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Life as a breastfeeding-working-mother: understanding challenges and support systems that contribute to the success of breastfeeding among working-mothers in Indonesia

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Abstract

Breastfeeding plays a crucial role in infants and children's health and development. The success of breastfeeding in Indonesia is still below the expectancy rate set by Government Policy. Maternal employment is one of the reasons for breastfeeding discontinuation with mothers facing lack of support from the workplace. Despite the difficulties, there are mothers who successfully find balance while breastfeeding and working but research undertaken in this area is limited. This study aimed to analyse and better understand the lived experience of breastfeeding-working-mothers who successfully maintain long-term breastfeeding. Since mothers' lives cannot be separated from their social context, a community psychology approach and ecological model is used to understand mothers' experiences. Interpretative Phenomenological Analysis is employed as a methodological and analytic approach to interpret lived experience from an emic perspective. Data was collected using the semi-structured interviewed which conducted online during the Covid-19 pandemic. Twenty-four interviews were conducted across three participant groups including nine mothers who met the criteria as active breastfeeding-working-mothers having breastfed their babies for a minimum of eighteen months or having experience as breastfeeding-working-mothers for at least two years; seven husbands whose wives met the criteria of the breastfeeding-working-mothers group; and eight co-workers/supervisors of the breastfeeding-working-mothers. Including husbands and co-workers/supervisors was crucial to understand their perspectives and experiences, providing insights into the daily dynamics between mothers and their microsystems. Using the strength-based approach, I focused on understanding mothers' successful experience to enable and promote more positive and sustaining experiences for other mothers and their community in the future. From the research analysis, multi-layered systems from micro to macrosystems present both supports and challenges for the breastfeeding-working-mothers. Microsystem support was most important to successful breastfeeding journeys as the closest relationships provided a safe space and the sense of security that strengthen mothers against the multi layered challenges in breastfeeding. Findings from this study suggests the importance of enhancing systemic support from micro to macrosystem. Breastfeeding education should involve the husbands and the family members who closely connected with the mothers to enhance the family support. Moreover, improving the healthcare and workplace support is necessary as well as enhancing the provisions of the government policy to create environments enabling working mothers to sustain breastfeeding.

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"So which of the favours of your Lord would you deny?" (QS Ar Rahman)

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CHAPTER ONE: INTRODUCTION

The Beginning of the Journey: Breastfeeding, a Self-Reflection

This research was inspired by my personal journey as a breastfeeding-working-mother for nine years straight, from 2011 until 2020, with three children. The term breastfeeding-working-mother that I use refers to women who are breastfeeding mothers and working mothers at the same time. To begin, in mid-2010 I got pregnant after having a miscarriage a year before: the same year when I got married and secured a job as a lecturer in the Faculty of Psychology Universitas Ahmad Dahlan. At the early stage of pregnancy, I had no idea about breastfeeding. I thought, *"what kind of milk will I give my baby when I return to work?"*. I thought that it would be a formula automatically. At that time, it was common to hear that one of the reasons for parents going to work was so that they could afford to buy milk for their children (kerja buat beli susu untuk anak). I remember for the first few months of my pregnancy, my husband always 'talked to my stomach' saying something like, *"Be nice, baby. Papa is going to work so we can buy milk for you"*. I made the same conversation with my baby whenever I went to work.

One day I met my best friend since high school and she brought up the conversation about breastfeeding, knowing I was pregnant then. She suggested I follow breastfeeding support accounts on social media to learn more about breastfeeding. I began to surf the internet about breastfeeding and continued to ask her to share her experiences with me. I started to involve my husband, and he was supportive. When we were closer to the due date, he assertively asked the nurse to ensure that the hospital was pro-breastfeeding and applied the breastfeeding initiation soon after the baby was born.

I did not get information about breastfeeding from my family. My mother breastfed my brothers and me for less than three months and continued with formula as she was a working mother. My parents told me how they tried hard to buy us the expensive formula because they wanted to give us the best. When I insisted to breastfeed, it was also the first such experience in our big family. My mother and my husband were by my side during the early breastfeeding initiation. They witnessed the nurse put my baby daughter on my chest within an hour after birth, where she instinctively began to crawl and

breastfeed. My husband and I watched a video from the World Health Organization (WHO) about breastfeeding initiation, and our experience demonstrated that this instinct was natural. My husband also ensured that I roomed-in with my baby because we had learned that it was essential to settle into breastfeeding and helped me learn to respond to my baby's needs and bond with her.

Initially, I faced difficulties with breastfeeding — it was painful. No one told me how to get a good latch. The nurses and those around me said that the pain would subside, attributing it to the baby's rough tongue. Later, I found out that this was incorrect. The baby's tongue is not rough, and an improper latch caused the pain. I started reaching out to friends who had breastfeeding experience, found a solution through the internet, and shared what I had learned with my mother and family. Whenever I got a visit from relatives or friends, unpredictably, my mother began proudly talking about breastfeeding to the visitor, especially as she felt amazed witnessing my positive breastfeeding initiation process. Finally, I learned, and my family also open-mindedly learned about breastfeeding and supported my breastfeeding decision.

Apparently, like myself and my family beforehand, not everybody was informed about breastfeeding. Some of the families and relatives who visited me simply told me to train my baby to take formula with a bottle as soon as possible because it would be easier for me when I returned to work after my maternity leave finished. Some said that it was okay to mix between breast milk and formula. They recommended some formula brands and talked about several things I knew were just myths. People in my parents' generation said that I may not eat spicy food and should not take a shower after 6 pm or go out at night because I was breastfeeding, and my baby might get sick because of it. They provided me with some herbal drinks or vegetables because it was important for breastfeeding mothers so I might get a good quality and quantity of breast milk. I also had experienced unethical formula marketing, being approached by sales representatives at the supermarket when I was pregnant and in the waiting room at the hospital where I had my pregnancy checked. The marketing strategy for formula or breast milk substitute (BMS) was widespread before the Indonesian government became stricter with regulations to support breastfeeding.

In my workplace, a mother received 75-days of maternity leave. About a month before I returned to work, I still had not figured out how to manage breastfeeding while I had to

work. The thought of giving formula was in the corner of my mind even though I heard from friends that I could express my milk for my baby so I could maintain breastfeeding. I reached out again to my 'breastfriend' (a friend or fellow mother who supports your breastfeeding journey) and asked more about stacking expressed breast milk (EBM). The first time I tried to pump, it was not as I expected. I was desperate because I had only filled the bottom of the bottle. *"Why can't this work? Why is this so difficult?"*. Then I gave up.

In my desperation to pump, one day, I saw an advertisement on social media about a breastfeeding class. I told my husband, and he supported me to register and join the class. I came with my baby and only realised that husbands/fathers could attend the class once I saw some fathers there. The class enlightened me. It broke so many myths, gave me the knowledge that I required, and I learned the correct way to pump/express milk and how to manage lactation. I told my husband what I had learned in the breastfeeding class. We started planning how he would cooperate and shared our plans with my family. With patience and persistence, pumping/expressing milk became easier. I could store milk which I considered enough for my baby as long as I could maintain direct feeding and kept expressing milk.

Returning to work was another challenge. I was lucky and grateful that most of my co-workers were women and mothers; hence they were very supportive towards me and each other. They knew I had a baby and needed to express milk at the office. Sometimes I had to pump in any place available even hiding under the desk, alongside with fellow breastfeeding-working-mothers in my office because we did not have a lactation room. When I was at work, sometimes I relied on my parents or aunt for childcare since my husband also worked. Occasionally, I juggled between a teaching schedule or in the middle of a full-day workshop to go home to breastfeed my baby or bring my baby to the office when no one was available to look after her.

A few weeks after I joined the breastfeeding class, I had a phone call from one of my colleagues whom I met in the breastfeeding class, and she was a lactation counsellor involved in organising the class. She asked me whether I was interested in a meet-up with other mothers to discuss breastfeeding. I agreed without any hesitation. I met fellow breastfeeding mothers and former breastfeeding mothers. We discussed many things until we finally decided to establish the Indonesian Breastfeeding Mother Association

(Asosiasi Ibu Menyusui Indonesia/AIMI) branch Daerah Istimewa Yogyakarta (DIY) Province. AIMI Yogyakarta (AIMI DIY) was officially established as the sixth branch in Indonesia in June 2012, about a year after the first 'mothers' meeting'. AIMI is a non-profit organisation established based on a mother-to-mother support group, with the aim of disseminating knowledge and information on breastfeeding and increasing the percentage of breastfeeding mothers and breastfed babies in Indonesia. It was a women's, particularly mothers', initiative and voluntary movement.

Since my husband was involved in and supported our breastfeeding journey, he also became the co-founder of the Indonesian Breastfeed-Supporting Fathers (Ayah ASI Indonesia) in Jogjakarta. This 'breastfeeding father' movement also provides information and education about breastfeeding to encourage fathers to be involved and support their wife's breastfeeding journey.

My breastfeeding journey continued with my second and third daughters. I got pregnant with my second daughter before my first daughter weaned. After I read some references, consulted with the lactation counsellor, discussed with a friend who had the same experience, I continued with nursing while pregnant (NWP), followed by tandem nursing (breastfeeding more than one baby at the same time) with my first daughter and her newborn sister. I tandem nursed for almost one and a half years. I got pregnant again before I weaned my second daughter, and I did another NWP. My second daughter weaned herself on the day her younger sister was born even though I still breastfed her before I went into the labour room. My breastfeeding journey with my youngest daughter who was born in 2016 ended in 2020 during the first lockdown in New Zealand. It was a few months before she turned 4 and this was my first semester as a PhD student.

The whole nine years of my breastfeeding journey was not always smooth sailing. 'Challenging' is the word I choose to describe my experience as a breastfeeding-working-mother. Also, as a clinical psychologist, I was aware that I experienced psychological distress and physical tiredness. Instead of seeing these as problems, barriers or difficulties, I set about changing my perspective. There were always challenges, adjustments, arrangements and negotiations between me, my daughters, my husband, my family and my work in order to make it all work well together in the least problematic way. These enabled me to focus on finding ways to overcome and gain strength. In the end, the joy,

the bond, the connection, the love, the drama, the roller coaster journey that I had with my daughters is irreplaceable.

As a breastfeeding-working-mother, I realise that it took more than intention to sustain breastfeeding, but also the ability to cope with any encountered problems and challenges. At that time, I could not do it by myself, I needed support from my husband, family, friends and workplace to stand by me through the ups and downs. Apparently, I was not the only mother who had that experience. Working with an organisation that promotes and supports breastfeeding, I had the opportunity to reach out to other mothers to help them through the same experience. Most importantly, I heard their stories too. I heard stories of some mothers who gave up on breastfeeding because of many circumstances and also how some mothers were so determined and persistently combated any challenges to enable them to successfully continue breastfeeding for at least two years.

