make followers start to learn about breastfeeding and also encourage them to choose to breastfeed. Because of those methods, in early 2019, they managed to have more than 413,000 followers.

A considerable number of followers gave an advantage for their book promotion. Their book sold out in a short time. Because of the high interest of people to get this book, the publisher printed this book until seven times. In the mid of 2015, it was challenging to get the book in the bookstore due to the limited stocks. Moreover, the full financial benefit of the book was donated to the breastfeeding campaign undertaken by formal or informal breastfeeding organizations, such as the Indonesian Association of Breastfeeding Mothers. In August 2018, they published the second book of AyahASI titled “Catatan AyahASI Ditambah-tambahin” (Diary of Breastfeeding Fathers-The Addition). There is no significant difference between the previous and the new book; the content is quite similar to the first book, i.e., the experience of the founders of AyahASI during breastfeeding activities. However, two additional writers share their experiences of supporting their wives during the breastfeeding period.
breastfeeding. The new writers are famous Indonesian celebrities who have many fans and having an image as a family man. The strategy to include famous people to be involved in the AyahASI campaign has a positive influence. From this situation, the campaign from this community sufficient to increase public awareness about breastfeeding.

Many citizens in Indonesia claim that discussion about breastfeeding in public areas is taboo. Consequently, their campaign via Twitter sometimes gains some disagreements from netizen or other breastfeeding organizations, especially when they posted some content regarding breastfeeding with r-rated language or graphics. However, they persist with their method of advocating breastfeeding. They argue that with their campaign-style, they want to embrace all people from many backgrounds to support breastfeeding together. They argue that the goals of their movement are the proper access to breastfeeding information, and more mothers breastfeed their infants. These goals potentially drive more health benefits for Indonesian society.

In the beginning, breastfeeding was the only issue of their campaign; then, it develops into parenting issues. Therefore, the group considers not only discussing the breastfeeding issues but also the different forms of parenting. Indirectly they also encourage men to participate in child-care activities, which can shift the perspective on parenting as women’s only domain. They tried to challenge the traditional values regarding the division of labor in a family that put mothers limited on child-rearing and domestic chores as the caregivers, while fathers as breadwinners who only responsible for bringing money to the household.

Their hard work has been paid-off with the increasing number of their followers in many regions in Indonesia. Some fathers who live in other big cities in Indonesia felt the necessity to create an AyahASI community in their cities. This initiative is to facilitate the campaign by considering the characteristics of the area. Thus, the founders of AyahASI allowed fathers in other cities to create a similar community and also use the same identity, AyahASI, but they have to follow the rules for this community. One of those rules is voluntary work, so every local community is banned from taking any personal advantage over the group. In the last ten years, there have been already several AyahASI in many cities such as in Yogyakarta, Balikpapan, Bandung, Medan, Malang, and other regions in Indonesia. Not only twitter, but this group also develops its platform on Instagram and website in the last three years. They provide more detail information regarding breastfeeding.

Besides the book and social media campaign, AyahASI also initiates some gathering occasions, such as running events where parents and children do exercise together; and breastfeeding class for fathers. They also contribute to several formal events such as a conference or workshop as speakers. Though they admitted they do not have the capacity as breastfeeding experts, they want to share their experiences. After these years involving in breastfeeding advocacy, many positive results have significant impacts on society. However, they commit to preserving this community as an informal organization. They believe the fluid community is more useful to influence society rather than a formal organization. It is also because they have no time to manage an official organization; they have families and primary work. As the community, they prefer to spontaneous and candid about providing awareness to the public that breastfeeding is important and deserves to be fought together.

**Conclusion and Recommendation**

To sum up, although breastfeeding is improving the quality of life and brings economic benefits, on the other hand, breastfeeding is also a threat to the labor market. Many women are forced to quit the job because they failed to manage their time between working and breastfeeding their babies. Consequently, the government loses some gains from their productivity. The government has an essential role in ensuring women and men have equal rights in the workplace and in the domestic sphere to do household chores and rearing the children. Therefore, the government needs to figure out the strategies that can support women to manage their time either to serve as workers and mothers. Women are a crucial element in development, and the government has to ensure that the reproductive role will not prevent women from being beneficial in public areas.

Besides the state role, breastfeeding advocacy also emerges from the social movement. AyahASI has proved two significant points.
First, informal movement and using a popular method to support breastfeeding results in increasing public awareness. The middle class, as the majority in Jakarta, influences to change some traditional perspectives about breastfeeding. Second, father or spouse involvement in breastfeeding advocacy is more effective. Such participation makes the public realize that parenting not only women’s responsibility, but the father also has an equal role in domestic activities.

In the term to achieve the target of the rate of exclusive breastfeeding, the Government should consider including fathers as the target on the breastfeeding training programs. This study portrays that breastfeeding is not only women’s domination, but fathers have the same obligation to make breastfeeding practice successful. Another important consideration is that the Government can think seriously about providing paternity leave. On the other hand, the supervision from the authorized institution, the Ministry of Health, on the implementation of supporting breastfeeding regulations is insufficient. The Ministry of Health urges to make some improvements to support breastfeeding practice by working with other organizations, formal and informal, and creating a breastfeeding-friendly environment in domestic as well as the public sphere. The social movement is also useful in providing an understanding to the public that ensuring exclusive breastfeeding is a responsibility for all stakeholders. Therefore, the collaboration between stakeholders is required in achieving the exclusive breastfeeding rate as targeted by the Government.

Furthermore, following the finding that fathers’ involvement during breastfeeding practice is a necessity, we suggest paternity leave be regulated not only at the local level but also at a national level. We also recommend conducting future studies on spouse’s engagement and paternity leave issues that explore the duration of paternity leave to ensure infants achieve exclusive breastfeeding.

References


Indonesia Law No.39 Year 1999 concerning Human Right

Indonesia Law No.36 Year 2009 concerning Health

Indonesia Law No .13 Year 2003 concerning Labour