



Breastfeeding: Gender And Socio-Economic Dimensions

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Abstract

This study aims to examine breastfeeding behavior from a gender perspective and socio-economic dimension. The legal basis and internal and external factors of breastfeeding behavior are the main issues. Breastfeeding views are also studied in terms of working women, in response to the increasingly expensive economic needs of women to help the family economy by entering the labor market, while women also have an obligation to engage in breastfeeding activities. This study uses literature method, by collecting all the literature related to the breastfeeding process, the legal basis that supports, and the factors that can inhibit and the way to succeed exclusive breastfeeding issues. This study found the fact that there is a misconception of society about breastfeeding that the breastfeeding process is not optimal, the modernization also makes women who should breastfeed to make new choices instead of breastfeeding obligations for their children.

Keywords: breastfeeding, gender, socio-economic.

Abstrak

Penelitian ini bertujuan untuk mengetahui perilaku menyusui dari sudut pandang gender dan dimensi sosio-ekonomi. Dasar hukum dan faktor internal dan eksternal perilaku menyusui adalah isu utama. Pandangan menyusui juga dipelajari dalam hal perempuan pekerja, sebagai tanggapan terhadap kebutuhan ekonomi wanita yang semakin mahal untuk membantu ekonomi keluarga dengan memasuki pasar kerja, sementara perempuan juga berkewajiban untuk terlibat dalam kegiatan menyusui. Penelitian ini menggunakan metode literatur, dengan mengumpulkan semua literatur yang berkaitan dengan proses menyusui, dasar hukum yang mendukung, dan faktor-faktor yang dapat menghambat dan cara untuk mensukseskan masalah pemberian ASI eksklusif. Studi ini menemukan fakta bahwa ada kesalahpahaman masyarakat tentang menyusui sehingga proses menyusui tidak optimal, modernisasi juga membuat wanita yang harus menyusui untuk membuat pilihan baru daripada memberikan ASI kepada anak mereka.

Kata kunci : menyusui, gender, sosial ekonomi.

INTRODUCTION

In an effort to assist the achievement of the 2015 Millennium Development Goals, especially the decline of infant mortality, toddlers and maternal mortality, the city government of Surakarta seeks to motivate the community to provide exclusive breastfeeding. In accordance with the standard gold in infant and child feeding starting from Early Breastfeeding Initiation (IMI), exclusive breastfeeding for six months continues breastfeeding for up to two years along with complementary feeding of ASI (MP ASI) with balanced nutrition to support growth and development physical and mental child optimal.

Exclusive breastfeeding based on Government Regulation No. 33 of 2012 is breast milk given to infants since birth for six months, without adding and / or replacing with other foods or beverages (except medicines, vitamins, and minerals). Breast milk contains colostrum rich in antibodies because it contains proteins for immune and germ killers in high quantities so exclusive

breastfeeding can reduce the risk of death in infants. Yellowish colostrum is produced on the first day until the third day. The fourth day until the tenth day of breast milk contains less immunoglobulin, protein, and lactose than colostrum but higher fat and calories with milder white color. In addition to containing food substances, breast milk also contains an enzyme in the form of a separate enzyme that will not disturb the enzymes in the intestine. Formula milk does not contain enzymes so the absorption of food depends on the enzyme found in the baby's intestine (Kemenkes, 2016).

According to Riskesdas 2013, the process of starting breastfeeding most occurred at 1-6 hours after birth (35.2%) and less than 1 hour (early initiation of breastfeeding) of 34.5%. While the process began the lowest breastfeeding occurred at 7-23 hours after birth of 3.7%. Central Java province has reached the Ministry of Health's Renstra target in relation to the coverage of exclusive national breastfeeding of 39%, of

which Central Java Province reaches 56.1%. Achieving national targets should not be a false pride, because of the total provinces in Indonesia, Central Java ranks 11th in the coverage of Exclusive breastfeeding throughout Indonesia.