My experience, which was also shared by other breastfeeding mothers, was a call for me and encouraged me to explore breastfeeding mothers' journeys navigating the complexities of breastfeeding while working, as part of my PhD project. With a background as a lecturer and research experiences, as well as being involved in an organisation that promotes and supports breastfeeding, I felt that I had the privilege to amplify mothers' voices. I wanted the voices of mothers surviving breastfeeding and working, as well as their role in the family and public/workforce to be heard. In designing this research, my positionality towards the research journey was important. Accordingly, reflexivity and insights throughout the study were something that I embraced. It helped me understand mothers' experiences better and provided dialogue with my position as an insider and outsider as well as with the literature relevant to the context of this research.

By uplifting breastfeeding-working-mothers' experiences, I learned how mothers struggled to overcome challenges, built on their strengths, and became empowered. Even though this research is centred on working mothers' breastfeeding experience, it is also important to understand the complexities of their day-to-day activities. It involved the relationship with their surroundings, such as family and workplaces, where simultaneously, both environments could be the source of support and challenge. In addition, I knew that government regulation was meant to support breastfeeding for working mothers. Unfortunately, it had not been fully applied in all workplaces, and mothers had to adjust and cope with unsupportive circumstances. I also learned from the

experiences of mother-to-mother support, as an empowering story. In my experience, empowered women could empower others.

Through this research, I hope that it will be a good opportunity to spread more awareness promoting how best we can support mothers to breastfeed. From my experience as well as listening to the stories of others, it will require cooperation and collaboration involving those in mothers' environments, such as husbands, families, as well as from the workplace, society, and government intervention through laws or regulations. From the mothers' stories, I hope to inspire other mothers on the same journey and support those who will be taking the journey of breastfeeding-working-motherhood in the future.

The Background of the Study

Having a breastfeeding experience myself and working with a breastfeeding support organisation made me understand that breastfeeding is not as simple as putting a baby at a mother's breast. I thought breastfeeding was a natural process following childbirth. However, while infants have the ability to suckle and swallow since they were in the womb, breastfeeding a baby is not a reflex for the mother. It is a skill that needs to be learned in order to breastfeed successfully (Lawrence & Lawrence, 2019). From the breastfeeding support organisation, I learned that the early breastfeeding journey is also a learning process for both mother and baby. Even though the baby has a suckle and swallow reflex that helps them to obtain milk from the mother's breast, both of them should learn together to get a correct latch. This is very important because a correct latch helps the baby to be optimally fed and prevents a mother from experiencing pain when breastfeeding her baby (Blair et al., 2003).

Breastfeeding is encouraged mostly because of its important benefits. For babies, breastfeeding contributes to improving infants' nutrition providing the microenvironment for gut protection and healthy maturation which is also associated with fewer infections of the gastrointestinal, middle ear, and urinary tract, consequently lowering hospitalisations (Anatolitou, 2012; Bono & Ponzato, 2012; Katsinde & Srinivas, 2016; Walker, 2010). Nutrition in breast milk supports lower incidences of asthma, allergy and respiratory illnesses (Anatolitou, 2012; Tomaszewska et al., 2023). If mothers practice breastfeeding, they are less likely to develop ovarian and premenopausal breast cancers,

postpartum-bleeding, postpartum depression, osteoporosis, and decreased menstrual blood loss while also increasing the mother and baby bond (Anatolitou, 2012; Katsinde & Srinivas, 2016).

For families, some of the benefits are lower levels of absenteeism from parent employees related to loss of family income when caring for sick children (Anatolitou, 2012) and reduce unnecessary cost for formula (Weimer, 2001). In the larger scope, breastfeeding is economically beneficial for the country because it reduces the annual costs of health care and public health programs (Anatolitou, 2012; Weimer, 2001). Overall, breastfeeding is also environmentally friendly, potentially reducing the production waste of breast milk substitute (BMS) products and disposal of formula cans and bottles (Anatolitou, 2012; Andresen et al., 2022; Ogunba et al., 2019).

Breastfeeding is also vital for new global Sustainable Development Goals set by the United Nations (UN) in 2015 (United Nations, 2015b). There are many children all over the world who suffer from undernourishment problems. Referring to this policy, the practice of exclusive breastfeeding contributes positively to children's survival both in the short and long term. Additionally, breastfeeding promotes better mother-child bonds, which has implications for improving nutrition, ending malnutrition, and promoting mothers' and children's health and well-being (Katsinde & Srinivas, 2016).

Ahead of the UN goals, the government of Indonesia launched the First 1000-Days (1000 Hari Pertama Kehidupan) movement programme in 2012. The programme focuses on improving mothers' and children's nutrition for better development of children up to two years of age. In the same year, the Government of Indonesia also issued Government Regulation number 33 concerning Exclusive Breastfeeding (PP No 33 Tahun 2012). The regulation explained that the best feeding pattern for children is prolonged breastfeeding until 2 years of age. It concerns the importance of ensuring children have the best nutrition possible due to malnutrition still affecting some Indonesian children.

Has the program been successful? In Indonesia, the breastfeeding rate is still below the government target even though it is promoted by policy and government regulation. According to the latest Indonesian Demographic and Health Survey in 2017 (Tim SDKI, 2017), the proportion of exclusively breastfed babies aged 0-5 months is 52% which is 10% higher than was shown when the survey was conducted in 2007. On the other hand,

the percentage of children who continue to be breastfed until the age of 2 years slightly decreased from 55% in 2012 to 54% in 2017. This showed that even though the level of exclusively breastfed babies increased, breastfeeding did not sustain for two years as recommended by the WHO. This reflects the many challenges faced by Indonesian breastfeeding mothers.

The success of breastfeeding shaped by many factors beyond mother-baby dyad and physiological capacity of mother's body to produce milk for her baby. Mothers' psychological conditions such as the confidence to breastfeed the baby, worry and stress about breast milk sufficiency, the lack of knowledge in breastfeeding (Uchenna, 2012) and mother's breastfeeding self-efficacy can also affect how successfully she is able to breastfeed (McCarter-Spaulding & Gore, 2009). Socio-demographics, medical and healthcare conditions and socio-cultural factors also play a role (Balogun et al., 2015). This involves support from significant others such as husbands (Baldwin et al., 2021; Durmazoğlu et al., 2021) and family members (Brown & Jones, 2021; Fadjriah et al., 2021).

Support from healthcare services and access to breastfeeding mothers' support groups can also affect mothers' success (Cook et al., 2021; Dwinanda et al., 2018; Handayani et al., 2012; Ratnasari et al., 2017). Additionally, the long history of mass advertising and promotion of breast milk substitute products may also influence mothers' decision for breastfeeding (World Health Organization et al., 2022). This is happening in Indonesia (Hidayana et al., 2017) which shows that breastfeeding issues are beyond an individual level.

With my breastfeeding experience and working with a breastfeeding support organisation, I realise that sustaining breastfeeding for at least two years is even more challenging for working mothers. In accordance with the WHO, maternal employment is often linked to premature weaning due to the higher challenges and barriers to the continuation of breastfeeding found in the work environment. Returning to work or studying outside the home presents social factors that may influence women's decisions to discontinue breastfeeding (Brand et al., 2011; Brown & Jones, 2021; Dwinanda et al., 2018).

Ceasing to breastfeed early can be caused by psychological distress within the working environment while being unable to negotiate a balance between the different demands of

work and taking care of the children (Xuan & Nhan, 2018). In my earlier study (Swastiningsih, 2014), I found that Indonesian breastfeeding-working-mothers were also vulnerable to mental health problems due to the double role as a working and breastfeeding mother. One of the most stressful situations I identified was time management between working and pumping or expressing milk which was needed twice or three times in 6-8 working hours and sometimes at night to maintain adequate milk supply. Workload problems contributing to lower milk supply compounded the ongoing stress of producing enough milk to feed their children. Therefore, working mothers worry about their baby's condition and the insufficiency of expressed milk.

Other problems that have been identified for sustained breastfeeding are lack of support from the workplace and co-workers, the unavailability and inadequate facilities for expressing and storing expressed breast milk and difficulties finding time to express milk or to breastfeed (Rahadian, 2014; Spagnoletti et al., 2017). These findings are contrary to the government regulation that supports breastfeeding in the workplace (PP No 33 Tahun 2012). Problems may become even more difficult and increase the possibility of work-family conflict if breastfeeding-working-mothers are not supported by their family, especially their husbands.

In Indonesia, I saw many women including breastfeeding-working-mothers taking care of household chores, looking after her children and family, while also having responsibilities as an employee who needed to express milk at home and office, putting working mothers in a situation with multiple burdens. Those are the challenges that mothers have to face in their day to day lives. Other researchers have also found that breastfeeding mothers can be categorized as a vulnerable group because they are very prone to experiencing mental health problems such as psychological distress related to their dual roles (Krishnan, 2014; Murtagh & Moulton, 2011; Swathi & Reddy, 2016). Consequently, there is evidence of many barriers for working mothers to overcome to achieve successful and prolonged breastfeeding for the 2 years recommended by WHO and Indonesian Government legislation.

Since mothers' day-to-day lives are placed within the relationship between her and her family as well as with her workplace, I noticed those environments may have an important role on how mothers feed their babies. Whether or not a mother continues breastfeeding when they return to work might be determined by how well a mother is supported by her

surrounding environment. In the current study, a community psychology approach has been used to explore this problem. Community psychology sees people not only as individuals but also as part of the broader context and is especially helpful for working with vulnerable groups (Christens, 2012; Orford, 2008). Subsequently, I also employed ecological theory to enable us to see the problem from an individual level, as well as a level of social structures and policies (Orford, 2008). Therefore, drawing from ecological and community psychology approaches, I suggest that the success of breastfeeding among working mothers is not only a mother's responsibility but a community one, within interconnected layered relationships involving husbands, family and workplace support, strengthened through the acceptance and implementation of government regulations supporting long term breastfeeding.

Despite barriers experienced by working mothers relating to inadequate support from their surrounding communities, there are mothers who are successfully finding balance while practicing breastfeeding and working. Unfortunately, prior research (Febrianingtyas et al., 2019; Rahadian, 2014; Spagnoletti et al., 2017) undertaken in this area is limited. Hence, focusing on a strengths-based approach, I explored the success stories of mothers managing the role of breastfeeding and working. By understanding the successful stories, I acknowledge working mothers' strength to overcome breastfeeding challenges and the importance of support from others in the surrounding environment such as husbands, workplaces, government policies and regulations that enable this to happen.

Through conducting this research, I would like to raise awareness that managing both breastfeeding and working is possible and how increased community awareness around supporting women to breastfeed will have a positive impact on children's health, working mothers' wellbeing and the wider community. Referring to the background of the project, I describe the significance of the project as follows:

Breastfeeding is an important issue in Indonesia. Breastfeeding-working-mothers could be seen as a vulnerable group, prone to mental health problems that may affect breastfeeding outcomes. However, this study focuses on the successful stories of breastfeeding-working-mothers in managing the role of breastfeeding and working to explore strengths rather than vulnerability. The findings of this study may be used as a reference for overcoming difficulties experienced by breastfeeding-working-mothers

such as time management, lactation management and coping with emerging stress or mental health problems that may cause early weaning. It is also important to acknowledge mothers' struggles to navigate their challenges and barriers as well as the strength they have gained to enable them to push through against all odds. Successful mothers' experiences provide opportunities for other mothers to learn how success is achieved.

A community psychology approach enables issues related to breastfeeding and working to be seen in a wider context that includes the breastfeeding-working-mother and community surrounding them. The social context in which mothers breastfeed and work forms an integrated support system for breastfeeding-working-mothers and therefore contributes to the success of breastfeeding.

Since the success of breastfeeding involves the support from surrounding communities, this study promotes understanding of the husband's role in breastfeeding, showing how men who eagerly and actively provide support for their wives in order to sustain breastfeeding play a critically important role. For workplaces, the study contributes to raising awareness of how providing facilities and support for breastfeeding mothers in accordance with government regulations contribute to successful long-term breastfeeding. For the government, we envisage that the study provides useful feedback on the implementation of government regulations related to breastfeeding in the workplace and strengthening the way workplaces are monitored for compliance with regulations.

The Thesis Structure

Following this introduction to the study background, the next chapter, Chapter Two, will discuss the literature review relevant to this study. In Chapter Two, I discuss breastfeeding in global and local context, particularly the phenomenon of breastfeeding-working-mothers in Indonesia. Within this chapter, I explain how community psychology with an ecological approach (Bronfenbrenner, 1979) is used to explain the breastfeeding-working-mother phenomenon in Indonesia.

Chapter Three, discusses the methodology employed in this research, using Interpretative Phenomenological Analysis to further understand mothers' life experiences as a

breastfeeding-working-mother. Chapter Three also discusses the research process including obtaining ethical approval, participants' recruitment and conducting interviews as a data collection method. Subsequently Chapters Four and Five discuss the analysis and discussion of the breastfeeding-working-mothers account. Following these chapters, Chapters Six and Seven discuss the analysis and discussion of the husbands' and co-workers/supervisor's stories, respectively. Lastly, Chapter Eight serves as conclusion of this study, providing reflexivity and insight gained throughout the study.

CHAPTER TWO: BREASTFEEDING IN GLOBAL AND LOCAL CONTEXT: A LITERATURE REVIEW

What is Breastfeeding?

Breastfeeding can be simply understood as providing breast milk for an infant, baby, or toddler, commonly directly from the breasts (Woodstein, 2022), while breast milk is "milk produced by human mammary glands" (Rasmussen et al., 2017, p.512). Breastfeeding has contributed to human survival since ancient times as it provides optimal nutrition and protects children from disease (Stolzer, 2006).

Throughout the history of infant feeding, despite a mother directly breastfeeding her baby, 'wet nursing' was also common practice (Hrdy, 2009; Stevens et al., 2009; Stolzer, 2006). Wet nursing means a woman breastfeeds another child who is not her biological child directly from her breasts. This practice was considered reliable when a mother could not breastfeed their own child. Even during the Renaissance period, wet nursing was a well-paid and organised profession (Stolzer, 2006). Consequently, we can see that there has been a history of women looking after other women in need of support for breastfeeding. Early motherhood journeys could be challenging as mothers need to recover from the childbirth process; and accordingly in the past, people in their surroundings provided support for new mothers to pass through their early motherhood journey.

Nowadays, the term breastfeeding has widely changed. It is not only referring to 'feeding at the breast' but is also broadly interpreted as feeding the baby with breast milk (Rasmussen et al., 2017). One of the reasons that can cause a mother to not be able to directly breastfeed is when a mother has to be away or separated from her baby. Accordingly, the mother pumps or expresses her breast milk, and her baby can still consume the expressed breast milk (EBM) through a cup, spoon or bottle. This definition also includes feeding babies with breast milk from women who are not the baby's biological mother. In conclusion, as long as a baby consumes breast milk, it is considered breastfeeding.

Moreover, there are several terms regarding breastfeeding practices, beginning with full breastfeeding and partial breastfeeding (Labbok & Krasovec, 1990). Full breastfeeding is

divided into exclusive and almost exclusive breastfeeding. Exclusive breastfeeding means that a baby only gets breast milk without other liquid or solids given, while almost exclusive breastfeeding means a baby receives other liquid or solids such as vitamins, minerals, water, and juice which is occasionally given in addition to breastfeeding. Partial breastfeeding means that the percentage of feeding with breast milk is between 20-80% and is complemented by artificial feeding.

Referring to the WHO's global recommendation, exclusive breastfeeding means that infants only need to be breastfed or consume breast milk without any other liquids or solids, including water, for the first six months of their life (World Health Organization et al., 2022). Exclusive breastfeeding is possible as long as there is no exceptional medical condition. Accordingly, vitamins, mineral supplements or medicines in the form of drops or syrups are excepted when necessary. This latest recommendation was released in 2001 to replace the previous recommendation for the duration of exclusive breastfeeding to be between 4-6 months (Fewtrell et al., 2007; Shetty, 2014). Furthermore, the WHO emphasised that breastfeeding is important for infant and young children's health and survival (World Health Organization & United Nation Children's Fund, 2003, 2018). Their recommendations are: 1) mothers initiate breastfeeding within one hour from birth; 2) infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health, and thereafter; 3) to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary food, while continuing to be breastfed; and 4) breastfeeding should continue for up to two years or beyond.

In this current study, I referred to breastfeeding as feeding a baby, infant or toddler with breast milk or donor breast milk, either directly from the breast of the baby's mother, wet nurse or via feeding media such as a cup, spoon or bottle. In particular, I endorse the WHO's breastfeeding recommendation for up to two years or beyond. Breastfeeding is encouraged because of the benefits and the potential risks of not breastfeeding, which will be explained in the next section.

The Importance of Breastfeeding: The Benefits of Breastfeeding and the Risks of Not Breastfeeding

Breastfeeding has broad impacts on both babies' and mothers' physical and psychological health as well as the socio-economic wellbeing of a family and country, considering the benefits and risks of not breastfeeding. One of the reasons why breastfeeding is very important is that globally, malnutrition was the cause of 60% of the 10.9 million deaths of children under five annually early in the 21st Century (World Health Organization & United Nation Children's Fund, 2003). More than two-thirds of the deaths were linked to improper feeding practices during the first year of a child's life. Referring to the recommendation from the WHO and United Nations Children's Fund (UNICEF), mother's breast milk is the most essential source of nutrition for their own baby, and as much as possible directly from the breast. However, when direct breastfeeding is unsuitable, the WHO still recommend the baby get breast milk as a priority, with the hierarchy of feeding alternatives being expressed breast milk from the baby's mother first, breast milk from a healthy wet nurse (via direct breastfeeding) or expressed breast milk from other women (donor milk) second, and lastly artificial feeding/breast milk substitute.

Adequate nutrition is vital for children's optimal growth. This concern has been raised worldwide for over 40 years. In order to combat malnutrition among infants and young children, the 31st World Health Assembly (WHA) in 1978 (World Health Organization, 1978), recommended breastfeeding support and promotion through public education, promotion and facilitation of health services, and legislation and social action to facilitate breastfeeding for working mothers. At this point, breastfeeding was seen as a part of the solution to malnutrition problems, even though increasing breastfeeding rates was not easy to do. In summary, breastfeeding became a worldwide priority for nutrition and health, involving several parties such as the UN, WHO, and UNICEF through their research, policies and recommendations.

> *"Throughout my breastfeeding journey, I was always curious about why breastfeeding was not popular, raising awareness of breastfeeding was challenging, yet encouraging mothers to breastfeed was another steep hill to climb"* (Research diary extract)

When I worked on my literature review along my PhD journey, I had the opportunity to look back at the past history to untangle the complexities of breastfeeding. One of my concerns was the massive marketing of formula, or breast milk substitute (BMS), in Indonesia which make people believe that these products are essential for children's nutrition. Even I thought about giving them to my baby before I learned more about breastfeeding. Apparently, the 31st WHA in 1978 has uplifted this as a concerning issue and recommended regulation against inappropriate marketing of BMS.

From the literature, I found out that in the late 1970s, there were around ten million cases a year of malnutrition and infectious disease caused by inappropriate use of infant formula or bottle-feeding, especially in low-income families and less-developed countries (Baer, 1983; Baker, 1985). It happened because mothers who chose to give manufactured products sometimes could not afford sufficient supplies and/or lack of knowledge on hygienically preparing the correct amount of the product for the babies (World Health Organization, 1974). Therefore, the WHO introduced the "International Code of Marketing of Breast-milk Substitutes" (World Health Organization, 1981), commonly known as 'The Code' or 'The WHO Code'. The code was launched to address the general decline of breastfeeding and one of the reasons caused by the promotion of BMS products. Further discussion regarding formula/BMS products, particularly in Indonesia, is presented in another section of this chapter.

Focusing on children's health and breastfeeding, in 1990, UNICEF, WHO, the United States Agency for International Development (USAID) and the Swedish International Development Cooperation Agency (SIDA) convened a meeting involving government from 30 countries, including Indonesia, to establish a global action plan to improve mother and child nutrition (UNICEF, 2005). The meeting resulted in the "Innocenti Declaration On the Protection, Promotion and Support of Breastfeeding" (United Nation Children's Fund, 1990) which set the global target that by 1995: all countries should establish a national breastfeeding committee involving government departments, non-government organisations and health professional associations, and maternity services should fully practice the 10-Steps of Successful Breastfeeding. The 10 Steps to successful breastfeeding was issued in a joint statement by the WHO and UNICEF in 1989 and mentioned that every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all healthcare 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 a half-hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in – allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Governments should act on the international code of BMS marketing, and enact legislation to protect breastfeeding rights for working mothers. Despite The Code was being launched in 1981, improving breastfeeding rate for children's health remained a challenge due to inappropriate formula/BMS marketing. Additionally, I noticed the concern on breastfeeding for working mothers as the declaration proposed the regulation to protect the rights for breastfeeding because women's employment status was seen as one of the breastfeeding obstacles.

Concerning malnutrition issues are not only focused on the baby, because the primary agents of breastfeeding are the mother and baby together. Accordingly, the UN prioritised mothers in setting the global development agenda called the Millennium Development Goals (MDGs), which covered the period from 2000-2015 and continued with the Sustainable Development Goals (SDGs) from 2015-2030 (World Health Organization, 2015) which we are currently in at time of writing. There are global goals that focus on maternal and child health and well-being in both agendas. For example, the MDGs, "promote gender equality and empower women" (goal 3), "reduce child mortality" (goal 4) and "improve maternal health" (goal 5). Subsequently, the SDGs committed to ending

hunger and improving nutrition (goal 2) and endorsing healthy lives and promoting well-being for all ages (goal 3) were established to overcome the unfinished agenda of the MDGs era. As their health goals, the SDGs committed to accelerating the decreasing newborn, child and maternal mortality rates before 2030.