Based on data from the Department of Health Surakarta City in 2013, the number of under-fives weighed the 36,558 with less than 17 health cases of Puskesmas was recorded with less nutrition status. Puskesmas that have the most number of malnutrition cases are in Nusukan Health Center, which is 341 under fives, while the lowest nutrient case is Pajang Puskesmas with 11 balita (Department of Health, 2014). The results of Hermayanti's study (2010) revealed that the perception of exclusive breastfeeding by both men and women is still low, exclusive breastfeeding is only done by 66% of mothers in Kecamatan Sukun Kota Malang so that the formulation of gender-based empowerment to anticipate malnutrition cases is by increasing the perception of women

themselves and their families about the benefits of exclusive breastfeeding for the benefit of their infant's health status.

A study conducted by Widayati and Wahyuningsih (2016) in one of the locations in Surakarta City revealed that one of the health problems faced in the study area was the lack of motivation from an exclusive ASI Support Group counselor, where the study location health center had 3 groups of Mother Support group motivators, but there are still some constraints with the number of counselors compared to the ratio of the number of infants in the study area so that the effectiveness of motivation is less comprehensive although not separated from the internal problems of breastfeeding mothers such as constrained work, lack of support husband, milk myth that comes out first milk to be thrown, and information that is less thorough. The method used is Peer Support initiated by Mercy Corps Indonesia is to establish Mother Support Group, which is community based group consisting of pregnant

mother or breastfeeding mother with 0-6 month children amounting to 8-10 people held regular meeting every month to share experiences, ideas, or information about pregnancy, childbirth, and breastfeeding.

Activities built systematically to identify and understand the division of labor or roles between women and men; access and control that women and men have over their resources and performance results; patterns of social relationships among asymmetric women and men, and the impact of policies, programs, projects, development activities on women and men. Gender analysis takes into account how other factors such as social class, race, ethnicity, political-economy, macro or other factors interact with gender to produce discriminatory circumstances (Sotheland, 1999).

LITERATURE REVIEW

Breastfeeding is a powerful reflection of the gender level when the concerns, wishes, and decisions of modern families can be very low. Although in the views of women as

individuals, this is not necessarily included in family planning. In countries like Indonesia with large income gaps, low-income and low-educated populations, the need for breastfeeding schemes is important and represents the only chance for the baby to survive and get good health. Breastfeeding in Indonesia, especially Surakarta city is quite comprehensive, but there are many customs and misconceptions about the breastfeeding process is very counter to the health and nutrition of children. The initiation of the breastfeeding process becomes very late and the colostrum is wasted, so breastfeeding is a social pattern that is constructed and activities are controlled.

Considering the importance of breastfeeding role in the achievement of development goals, research to explore more deeply about the problem of breastfeeding roles is important. The fundamental aspect of seeing the role of breastfeeding can be seen from a gender perspective and socio-economic dimension. The study of gender and socio-economic

dimension greatly influences the pattern of breastfeeding and the mother's role in the lactation process. Women working to support the family economy are likely to have an impact that affects processes, attitudes, and perceptions. On the other hand, the shift of perceptions in the gender and socio-economic dimensions confronts the family's partitioning of the working woman in the breastfeeding business. The complexity of the study is important for political economy research on the gender sub-division and social interaction. Therefore, this research is undertaken in an effort to increase the knowledge of the role of breastfeeding seen from the aspects of gender and socio-economic dimensions. In addition to the academic sphere, it is hoped that with this research can be used by the community to deepen the knowledge in seeing the role of breastfeeding, as well as consideration of the government in preparing regulations on breastfeeding behavior.

Breastfeeding can be a process of channeling breast milk to the baby through the breast glands. Breast milk is a natural fluid produced by female breasts after childbirth. So it is natural that women who give birth will produce milk. However, breastfeeding behavior by breastfeeding is not something that nursing mothers do, so there are a variety of breastfeeding patterns. The process of breastfeeding from breastfeeding mothers to their babies can be grouped into three patterns. This grouping is based on the proportion of breastfeeding compared to the other intake given to the infant. Breastfeeding patterns include, exclusive breastfeeding, predominant, and partial (Ministry of Health RI, 2014).