During the MDGs era, the WHO changed the recommendation for the duration of exclusive breastfeeding from 4-6 months into entirely the first six months of a baby's life (Kramer & Kakuma, 2002). WHO and UNICEF also developed the Global Strategy for Infant and Young Child Feeding (World Health Organization & United Nation Children's Fund, 2003) as their commitment to the importance of nutrition for children. This strategy was established based on several guidelines: the International Code of Marketing of Breast-milk Substitutes in 1981, the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding in 1990, and the Baby-Friendly Hospital Initiative (BFHI) in 1991. They emphasised their recommendation for the appropriate feeding pattern for infants and young children to obtain the ideal growth, development and health, which started with early breastfeeding initiation and continued with breastfeeding for up to two years and beyond. Within the MDGs era, fulfilling adequate nutrition in the first two years of children's life was very important which later came to be known as the first 1000 days of life.

The first 1000 days starting from conception until the children are two years old called as the golden period, which is critical to enhancing nutrition for lifelong development (Cusick & Georgieff, 2016; Flood et al., 2018; Scott, 2020). This period is crucial for neurological development, and failing to provide sufficient nutrition may have negative impact on children's physical and cognitive development including deficient brain function and stunted growth in children (United Nations, 2015a). Stunting is the term uses by the WHO to describe severe acute malnutrition (inadequate height for age) where a child's height falls over two standard deviations below the median of WHO's growth chart (World Health Organization, 2014b). Based on the MDGs report, in 2013, one in four children under five experienced stunting globally, due to undernutrition in this critical 1000 days (United Nations, 2015a). Accordingly, nutrition intervention is emphasised in this golden moment because after two years, the damage caused by undernutrition will be irreversible for future development into adulthood (Horton, 2008).

To address the stunting and malnutrition, several global interventions have been promoted: improving maternal nutrition (before, during and closely after pregnancy); early and exclusive breastfeeding; safe, appropriate and high-quality complementary food for infants; and micronutrient interventions (World Health Organization, 2015). During the postnatal period, essential nutrition can be fulfilled through breastfeeding to achieve healthy brain development (Cusick & Georgieff, 2016). Consequently, the WHO targeted to increase the exclusive breastfeeding rate up to at least 50% by 2025 (World Health Organization, 2014a) given its significant impact on children, and there are risks for the children if they are not breastfed.

The bioactive content in breast milk (Weaver, 2012) assists in stimulating the enhancement of diverse body systems, including, the nervous system where a specific fatty acid is essential for the phospholipids in the brain. Moreoever, the nutrition in breast milk is the primary source for neurodevelopment including brain and children's growth (Dettwyler, 2015; Krol & Grossmann, 2018). Accordingly, breastfed babies tend to have a higher IQ level and visual acuity compared to their opposite counterparts. Breast milk also protects against harmful bacteria and viruses and builds the baby's immune system, especially by creating protection in their gastrointestinal tract (Dettwyler, 2015). Breastfed babies are more protected from infections because breast milk contains protective antibodies and lipids that could prevent cases of middle-ear infection, diarrhoea and pneumonia as well as lowering the risk of sudden infant death syndrome (SIDS), leukaemia and childhood obesity caused by not breastfeeding (Shetty, 2014).

For mothers, breastfeeding reduces the risk of premenopausal breast cancer, ovarian cancer and Type 2 diabetes (Shetty, 2014; World Health Organization, 2018). The WHO also encourages mothers to breastfeed because exclusive breastfeeding could be a natural birth control with a chance of 98% protection from pregnancy, and it reduces the likelihood of postpartum depression (World Health Organization, 2018).

As well as fulfilling the baby's physiological needs, mother and baby attachment can be physiologically connected through the breastfeeding process (Krol & Grossmann, 2018; Stolzer, 2006). Some mothers also report a positive psychological effect through breastfeeding, such as the feeling of love and the opportunity to strengthen the bond and emotional connection with their baby (Leurer & Misskey, 2015). Physiologically, the effect of the milk ejection reflex involving oxytocin is associated with the decrease of

physiological and psychological stress, reducing postpartum depression, and strengthening the positive affect and neural sensitivity to infant cues (Krol & Grossmann, 2018).

> *"Recalling my experience, as soon as breastfeeding was well established, I found it really enjoyable. The emotional connection that I had with my babies when I held them while breastfeeding them gave me positive emotions such as happiness, calmness, and relaxation even though I was so tired from work. Breastfeeding was like healing for me".* (Research diary extract)

On a broader scope, increasing breastfeeding rates is economically beneficial because it might reduce the cost of the healthcare system and the cost of buying BMS products (Clark & Bungum, 2003; Walters et al., 2016). This also happened because non-breastfed babies, are more prone to diarrhoea and pneumonia/respiratory disease (PRD), where the cost of treatment is high. As it happened in Indonesia, a survey in Bandung, West Java (Walters et al., 2016) on mothers of children under 2 years old seeking care for diarrhoea and pneumonia from 4 health clinics, found the cost of treatment per child was US$22.5 for diarrhoea and US$19.7 for pneumonia. Walters (2016) research found that this number was the highest among other countries in Southeast Asia, such as Cambodia, Laos, Myanmar, Thailand, Timor-Leste and Vietnam. Some of the children even experienced the sickness repetitively. However, surveyed cost estimates for treatments have not included additional costs for transportation, travel time, uninsured medical costs and the time required to take care of the sick children.

Another study in Indonesia by Siregar et al. (2018) also investigated the case of diarrhoea and PRD due to not breastfeeding among 615 children in two cities involving 13 healthcare facilities. Some of the children were required to be hospitalised for treatment, and this increased both medical and non-medical costs such as transportation and non-productivity loss. More than 90% of the patients were accompanied by women who, in the context of Indonesia, could be identified as the mother of the children. For outpatient care, they spent between 13-72 minutes in round-trip travel to the healthcare facilities and spent 50-223 minutes in the healthcare facilities for treatment. The cost for inpatient treatment of PRD in public and private hospitals was around US$362.80 and US$433.44, respectively, per patient, while the average monthly family income was less than US$150 per household.

From Walters et al. (2016) and Siregar et al. (2018) studies, we can see the probability of greater risk for not breastfeeding in health, economic and even family welfare. Knowing that most of the children were accompanied by their mothers during the treatment, either as inpatients or outpatients, it became understandable that mothers would spend more time looking after their sick children. For working mothers, it will impact lower productivity at work and increase absenteeism in the workforce (Litwan et al., 2021; Murtagh & Moulton, 2011), emphasising the risk faced by working mothers for not breastfeeding.

In summary, breastfeeding has broad benefits not only for the children's health and wellbeing, but also for the mothers, family, society and even the economy of a country. This is also followed by the risk in the same aspects of not breastfeeding. At the same time, I also acknowledge that achieving the breastfeeding goal for two years is not easy. Even though breastfeeding has become a worldwide concern for decades, sustaining breastfeeding has many challenges. In order to address the challenges, I suggest it is essential first to understand how breastfeeding works which will be explained in the following section.

How Does Breastfeeding Work?

In the breastfeeding support group that I joined (AIMI), we provide breastfeeding classes for everybody wanting to learn about breastfeeding. One of the reasons AIMI was established was because the founder Mia Sutanto's breastfeeding journey was not as smooth as she had expected (Sulastri, 2020). She did not have enough information about breastfeeding and thought that breastfeeding was natural and easy. When she found difficulties, she did not know where to seek help. AIMI then dedicated itself to spreading information, knowledge and support for breastfeeding.

Through the organisation, I could understand that one of the keys to successful breastfeeding is having knowledge of breastfeeding. This is in line with Februhartanty et al. (2012) research that mothers who were successfully exclusive breastfeeding had a good knowledge of breastfeeding, which made them confident to do so. When mothers have adequate knowledge of breastfeeding, they will know better what to do to breastfeed their baby and be aware that they can find help whenever they find difficulties.

During the pregnancy, mothers' bodies are prepared to produce milk to nourish their infants through the development of mammary glands (Hartmann & Boss, 2018; Lawrence & Lawrence, 2019). The process of lactation initiation starts with secretory differentiation, which was previously called lactogenesis I, where the glands differentiate to secrete milk but are suppressed by the high level of progesterone. This stage starts in the second trimester of pregnancy, around 20-25 gestation weeks. Continuously, it is followed by secretory activation, previously known as lactogenesis II, which happens within 30-40 hours or the first 3-4 days after childbirth. At this stage, the progesterone level decreases after placental delivery, and the breast starts to produce more milk.

There are two hormones that are important in the breastfeeding process: prolactin and oxytocin (Labbok, 2012; Lawrence & Lawrence, 2019). Prolactin is the hormone that produces milk which is triggered when the breasts are emptied through the baby's suckle. During the secretory differentiation, prolactin is suppressed by the high levels of oestrogen and progesterone. After childbirth, ideally, the baby has skin-to-skin contact by putting them on their mothers' chest as a process of early breastfeeding initiation. The baby will crawl towards the breasts and massage them with their face and hands, latching on and starting to suckle. This process triggers oxytocin, the hormone that is responsible for stimulating the myoepithelial cells to contract and eject the milk from the alveoli through the ductal system toward the nipple (Lawrence & Lawrence, 2019; Moberg & Prime, 2013). The oxytocin can also be triggered by the baby's suckle, and when mothers think about their babies, see them, hear them, or even smell them (Hartmann & Boss, 2018; Lawrence & Lawrence, 2019).

The first milk that comes from a mother's breasts after childbirth is called colostrum (Godhia & Patel, 2013; Hartmann & Boss, 2018). In some cultures, such as in Ethiopia (Tadese et al., 2022), Egypt (UNICEF, n.d.) and Indonesia (Fauzie et al., 2007), many people believe that colostrum is not good, is harmful for the baby, and it should be thrown away. However, Hartmann & Boss (2018) explained that colostrum contains high concentrations of protective glycoproteins, oligosaccharides and fatty acids that could protect a baby's respiratory and gastrointestinal tracts from pathogenic microorganisms. This emphasises that colostrum is important for a newborn baby's health. The colostrum will transform into mature milk within the first five days postpartum. Therefore, during

the secretory activation phase, colostrum removal from the breast will trigger milk synthesis and influence the breast to produce more milk.

Breastfeeding initiation is a very critical moment to establish breastfeeding for mothers and their newborn babies, as emphasised by the WHO (World Health Organization, 2018). Breastfeeding initiation, in Indonesian called Inisiasi Menyusu Dini (IMD), means putting the baby onto the mother's chest within an hour after the baby is born. As long as the mother and baby are healthy and in good condition, babies should not be separated from their mothers in the early days after the baby is born. This is necessary for the mother and baby to settle into breastfeeding and for the mother to learn the baby's cues of hunger and look after the baby (Lawrence & Lawrence, 2019). If this happens, the chance of sustainability in breastfeeding will increase.