Exclusive breastfeeding is an effort to give breast milk as the main and only intake for infants. So there is no other intake that can be consumed by babies other than breast milk. This pattern is advisable because it can provide many benefits. Exclusive breastfeeding is recommended to

all breastfeeding mothers, if the mother and baby are in exceptional condition, such as the presence of medical indications so that the infant should receive an intake other than breastmilk. Exclusive breastfeeding is recommended to be performed in infants aged 0-6 months, so that the benefits are optimal.

Breast-feeding predominant is closely related to the first type of breast milk, colostrum. The negative view of society on colostrum, encouraging not to give this type of breast milk to the baby. So shortly after birth, the baby is given another intake, such as white ash, honey, formula, etc. This is the so-called predominant breastfeeding pattern, which provides intake other than breastmilk shortly after birth.

Partial breastfeeding is a breastfeeding pattern that provides breast milk with other complementary foods given to infants younger than 6 months. So in addition to getting breast milk intake, babies also get a variety of other intake. This pattern of breastfeeding is not recommended

in health, because breast milk alone is sufficient to meet the needs of infants aged 0-6 months, and provide far better benefits than partial breastfeeding.

While the gender level is defined as the characteristics and attributes inherent in men and women. These characteristics and traits can be established, socialized, strengthened, and socio-cultural constructed through religious and state teachings (Sugihastuti and Septiawan, 2007). So the characteristics and nature of the gender sphere are not the natural things that divide between men and women, but they are interchangeable traits.

Oakley (in Fakhri, 2002) argues that gender is not the same as sex. Gender distinction is a natural thing and is the nature of God. While gender is a behavioral differences between men and women that can be constructed through a socio-cultural process.

When viewed from the side of gender, the role of breastfeeding can be a gender role that is not only run by women. It is naturally the

woman who can breastfeed the baby through breast milk resulting from her breast glands after the woman gives birth. While men are naturally unable to produce milk for babies. However, breastfeeding behavior is the realization of gendered and socioeconomic perceptions of breastfeeding, so breastfeeding behavior is also influenced by the role of men as well in shaping breastfeeding perceptions.

Therefore, breastfeeding behavior is a gender role that is the responsibility of both women and men. While the socio-economic dimension seen from a combination of education, employment, and income. Low socio-economic conditions relate to education, poverty, and ill health so that it can affect the community as a whole. Therefore, socio-economic status is one aspect that contributes to one's health status (Islami, et al., 2013).

In relation to the role of breastfeeding, it is interesting to see how gender and socio-economic dimensions are constructed in the role. Feminists see the

subordination of women and male domination primarily in the aspect of the division of roles in the family. Women tend to play a role in the domestic sector, while men in the public sector (Mosse, 1933). The domestic sector leads to domestic work, whereas the male-dominated public sector tends to be interpreted as a work activity to keep the family alive. So it appears that the homework that women do is non-production work that does not make money, while the public work done by men make money, although in fact both remain equally working (Wibowo, 2011).

METHOD

Based on the background of problems and the formulation of existing problems, researchers feel the need to deepen literacy or literature review in answering research problems, so that the appropriate research method is literacy study or literature study. Zed (2008) argued that literature study is a research method related to library data collection, reading, recording, and processing of research

materials. Library study limits the research on the data source in the form of paper, so it does not require field studies.

Levy (2006) explains that literature analysis is done by separating, linking, comparing, selecting, and explaining the data that has been collected. Furthermore, researchers also do merging, pengintegrasian, modification, arrangement, design, preparation, and generalization of data collected to answer the problem research.

RESULT AND DISCUSSION

Discrimination on the Labor Market: Neoclassical and Feminist View

Neoclassical economic theories approximate individual decision making from a rational choice perspective and provide a paradigm through which one can analyze gender distinctions in the workforce. Neoclassical theory assumes that "the labor market is governed by the principles of a microeconomic standard of optimization constrained by individual workers and employers

with autonomous tastes and preferences" (Jennings, 1999). In negotiations between workers and firms, a company that minimizes costs will choose a set of pay, cuts, bonuses, benefits and workplace facilities that will minimize the cost of persuading a worker to choose a job. Given the fact that some workplace facilities have a quality public good, the company will facilitate the collective expression of employee preferences. For example, the company can choose between air conditioning and dining room. Both workplace facilities are public goods in the sense that all workers in the workplace will have access to whether they value the facility or not (Lazear and Oyer, 2009).

The occurrence of gender-based discrimination in work, including sexual harassment, poses significant challenges to neoclassical economic theory. Companies that seek to maximize the benefits of hiring and compensating on the basis of individual attributes as prospective employees. For jobs where physical

strength is required, male employees are generally preferred and paid higher based on the perception that men are stronger and physically more capable than women. As a generalization, this could be true. However, gender-based discrimination in employment and compensation is easily spread and reaches far beyond gender-specific characteristics that may translate into differences in productivity.

In direct contrast to neoclassical theory of labor force participation, feminist theories that explain the difference between male and female labor force participation focus on larger institutions and social processes that affect gender dynamics. This paradigm is not only rooted in the economy, but also incorporates the influence of cultural and traditional institutions, government policies, religions and other sources of widespread gender attitudes to the labor market. The feminist paradigm seeks to explain the failure of many neoclassical theories to consider pre-market gender discrimination. In short,

Figart (1997) defines feminist perspectives on labor market discrimination as "a multidimensional interaction of economic, social, political and cultural power both at work and family, resulting in differences that include wages, occupations and status".

In feminist theory, the emphasis on the impact of traditional household roles is often discussed within the patriarchal context. Much literature identifies patriarchy as the root cause of discriminatory factors that apply to women in the labor market. Defined as "a system of male domination and subordination of women in economics, society and culture" (Lim, 1983), Patriarchy limits the productive realm of acceptable women at home. Thus, while many models of gender trends in the international division of labor are seen as deriving from differences in productivity, for many feminist scholars, the nature of the capitalist economic system itself is seen as patriarchy. According to Matthaei (1999), patriarchy is maintained

through "conscious choice and struggle by individuals and groups, patriarchal institutions and social practices and subconscious forces" and is strongly reflected in the division of labor by sex. Matthaiei argues that the need for household production, which is often unpaid and falling on the shoulders of female heads of household, is a means for men to control access to the labor market (Matthaiei, 1999).

One final important aspect of feminist theory is the recognition of the nuances of discrimination in the context of social identity. While neoclassical economies view discriminatory and wage differences as the result of either rational or irrational actors, feminist theory highlights the dynamic interplay between gender and feminine social construction and masculinity. However, it is also important to understand that race, ethnicity, class and sexuality are also factors that determine the participation of the workforce. For each woman, the factors that influence and drive her economic decisions are based on

various aspects of her collective identity (Barker, 1999).

The Dual Role of Working Women and the Role of Breastfeeding

The choice of women to work is a long construct on how to self-actualize and survive in the necessities of life. Women who work, regardless of the stigma that women should only take care of the domestic territory herself. Although in reality the role of domestic is not all can be shared with other family members such as the role of breastfeeding which certainly can not be shared with the husband.

A dual role in this case is defined as two or more roles that must be executed at the same time as the woman's role as a mother and wife (Woffman, 1998). The dual role that women run is the role of wives who take care of the needs of their husbands and housewives as well as women in public sector (Rowat, 1990). According Ihromi (1990), women who have become housewives choose to work so have a double role due to economic reasons to supplement family

income, have own income, and actualize themselves by being able to practice knowledge that has been studied in the workplace. Meanwhile, according Werdiyanti (2013), working women are not always related to financial problems, but also aims to add insight, experience, as well as self-actualization. However, to keep in mind is to take advantage of the potential of yourself by still considering the role of a mother, which is about dividing the role, time, and communicate to the surrounding environment.