"Even though I had breastfeeding experience, I did not know much about the physiology of breastfeeding. By doing the literature review, I had the opportunity to understand more about how breastfeeding works. If I had known the process of secretory differentiation and secretory activation, I would not have been so panicked and worried about my milk supply in my early days of breastfeeding" (Research diary extract)

The problems that I recognised in society were that some mothers reported their milk did not come out after they gave birth. They started to think that they would not produce enough milk for their baby, and without proper knowledge, they would think about giving up breastfeeding and turn to formula. They did not know that the more they tried to breastfeed and remove the colostrum through the baby's suckle or expressing milk, the faster the milk synthesis process would produce more milk. If mothers are separated from their babies after they are born, usually it will reduce the chance to breastfeed their babies on demand, and hence establishing breastfeeding becomes more difficult. While understanding how breastfeeding works and initiating breastfeeding as early as possible after childbirth is a key point for better breastfeeding outcomes, it is also important to recognise that the early journey of motherhood could be challenging for mother and baby.

Recalling my breastfeeding experience and my involvement in a breastfeeding support organisation, I realised that breastfeeding a newborn baby does not always come easy for every mother. If a baby is separated from the mother, sometimes the nurse does not immediately see the early sign of the baby's need for breastfeeding. When the baby cries, it is actually a late cue, and it will take time to bring the baby to the mother. Sometimes a crying and fussy baby is difficult to latch on properly.

"I remember when the nurse carried my crying baby from the baby's room to me, it was difficult to breastfeed her straight away. As a new mother, I was panicked. My daughter cried so loud and would not latch on to me. It was a stressful experience. Afterwards, my husband and I decided to ask the nurse to leave the baby in the same room with me. I felt more relaxed and happier with my baby staying close to me, and my husband was always there by our side" (Research diary extract)

To summarise, entering a motherhood journey might be overwhelming for mothers. In order to breastfeed successfully, it is important to have knowledge on breastfeeding and support involving several parties to do so. Regardless of how breastfeeding might be challenging at times, the WHO and UNICEF emphasise that breastfeeding is actually possible for most mothers as long as they have adequate knowledge and are well supported by their surroundings, such as their families, communities and healthcare systems (World Health Organization & United Nation Children's Fund, 2003). This emphasises that breastfeeding is more than a mother and baby relationship and is not solely a mother's responsibility.

Mothers need support from their surrounding community (Demirtas, 2012). Their decisions for breastfeeding are also influenced by socio-cultural factors. For example, African refugee women who live in Australia (Gallegos et al., 2015) believe that breastfeeding is natural and a cultural tradition. Their mothers and aunts had always been the source of support whenever problems emerged, and they have access for breastfeeding support from ante-natal and post-natal clinics. Unfortunately, they moved to Australia without family support while at the same time, they also faced socio-cultural challenges for breastfeeding. In Australia, it is common to see early breastfeeding cessation, formula feeding considered as practical, and being shamed and stigmatised for breastfeeding in public because it is considered as 'primitive'. Furthermore, language barrier hindered the women's access to the health services. They also felt the pressure to adjust to Western culture that put breastfeeding sustainability in jeopardy. However, the mothers still tried to seek support from other women, family and especially their male partners.

Subsequently, previous studies acknowledging breastfeeding challenges and barriers suggest that mothers expect support in the form of psychosocial and emotional support, including encouragement and reassurance (Leurer & Misskey, 2015), which comes from family, community, government and healthcare services (Demirtas, 2012; Kavle et al., 2017). In summary, breastfeeding goes beyond the mother and baby dyad, emphasising that environment or socio-cultural factors presents a crucial role enabling mothers to

breastfeed successfully as well as barriers that might hinder mothers from doing so. Accordingly, I engaged a community psychology approach to understand better this breastfeeding phenomenon and as a focus of this research particularly in breastfeeding-working-mother. The next section discusses how community psychology fits with this study.

Breastfeeding and the Perspective of Community Psychology

Community psychology focuses on relationships between individuals and their communities or societies (Kloos et al., 2020) and also explores the many ways in which human lives are inextricably connected with social systems and mutual well-being. This also means that people's feelings, thoughts and actions are seen within their social context (Orford, 2008). Community research involves the interaction of many factors as well as levels from individual to social and political relationships, which includes family and peer groups; organisational, educational and work settings; geographical location such as communities of neighbourhood, ethnicity, gender, class, interest, intersecting at societal levels, and multinational and international levels.

To analyse what is happening between an individual and the community, I have chosen to employ an ecological approach. Ecology can be defined as the study of relationships between individuals with their environment and each other (Shelton, 2019). Referring to Bronfenbrenner's ecological framework (Bronfenbrenner, 1979; Shelton, 2019), an individual exists in a system which is any set of components operating together to make a functioning whole. The system involves interrelatedness between relationships, roles, activities, and settings. The setting refers to the environment or a place where people carry out their relationships, activities and roles. Furthermore, ecological approaches allow us to see a broader range of contextual understandings by exploring the environment and finding resources through it (Rappaport, 1987). According to Bronfenbrenner (1979), our ecological environment is constructed within a complex set of systems that include the microsystem, mesosystem, exosystem and macrosystem.

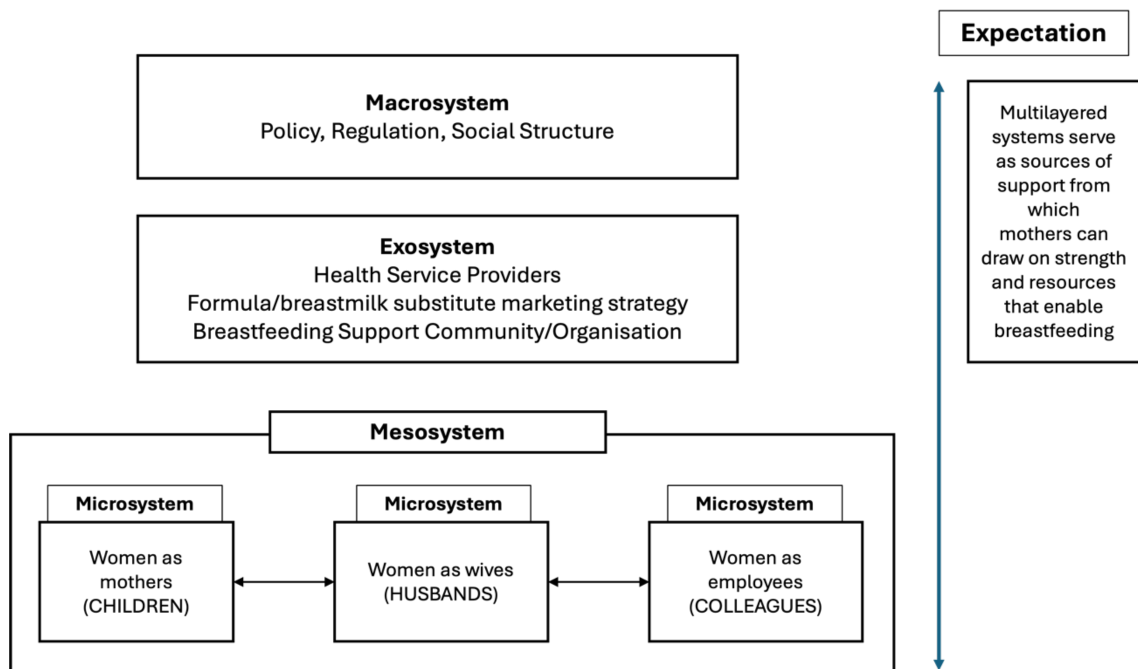


Figure 1. Illustration of Ecological Model

As illustrated in Figure 1, microsystems refer to a person's daily experiences, comprising of patterns of activities, roles and interpersonal relations in specific settings, such as a mother nurturing her children in her home setting (Orford, 2008; Shelton, 2019). For breastfeeding mothers, their microsystem includes their relationships with family, friends, and individuals that impact on mothers' breastfeeding decisions and experiences (Snyder et al., 2021; Stolzer, 2005).

Mesosystems refer to two or more of a person's microsystems and the relationships among them (Orford, 2008; Shelton, 2019). Mesosystems integrate all settings and microsystems within which individuals actively participate. In the context of this study, this refers to the interaction between a woman as a mother, a wife, an employee in the workplace integrated as a part of familial and social life which can be seen in Figure 1.

Exosystems indirectly influence an individual and their micro and mesosystems (Orford, 2008; Shelton, 2019). In the context of breastfeeding this is inclusive of health service providers, formula marketing, and activities of wider communities (Stolzer, 2005). Lastly, macrosystems operate on a larger scale that consists of ideology and social structures within which micro, meso and exosystems operate. For Bronfenbrenner (1979), public policy is a part of a macrosystem that determines opportunities within the micro, meso and exosystems. The straight blue line in Figure 1 illustrates a well-structured system that

flows from micro to macro, working cohesively creating environments that enable breastfeeding specifically for working mothers.

Previous studies have employed ecological frameworks to explain that breastfeeding goes beyond an individual level (Dodgson et al., 2002; Jackson et al., 2022; Quandt, 1998; Snyder et al., 2021; Vitzthum & Aguayo, 1998; Wander & Mattison, 2013). In particular, Bronfenbrenner's theory can be applied in the context of breastfeeding because it explains the multilayers of interaction not only mother-baby relationship at an individual level but also family, community, institutional, cultural and historical contexts, which cover micro to macrosystems (Stolzer, 2005; Tiedje et al., 2002). This aligns with my earlier discussion on the importance of breastfeeding highlighting that benefits of breastfeeding and risks for not breastfeeding impacted on individual to societal levels. At the same time, I noted that factors that enable and constrain breastfeeding should also be seen beyond individual levels. Therefore, the next section focuses on untangling the complexities of socio-cultural and systemic factors that influence breastfeeding sustainability or discontinuation.

Breastfeeding: Beyond Individual and Biological Levels, a Worldwide Concern

> *"Looking back to my early motherhood journey, I remembered that my automatic thoughts were about giving formula to my baby, my husband and I worked to afford formula, instead of imagining myself breastfeeding my baby. How could this have happened? Why didn't I think about breastfeeding? Who is responsible to spread awareness on breastfeeding? How come breastfeeding was never discussed during my pregnancy check"?* (Research diary extract)

Those questions kept hanging in my head throughout my doctoral journey. However, they guided me to seek answers at a deeper level, especially knowing that I was not the only one who came up with those questions. I often heard the same story during my involvement in AIMI. I began to search by looking at the documents issued by the WHO because AIMI used the WHO guidelines on their breastfeeding education and all the lactation counsellors were trained using the WHO module.