The responsibility of breastfeeding should be shared by both husband and wife. Although biologically and naturally the role of breastfeeding can only be done by women, but breastfeeding behavior itself is constructed by various aspects including how the surrounding environment to support a woman continues to breastfeed her baby. Therefore, in relation to the role of breastfeeding, what is required is the awareness of all parties involved, and how to place a supportive role so that a working

mother can still fulfill her breastfeeding obligations for her baby.

A patriarchal culture that discriminates the role of a working and breastfeeding woman should be reviewed. It is important to understand that women also have the option to run or not to play breastfeeding roles. Thus, the role of breastfeeding is not the monopoly of women, including men having a role to succeed in the role of breastfeeding performed directly by women. While on the other hand, breastfeeding is a duty and a right for a born baby. Therefore, it should be identified starting from the smallest scope of the family, especially a husband in supporting the role of his wife who works while breastfeeding. How to facilitate the government as the holder of power in issuing regulations that support the role of women who breastfeed. As well as how the institution or company where women work to give concessions to female workers who breastfeed.

The Impact of Women's Role Works on the Role of Breastfeeding

The dual role between working women and breastfeeding can sometimes lead to conflict if not managed properly. Both of these roles require a woman to devote her time, energy and attention. Some studies of women who work in breastfeeding their babies tend to have negative results. Where women who work it became one of the aspects that hamper efforts to achieve exclusive breastfeeding.

As Umar, et al., (2013) studies on mothers working in Parepare revealed that factors of occupation, number of working hours, socioeconomic, exposure to formula promotion and family support had an effect on exclusive breastfeeding. Similarly, Raharjo's (2015) study shows that in the Kendal community, maternal employment status is related to exclusive breastfeeding practices. Working breastfeeding mothers tend to be unable to maintain breast milk production because they are used to bottle feeding infants and not feeding their own milk. Then

research in Kudus District by Islami, et al. (2013) in 2012 which concluded that women's employment status has a weak correlation with the duration of breastfeeding. The reason is mainly because working women have a relatively short time to breastfeed their babies. Maternity leave given for 3 months that applies to the whole before and after childbirth, plus long working hours tend to affect the low breastfeeding of infants due to time constraints.

Based on several studies it can be drawn to the common thread that the conflict on the dual roles of working women and breastfeeding lies in the difficulty of dividing time to run both roles. But actually as a human being, women also have feelings of guilt when they have to work and not breastfeed their babies. As revealed by Rejeki (2008) who in his research concluded that in fact various feelings arise because the mother was forced to leave her baby at home, such as feeling unbearable, heavy, pity and feeling regret for having to work. Some working

mothers will seek to find ways to exclusively breastfeed their babies, such as preserving breast milk, to give to their babies by others who look after the baby. Fortune also explained if the perceived obstacles that mothers work in exclusive breastfeeding practices such as long distances to the workplace, and the absence of support facilities in the workplace so that women can still breastfeed their babies.

If both roles remain difficult, this is when families can agree to provide breast milk substitutes for infants. The easiest to find breast milk substitutes are formula milk. According Ningsih (2009) on his research in RS Dr. Moewardi Surakarta revealed that the biggest reason to add formula milk is due to work factor of 50 percent, with consideration of choosing formula based on nutrient composition as much as 21,7 percent, selling price 15,2 percent, and consideration suitable with infant as much as 13 percent. Then Mutiaraningtyas (2013) adds that career women tend to assume that formula milk is the main nutrient intake that can replace

breast milk intake when nursing mothers go to work.

It is wrong to say that there is another intake that can replace breast milk perfectly. Breast milk is a gift, has a unique composition and unique characteristics that vary and adjust to the needs of baby intake. In fact it can be said that only the intake of breast milk that can meet the needs of a baby's growth and development. Therefore, the issue of choice of a woman to breastfeed with breast milk or formula milk can not be simplified because of the choice of women to work. It should be noted also how the support provided by both husbands, families, communities, companies, and governments in helping women to play the role of breastfeeding.