In order to protect, promote and support breastfeeding, the WHO introduced the Ten Steps to Successful Breastfeeding in 1989 (World Health Organization, 1989). Breastfeeding initiation is the fourth step, while the seventh step is to practice rooming-in, which means

mother and baby are placed together in the same room for 24 hours a day. The WHO also added that rooming-in enables the mother to bond with her baby as well as respond to the baby's need for breastfeeding on demand. Accordingly, applying the Baby-Friendly Hospital Initiative (BFHI) as a global target program became essential to provide mothers with adequate support for successful breastfeeding (World Health Organization & United Nation Children's Fund, 2003). This recommendation and program suggest that the healthcare system could be a bottom line to introduce and promote breastfeeding for mothers and their families.

The BFHI programs emphasised that healthcare providers such as hospitals and clinics played an important role in increasing breastfeeding rates. Ideally, health professionals should have adequate knowledge about breastfeeding and be involved in breastfeeding promotion and education, especially for pregnant women (Schwarzenberg & Georgieff, 2018). They should also provide support and be able to help mothers and their babies whenever problems with breastfeeding emerge as early as breastfeeding initiation. It is also crucial for health professionals to assess how the baby latches on to the mother's breast, whether the mother feels pain or discomfort during breastfeeding, and whether the baby is effectively suckling (Shrago, 1992). For a premature baby, mothers should also be assisted by healthcare providers to breastfeed their baby because they have a chance of delayed secretory activation (Hartmann & Boss, 2018). Extra support is needed, especially with a preterm baby.

The WHO encouraged countries to implement the 10 Steps of successful breastfeeding and the BFHI program, even though in my experience, it had not been applied in Indonesia at the time I began breastfeeding or during this research. On the individual level, there are factors that might disrupt breastfeeding experiences by mothers which need more attention from the healthcare services. Maternal health is also important to the establishment of breastfeeding. Mothers with HIV/AIDS need supervision regarding their infant feeding decisions because of the chance of mother-to-child transmission through breast milk, hence breastfeeding may not seem feasible (World Health Organization. Maternal and Newborn Health/Safe Motherhood Unit, 1998). Obesity in mothers is also linked to lower rates of breastfeeding initiation, a later onset of milk production, and insufficient milk supply, which can lead to a shorter duration of breastfeeding (Schwarzenberg & Georgieff, 2018). Insufficient milk supply can also be caused by the

mother's physical condition, such as anaemia, postpartum haemorrhage, thyroid function, moderate/heavy smoking habits, insufficient breast tissue, or breast reduction surgery; while a baby's capacity to breastfeed can be impacted by tongue-tie or medical problems such as congenital disease or infections (Amir, 2006). Moreover, stress may also inhibit the milk ejection reflex in mothers (Hartmann & Boss, 2018).

The challenges faced by breastfeeding mothers could lead to early weaning. Previous studies found that breastfeeding is not as natural as it seems (Williamson et al., 2012) and the reality, breastfeeding is sometimes not as easy as promoted in marketing (Spagnoletti et al., 2018). For example, some breastfeeding campaigns in Indonesia emphasise moral obligation for mothers as well as using jargon saying breastfeeding is the best food for babies, easier because mothers can do it anytime - anywhere, and can even make mothers' bodies return to a slimmer pre-pregnancy shape. While in reality, mothers faced many breastfeeding challenges such as managing milk supply, the baby suddenly refusing the breast or difficulties finding lactation rooms.

Moreover, some mothers also felt that they could not produce enough milk for their babies, so they lost confidence with breastfeeding; while some others had to deal with pain from breast engorgement, mastitis, breast abscess, or nipple pain (Hartmann & Boss, 2018) as well as plugged ducts, galactocele, and candidiasis of the nipple and breast (Lawrence & Lawrence, 2019). The pain could sometimes be unbearable, and it became one of the reasons for mothers to give up on breastfeeding, even if they were committed and had planned to have a longer breastfeeding duration.

Another problem that might be a common reason for breastfeeding cessation is perceived insufficient milk supply – mothers feel that their breasts are tender or no longer engorged, their babies feed more frequently, or babies are unsettled (Amir, 2006; Huffman, 1984; Lawrence & Lawrence, 2019). Many mothers have decided to introduce solid foods to babies less than six months old because they believed that their babies were hungry and not satisfied if taking only breast milk (Fewtrell et al., 2007).

Due to the complexities of breastfeeding, I recognise that despite mothers' best effort, some mothers breastfeeding experiences do not go as planned. Discontinuing breastfeeding presents another set of challenges leaving mothers feeling vulnerable, insecure, shameful and guilty as well as pressured through not being able to meet societal

expectation or motherhood ideals (Hvatum & Glavin, 2017; Larsen & Kronborg, 2013). Though these studies focus on uplifting mothers' successful experiences in navigating breastfeeding challenges, acknowledging both success and failure is important, emphasising that mothers need to be supported along their journey through motherhood.

Moreoever, any breastfeeding-related problems require further assessment and help from health professionals to find a solution before giving up on breastfeeding, especially whether they experienced insufficient milk supply or just perceived their supply was not enough for the baby. Knowledge and support are important for addressing these problems.

In line with Lawrence and Lawrence (2019), I agree that "breastfeeding support is a team effort" (p. 169). Teams mostly involve the healthcare systems, which should provide mothers with access to qualified practical assistance from trained health professionals (nurses, midwives, doulas, dietitians), counsellors, and licensed lactation consultants to help them with feeding techniques, prevent and solve breastfeeding problems, as well as enhance mothers' confidence in breastfeeding. The involvement of healthcare systems means that they facilitate mothers throughout their breastfeeding journey, starting from providing information during pregnancy and referring mothers to breastfeeding support groups after mothers are discharged from the hospital or clinic. This is covered in steps three and ten of the 10-steps to successful breastfeeding (World Health Organization, 1989).

The success of breastfeeding involves several parties and hence has become a worldwide concern. Even the UN stated that breastfeeding is a human rights issue for mother and children (United Nations & Office of the High Commissioner for Human Rights, 2016) and therefore needed to be protected. The WHO and UNICEF provide guidelines and encourage countries to support breastfeeding by establishing regulations and policies concerning mothers' and babies' health and wellbeing (World Health Organization, 2014a). For the countries who applied breastfeeding policies that supported mothers to breastfeed, and created workplace policies for breastfeeding, the breastfeeding rate increased (Lubold, 2019). Unfortunately, the rates of increase have not successfully achieved WHO goals. Many breastfeeding mothers face structural barriers and obstacles beyond mothers' control involving policies, systems, regulations and sociocultural factors. For example, women from ethnic minorities, single mothers, mothers who have a history of depression in the family and/or have experienced childhood trauma and

domestic violence were more likely to discontinue breastfeeding two weeks postpartum even though they were breastfeeding before hospital discharge (Brand et al., 2011). Most of these mothers had less access to breastfeeding education and support either from the healthcare systems or their community whenever difficulties with breastfeeding or mothering emerged.

Historical Context: The Decrease of Breastfeeding

Research has found that mothers may experience less support from their health providers because not every health professional understands their important role in providing information and support for mothers. Some of them did not have adequate knowledge of breastfeeding, let alone the skills how to help mothers' breastfeeding problems (Radzyminski & Callister, 2015). Looking back at the past history of the medical world, the number of male doctors or health professionals has increased since the 18th century, so there has been an increase in masculine, medicalised intervention into childbearing and nurturing children (Stolzer, 2006; Woodstein, 2022).

Medicalised interventions devalued the caring role of midwives to help women going through their reproductive journey from pregnancy to the postpartum period. Breastfeeding issues were even less discussed in midwifery curricula compared to research on artificial milk (Apple, 1987; Woodstein, 2022). Medicalisation no longer acknowledged women's voices and experiences, while throughout human history, women were the expert on what their bodies could do, including pregnancy, childbirth and breastfeeding.

As the medical world was dominated by male health professionals who could not breastfeed and had no breastfeeding experience, they argued against information that had been passed from generation to generation among women (Woodstein, 2022). Mothers were in a vulnerable position due to the asymmetry of power. The male health professional seemed to 'know more' than the women who were less educated. Women became less confident in their choices to breastfeed and ways to nurture their children.

"A glimpse from my experience, I gave birth three times with the help of a male obstetrician. I realised that I had never had any conversation about breastfeeding during pregnancy checks, even with the midwives or nurses, who were all female. I used to believe that male obstetricians were better than female obstetricians, and I did not trust myself being handled by a midwife during the childbirth process. I thought that the childbirth process was not easy and male doctors were physically more capable of

doing so. I could not recall why I had those ideas, probably it was because most of the childbirth in my family was with the help of male doctors. At that time, we did not have any other options since most obstetricians were male. However, for the past few years, the number of female obstetricians in Indonesia has increased" (Research diary extract)

Even though throughout the history breastfeeding has been essential for human survival, the rate of breastfeeding started to decline towards the end of the 18th century. This shift began when scientists and industries, which were also dominated by males, started to research artificial feeding as an alternative to human milk to feed babies (Stevens et al., 2009). They compared animal milk, such as goats, sheep, cows or camels, to human milk and mostly used cow's milk as artificial feeding or breast milk substitute. Furthermore, as people with power, they started to introduce and market the products to mothers from their physicians' rooms (Stolzer, 2006; Woodstein, 2022). Some doctors came to realise that cooperating with artificial feeding companies was economically beneficial for them. As doctors used a strategy of giving free samples of formula to mothers, women became increasingly hesitant about their milk quality and breastfeeding and started to rely on artificial feeding their doctors were recommending (Stolzer, 2006). For women who received a free sample from the hospital, the prevalence of breastfeeding was low (Huffman, 1984).

In the 1900s, the formula marketing campaign mentioned that artificial feeding was an advancement of technology that might help mothers from the burden of feeding the baby as well as liberating women from being bound to 'home' activities (Stolzer, 2006; Woodstein, 2022). Women were told that they could work outside without having to worry about how to feed their babies. At the same time, the practice of wet nursing declined, breastfeeding was considered immodest, and the formula industry grew massively. This started to happen during the industrial revolution era where women began looking for employment in order to financially support their family (Stevens et al., 2009)

Throughout the 18th - 19th centuries the use of the feeding bottle became more widespread because artificial milk became more available, replacing wet nursing practices. The more women were surrounded by an artificial feeding culture, the more they saw it as something socially normal. Women had less opportunity to learn the natural way of feeding their baby because nobody in their surrounding family or community did so (Woodstein, 2022). When mothers did not feel confident with breastfeeding, formula became a solution,and bottle feeding became more normalised, as mothers who

successfully bottle-fed their babies told other mothers not to feel discouraged when they had to bottle-feed their babies (Apple, 1987).

Formula marketing strategies had been a great concern for the WHO and UNICEF for several decades, even though The Code was launched in 1981, encouraging countries to apply strict regulations to control the inappropriate marketing of BMS products. The formula marketing strategy mostly overstates the product's benefit, which has led to mothers or parents believing that the manufactured nutrition of the formula is important for their babies' wellbeing. Babies who are formula-fed through a bottle are typically bigger than breastfed babies because it is more difficult to control how much milk they take and they can more easily become overfed (Weaver, 2012). Socio-culturally, a 'chubby' baby has become understood as a healthy baby. Formula marketing, however, does not report that increases in artificial feeding practices have been followed by increases in cases of atopy, diabetes, childhood obesity, infant death and many other health problems (Stevens et al., 2009; Woodstein, 2022). At the same time that so-called modernisation brings western knowledge to infiltrate into developing countries through aggressive formula marketing, the breastfeeding rate declines (Huffman, 1984).