Gender and Women's Health Services

According to Tinker, women are viewed from many sides are still often treated unfairly because the position of women especially in Indonesia is still undergoing subordination, humiliation, neglect, exploitation, and sexual harassment, even violence (Susanti,

2000). It seems that we need to look at women's issues in a gender-oriented perspective and give priority places for women's needs that are expected to change the reality for gender equality. To change the condition, a gender perspective is needed in looking at women's issues and seeking the "Gender" solution as the liberation of women to restore women to their essence (Whelehan, 1993). Social change that has been endocentric can be seen as a structural inequality in a gender perspective. The fundamental difference between the biological categories between men and women is essentially unquestionable, but at a sociocultural level, such fundamental differences seem to be accepted as "truth". Yet culture is the outcome of a consensus and any consensus is never finished or stops at the final point, including in the relationships of men and women. The differences between men and women are final, but if they are applied at the sociocultural level, what happens is distortion, bias, or even inequality and injustice

(Heraty, 2003). Gender issues that are influenced by social change, as well as cultural culture are addressed by female choreographers by creating dance work that has a gender theme. The results of the choreography as a medium in expressing the reality of women's lives and as a place of complaints of women because of unfair treatment by men.

One area where women should be the main focus is the effective improvement of services from women to women in the field of maternal and child health. This field includes prenatal and postnatal monitoring and care, information and resources on family planning, and general reproductive health care, including information on the risks and treatment of STDs. These services should also include child health, including immunization, monitoring child development, and advice on nutrition, hygiene and prevention of disease, oral rehydration therapy, and so on. In many DMCs women can not benefit from available health services or obtain information to improve the

health of themselves and their families, unless the health care practitioner is female and culturally sympathetic. Therefore, Gender and Development's main strategy (GAD) in the health sector should include training for women in the health profession and encouraging the increase of their participation, community-based women-to-women health services.

Despite strong reasons for focusing on women-to-women service, men's roles should not be underestimated. Men play a major decision-making role in the allocation of household resources, in decisions about family planning, and in civic organizations. Therefore, both women and men should be fully engaged in projects aimed at improving family health, reproduction and society. An effective public health program will combine the services of women-to-women with a family health approach and programs aimed at men in all aspects of family health, reproduction and public health.

CONCLUSION

Based on the description described, it can be concluded that the gender dimension and socio-economic dimension impact on breastfeeding. The role of natural breastfeeding can only be done by women, but in fact that breastfeeding behavior is based on attitudes and perceptions that are constructed by various aspects such as the support of husbands, families, communities, workplaces and the government. Therefore, the obligation of breastfeeding in the context of promoting exclusive breastfeeding efforts is the synergy of various parties who are aware of the position and role to support breastfeeding.

Gender discrimination against women can be seen from the lack of attention, support and facilitation of women who work and breastfeed. If it is to achieve the Millennium Development Goals through exclusive breastfeeding efforts, then women should be given more attention to accommodate the interests of breastfeeding roles in order to keep them going. Because

what happens today where women who work have low rates of breastfeeding achievement. Women can not only be scapegoated for the case, but how should the surrounding environment and related parties to reponents realize and play a role to support the role of breastfeeding.

Therefore, researchers suggest and reminded that socialization and facilitation efforts to support the role of breastfeeding to be more optimized. Increased soialisation and training should be more optimized especially with health personnel. This is done not only for women but also for men to understand the importance of exclusive breastfeeding so that it is hoped to run exclusively breastfeed independently. In addition, companies that employ women who are breastfeeding should understand and support them. One example of support from companies such as the provision of breastfeeding space with complete support facilities for female workers. The researcher also reminded the government to be more optimal in

implementing the regulations related to exclusive breastfeeding as in terms of guaranteeing the right for female workers who are breastfeeding to be able to obtain facilities from the company.

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