History of Infant Feeding and Nutrition in Indonesia

Through the development of infant feeding in Indonesia, there have been several transformations adjusting to the worldwide context, including the WHO guidelines about nutrition and breastfeeding, Indonesian nutrition status, and Indonesian law and regulation concerning health. Looking at the history of the women's movement in Indonesia (see appendix 1), the concern of breastfeeding has been raised since post-colonial history in the New Order Era. In 1947, S.K Trimurti was elected as the first Minister of Labour. She enacted the first Labour Act (UU No 12 Tahun 1948) which concerned the protection and provision for women workers including work duration, special leave on menstruation, three months paid maternity leave and the rights for breastfeeding breaks (Robinson, 2009). It was the first time the issues about breastfeeding were uplifted in Indonesian law and breastfeeding was seen as one of women's rights. Through the literature review that I have done, the official documents that mentioned breastfeeding in Indonesia have not been found before this law was issued.

In 1950, the first professor of nutrition in Indonesia, Prof. Poerwo Soedarmo MD, introduced the principle of Healthy Four Perfect Five (Empat Sehat Lima

Sempurna/ESLS) as nutrition guidelines (Soekirman, 2011). The term Healthy Four referred to: staple food (carbohydrate source - rice); side dish (fat and protein source); vegetables; and fruits (source of vitamin and mineral); while the Perfect Five referred to milk as the fifth element to complete or to make the nutrition perfect. These ESLS remained the nutrition guidelines for the next forty years.

In 1960 the Government of Indonesia launched the first Health Act (UU No 9 Tahun 1960) as a replacement of the Health Act made by the colonial government "*Het Reglement of de Dienst der Volksgezondheid" (Staatsblaad 1882 No.97)*. This new law concerned health, which includes physical, mental and social health among Indonesian citizens and specifically the importance of perfect growth for children in the family, school and society. This law did not specify breastfeeding and only mentioned that maintaining children's health is necessary, as well as immunization.

Subsequently, in 1975 the Department of Health established a Health Development of Village Community program that was locally known as *Pembangunan Kesehatan Masyarakat Desa*-PKMD (Departemen Kesehatan RI, 2006). The aim was to strengthen health development based on community self-help in cooperation with health services and workers across programs and sectors. Some of the programs were to overcome diarrhoea in children, health services, immunization and family planning.

On the other hand, the government's law and policy had not resulted in improved nutrition status. Research assessing malnutrition during 1976-1979 found that among 720 malnutrition cases, 635 were experienced by children under three years old (Nazir et al., 1984). The research demonstrated the emerging nutrition problems among Indonesian children, due to lack of knowledge about nutrition among parents, low education levels, and socio-economic factors. Furthermore, a study about breastfeeding conducted in 1978 (Sutjipto et al., 1981) found that less than 50% of babies received breast milk. The reasons for not breastfeeding, or to stop or mix with artificial milk, were that mothers experienced insufficient milk supply, little knowledge about breastfeeding, living in rural areas, and mother's employment status. Mothers used artificial milk as an additional nutrition source, mostly starting at the age of 6 months. In conclusion, the breastfeeding rate in Indonesia was inadequate at this time, and there were problems with malnutrition which then followed with the use of artificial milk/formula.

Further enhancement has been done continuously by the government of Indonesia. In 1984 the government introduced the Integrated Healthcare Center (*Pos Pelayanan Terpadu*/Posyandu) to improve the PKMD program based on Joined Instruction between Minister of Health, Head of National Population and Family Planning Agency, and Minister of Home Affairs (Departemen Kesehatan RI, 2006). The programs integrate public health activities focused on accelerating the decrease of maternal and child mortality rates based on the concept of Growth, Monitoring, Oral Rehydration, Breastfeeding, Immunization, Female Education, Family Planning and Food Supplementation (GOBI-3F). The 5 main activities in Posyandu are Maternal and Child Health, Family Planning, Immunization, Nutrition and Diarrhea Prevention. This program showed the government effort to give attention to mother and child health and well-being, and it has started to reduce the maternal and child mortality rate; however, data is currently inadequate.

In 1990, a delegation from Indonesia joined the global meeting that resulted in the declaration called Innocenti Declaration which committed to giving protection, promotion and support for breastfeeding (United Nation Children's Fund, 1990). By joining the meeting, the government of Indonesia agreed to support breastfeeding over several actions, such as applying 10-Steps of Successful Breastfeeding, an international code on formula promotion and marketing, and endorsed breastfeeding law in the workplace. However, at this time Indonesia had problems with breastfeeding and the use of breast milk substitute.

During 1990's, undernutrition and over-nutrition continued increasing. According to Soekirman (2011), the evaluation of the ESLS had not been done as a nutrition guideline for over forty years. Accordingly, as the health sciences development continued to grow, the Ministry of Health launched the Nutrition Guide for Balance Diet (Pedoman Umum Gizi Seimbang/PUGS) in 1993 as a commitment based on the International Conference of Nutrition in Rome 1992 (Kementrian Kesehatan RI, 2014). This new guideline is believed to be able to solve nutritional problems in Indonesia and repealed the ESLS as nutrition guidelines. However, the principle of ESLS still influences community beliefs at least until 2011 even though I found out that the ESLS had no longer been valid since 1993. The use of milk as the Perfect Five in ESLS lead to the aggressive promotion and marketing of breast milk substitute to be pushed among mothers and children, including

promoting through health workers and health facilities (Shetty, 2014). As a result, many mothers relied on formula as breast milk substitute to fulfil their baby's needs, including working mothers as well.

Furthermore, the government gave more attention to support breastfeeding via regulation to improve children's health and fight nutritional problems. For example, the new Labour Act, namely UU No 13 Tahun 2003 concerning Manpower, mentioned that female workers/labourers were entitled to maternity leave 1.5 months before the estimated due date and 1.5 months after giving birth. If their children are still breastfeeding, they must be given appropriate opportunities to breastfeed their children if this has to be done during working hours. This law emphasized the previous Labour Act in 1948.

In 2004, the Minister of Health issued Decree No. 450/MENKES/SK/VI/2004 concerning Exclusive Breastfeeding in Indonesia and mentioned the infant feeding recommendation. This decree stated that the government officially endorsed the recommendation to give only breast milk for a baby aged 0-6 months in terms of exclusive breastfeeding, and to give adequate complementary food after six months while maintaining breastfeeding until two years old or beyond. Moreover, the decree stated that health care services should perform the 10-Steps of Successful Breastfeeding to support mothers.

From 2008 until now, several policies through government law and regulation have been launched to encourage breastfeeding. For instance, breastfeeding protection in the workplace was incorporated by government aiming to improve breastfeeding during working time in the workplace and published in the Joined Regulation of Minister of State for Women's Empowerment (No 48/MEN.PP/XII/2008), Minister of Manpower and Transmigration (PER.27/MEN/XII/2008) and Minister of Health (1177/MENKES/PB/XII/2008). Furthermore, through the Health Act (UU No 36 Tahun 2009 tentang Kesehatan, 2009) exclusively breastfed became a baby's right, and the government is responsible for guaranteeing these rights. There will be criminal sanction or fines for people or corporations who obstruct the exclusive breastfeeding program.

To enhance the previous regulation, the latest regulation concerning Exclusive Breastfeeding launched in 2012 (Government Regulation No 33 Year 2012, locally known as PP No 33 Tahun 2012). This regulation endorses the Health Act No 36/2009. It aims to guarantee the baby's right to be exclusively breastfed for the first six months and

give mothers' protection to breastfeed and increase the role and support from family, society, government, ensuring the 10-Steps of Successful Breastfeeding to be applied by the healthcare services. This regulation supported the WHO code on restricting the promotion and marketing strategy of formula and baby products and creates the provision to sanction health workers who are against the regulation. The sanctions for health workers are a verbal warning, a written warning and license revocation. Moreover, the regulation also specifies that workplaces and public facilities support exclusive breastfeeding and provide the time and facilities for breastfeeding or expressing milk during working hours.

The government has introduced several actions and policies to increase the breastfeeding rate as the intervention for nutritional issues. Malnutrition still affects Indonesian children and puts Indonesia among 20 countries with undernourished children as a key problem (Horton, 2008). Drawing from this condition, Indonesia joined the Scaling Up Nutrition (SUN) Movement in 2011 supported by the Indonesian Ministry of Health, coordinating the Ministry of People's Welfare and the Ministry of National Development Planning (Sardjunani & Achadi, 2016). As a result, Indonesia endorsed the First 1000-Days of Life Movement in 2012 to become the national movement to accelerate nutrition improvement. Breastfeeding support played an important role in increasing the nutrition status among the first 1000-Days since the exclusive breastfeeding rate was only 38% among Indonesian children. This movement was also established to achieve the minimum 50% exclusive breastfeeding level based on the WHO target by 2025.

Unfortunately, Indonesia has and still struggles with malnutrition problems such as stunting which means inadequate height for age for more than the past decade. In 2013, around 9 million children under five had a chronic malnutrition issue and the stunting rates between 2007-2013 stagnated at around 37% (Rokx et al., 2018). Subsequently, in 2018 the percentage of stunting among children under 24 months was 29.9% while among children under 5 was 30.8% which slightly declined from the 2013 report (United nations Children's Fund (UNICEF), 2020). To overcome the stunting problems, again Indonesia established a National Strategy to Accelerate Stunting Prevention for the period of 2017-2021 to reduce stunting rates among Indonesian children. Some of the determinant factors of stunting cases in Indonesia are due to inadequate breastfeeding and complementary feeding practices (Beal et al., 2018; United nations Children's Fund (UNICEF), 2020)

Even though breastfeeding is beneficial as a source of nutrition, especially for children, Indonesia still faces many challenges to increase the breastfeeding rates. There are barriers experienced by mothers to breastfeeding exclusively, such as the mothers' lack of knowledge, less support from the health workers/facilities, perception of insufficient milk and inadequate support from the family and community around exclusive breastfeeding (Kavle et al., 2017). There are also persistent beliefs that giving formula will make the baby healthier (Afiyanti & Juliastuti, 2012). Additionally, the government's effort and action concerning breastfeeding through regulation and policy has not been fully implemented, monitored and evaluated regularly (Pramono, 2018; Saputri et al., 2020). As a result, violations against the regulations still emerge, for example, in terms of the marketing and promotion of breast milk substitute (Gunawan et al., 2016; Hidayana et al., 2017).

Even in Indonesia, mothers still experience inconsistent support from the health workers. Ideally, the health care sector should be providing mothers with knowledge and support for breastfeeding; instead, mothers are offered formula whenever breastfeeding problems emerge (Spagnoletti et al., 2018), including in unsupportive workplaces where there are no facilities nor time given for breastfeeding or expressing milk during working hours (Spagnoletti et al., 2017). Moreover, in Indonesia, the prevalence of undernourishment including stunting is also associated with maternal under nutrition during pregnancy and breastfeeding (United nations Children's Fund (UNICEF), 2020), as well as maternal education and employment (Laksono, Sukoco, et al., 2022; Laksono, Wulandari, et al., 2022). This emphasises that children's health and wellbeing weighs heavily as a women's responsibility, compounded by difficulties in finding access to health, education and support especially for working mothers.

Breastfeeding-working-mother and Community Psychology

Discussing breastfeeding in Indonesia cannot be separated from the complexities of socio-cultural and historical factors. The healthcare system has not fully functioned to support mothers in breastfeeding; there is a history of formula products and marketing that contribute to the decrease in breastfeeding levels; and as the focus of this research, breastfeeding-working-mothers have a greater challenge to sustain breastfeeding (Jiravisitkul et al., 2022; Wright & Schanler, 2001).

The issues regarding breastfeeding and working have been raised for more than 35 years. For example, Livingstone and Grams, (1985) proposed a conceptual framework that illustrates the interrelationship of factors associated with breastfeeding and working, namely: infant related (nutrition, childcare, health, psychology); employer related (policies, facilities, knowledge, attitude); and employee related (knowledge, motivation, support, experience). Livingstone and Gram's (1985) framework placed breastfeeding-working-mothers at the intersections between these factors, acknowledging the plurality of their impacts on whether or not women continued or discontinued breastfeeding.

Referring to the Innocenti Declaration (United Nation Children's Fund, 1990) which targeted the enforcement of breastfeeding support via legislation, an increased availability of support from surrounding communities has eased existing pressures on mothers managing breastfeeding. This includes tangible and intangible supports from husbands (rearranged and renegotiated gender roles on domestic work), family members and paid domestic assistants (Spagnoletti et al., 2017). Previous research has tried to investigate a father's role in breastfeeding (Clifford & McIntyre, 2008; Durmazoğlu et al., 2021), and it has been suggested that a father's involvement is important to support the mother in breastfeeding. The more a husband/father/male partner is exposed to breastfeeding education, mothers can be enabled to do early breastfeeding initiation and breastfeed their babies exclusively (Bich et al., 2019).

Involving a father in breastfeeding is the narrative that Ayah ASI (breastfeeding father support movement in Indonesia) has tried to build, with the intention to make sure that the father is the front guard for successful breastfeeding. Gaining support from the husbands is not easy to achieve. Research found that when a husband (baby's father) is well-informed about breastfeeding, they tend to encourage their wife to breastfeed even though sometimes they did not know what kind of support they could provide (Alianmoghaddam et al., 2017). Support from the husband could be in the form of emotional, physical and practical support.

Earlier studies on breastfeeding-working-mothers worldwide have highlighted difficulties and barriers experienced by working mothers. For example, a study in Iran found women's experiences of guilt at leaving their children for work, unsupportive spouses and workplaces, personal health concerns, and policy provisions (Valizadeh et al., 2017) were barriers to breastfeeding, while in Vietnam studies have found

unsupportive workplaces and psychological distress experienced by working mothers were also barriers (Xuan & Nhan, 2018).

In line with both studies, in Indonesia, research found that working mothers experienced difficulties to express breast milk that were barriers to breastfeeding: no regulations to support breastfeeding at the office, insufficient maternity leave, unsupportive co-workers and inadequate nursing room (Febrianingtyas et al., 2019; Spagnoletti et al., 2017). Despite the barriers explained in those studies, participants also showed the importance of support, especially in the workplace. The results from Febrianingtyas et al. (2019) study showed that some participants received negative responses from other employees, while others were supported by co-workers and supervisors even though the regulations and facilities to support breastfeeding in the workplace were unsatisfactory. The barriers found in the workplace impact on and lead to the shorter duration of breastfeeding.

Based on WHO guidelines, mothers are encouraged to breastfeed for the duration of two years to enhance the optimum nutritional requirements while receiving nutritionally adequate and safe complementary foods (World Health Organization & United Nation Children's Fund, 2003). For working mothers, this is becoming more difficult to achieve if existing barriers cannot be overcome. Previous research proposes the need for support for working mothers to carry on breastfeeding (Burns & Triandafilidis, 2019; Spagnoletti et al., 2017; Whitley et al., 2019), highlighting the importance of support from family, workplace and also government and workplace policy. In summary, I suggest that layered community support is necessary to ensure successful and prolonged breastfeeding for working mothers, while at the same time mothers also face structural barriers and obstacles beyond their control involving policies, systems and regulations.

According to my experience as a breastfeeding-working-mother, I found it a real struggle to make my breastfeeding journey work as well as I had expected. Challenges and barriers were present in almost in every corner and I had to always find a way to survive. However, I heard how other mothers struggled with their journey, and I heard how they survived too. I believe that uplifting their stories could be a way to empower other mothers. A concern for empowerment is the essence of studying individual, organisations, communities, social policies, and how they work together, even as disparate initiatives (Rappaport, 1987). This is in line with the central concept of community psychology

which pays attention to how disempowered groups such as breastfeeding-working-mothers could be empowered (Orford, 2008).

To understand broadly about empowerment, community psychological research should include people and the settings that are part of their current life and everyday experiences (Rappaport, 1987). Community research needs to study the phenomena of how empowerment is currently perceived by people who negotiate the influences of power relations and the impacts on the choices that they make, through studying the mediating systemic mechanisms within which they are embedded. Likewise, research concerned with empowerment not only explores experiences of subjugated persons but also emphasises how people can negotiate the ecological systems within which we are embedded to achieve positive and successful outcomes. In this study, therefore, I am interested in how breastfeeding-working-mothers successfully manage to continue and maintain their breastfeeding regimes while returning to work. Research focusing on how working mothers successfully breastfeed for a long duration has not been undertaken previously either globally or in Indonesia.

Studies embracing the sense of empowered groups are also known as a strengths-based approach assume that an individual has strengths and resources for their own empowerment (Hirst et al., 2013). A strength-based approach emphasises empowerment by focusing on, and acknowledging, breastfeeding-working-mothers' resilience and their ability to overcome challenges and difficulties throughout their breastfeeding journey. It is our perspective that individuals, families, communities, their contexts, and their environment work together, influencing experiences and outcomes in the process. In this context, working mothers find strength through the supports from their surroundings such as family, society and workplace, as well as government policy, to successfully breastfeed. To conclude, a strengths-based approach gives us an opportunity to learn about how women successfully breastfeed when returning to the workforce, how they negotiate their environments and the support that they receive from the ecological and environmental systems within which they are embedded.

Breastfeeding-working-mothers are embedded in their community, involving the layered systems from the family to policy, and from microsystems to macrosystems. As described in Figure 1, I suggest that if mothers' ecological systems enable access to systemic and well-structured access and support, successful breastfeeding outcomes are achievable.

They have the potential to be the source of support that mother can draw on along their breastfeeding journey. Successful breastfeeding experiences do occur, and to support breastfeeding promotion and the wellbeing of working mothers and their babies, these successful experiences should be heard and understood more widely. We can learn from other mothers' successes. In line with the goals of community psychology's focus on empowerment, working mothers who successfully negotiate a long-term duration of breastfeeding can be seen as empowered women who are able to draw on resources from within themselves and their surrounding community to achieve their goals. Hence, further understanding working breastfeeding mothers' successful experiences are important for raising community awareness on the roles that they might contribute to the health and well-being of mothers and their children.

With the approach of community psychology and ecological frameworks, this study aims to analyse and better understand the life experience of breastfeeding-working-mothers in their day-to-day lives. This includes the relationship with people within mothers' micro-mesosystems who are closely connected to them on daily basis, such as the husbands and the co-workers/supervisors. To address the aims of the study, I began with these research questions for three groups of participants:

- How do breastfeeding-working-mothers understand the importance of breastfeeding? How do breastfeeding-working-mothers manage the roles of breastfeeding and working? How do breastfeeding working-mothers make sense of the particular challenges and psychological issues they face? What kind of breastfeeding support do mothers experience and expect? How do they cope with existing problems?

- How do fathers understand the importance of breastfeeding and their role in breastfeeding? How do fathers make sense of the particular challenges and psychological issues that breastfeeding working-mothers experience? How do fathers understand the challenges they experience while supporting their wives to breastfeed while working? How do they help their wives manage the roles of breastfeeding and working?

- How do co-workers and supervisors understand the importance of sustaining breastfeeding for their colleagues? How do they make sense of the challenges facing breastfeeding-working-mothers? How do co-workers and supervisors make sense of

the need for sustainability of breastfeeding in the workplace? How do they understand government regulation applied in the workplace?

Following the journey of addressing these research questions, the next chapter discusses the methodology employed in this study. Chapter Three explains how a phenomenological approach is compatible with the community psychology and ecological framework to explore participants' lived experiences.

CHAPTER THREE: METHODOLOGY

Introduction to Methodology

The aim of this research is to understand the experiences of breastfeeding-working-mothers who are able to successfully manage breastfeeding and working, and also to understand how their surrounding community is involved in their breastfeeding journeys. Committed to a community psychology approach, this research seeks to gain understanding from breastfeeding-working-mothers' experiences on managing breastfeeding and working. It also explores their relationships with the people in their surroundings, and whether or not a mother breastfeeding might be influenced by socio-cultural, systemic, and structural factors.

Community psychology aims to construct locally rich, multi-perspective, accessible information that is carefully placed in the fields of ecology, context, culture, and setting and respects and gives voice to emic perspectives and strengths to gain deeper understanding and reform the existing phenomena through different perspectives (Brodsky, 2016). Many dynamic social phenomena and conditions can only be comprehensively studied using qualitative methodology (Malpert et al., 2017). Furthermore, Malpert et al., (2017) suggest that community psychologists use qualitative approaches to prioritise the core principles of empowerment and self-determination, diversity and multiculturalism, psychological sense of community, collaboration, health, wellbeing, and social justice. Accordingly, this research will use qualitative methods to explore the challenges and support systems for working mothers that enable them to be successful in breastfeeding.

Qualitative approaches give opportunities to better apprehend individual diversity and the nuances of social context (Stein & Mankowski, 2004). This research seeks to understand the phenomena experienced by successful breastfeeding-working-mothers involving their interconnectedness with their surrounding community. Through the lens of community psychology, the breastfeeding-working-mothers are seen as empowered women who could navigate the challenges they faced throughout their breastfeeding journey. I chose to use a phenomenological approach which enables the study of people's life experiences and lifeworld. Through interpreting breastfeeding-working-mothers' lived experiences

within their microsystems involving the husbands and co-workers/supervisors, I had the insight to better understand how their experiences could enable women's successful breastfeeding as working mothers.

Drawing from the literature review, this chapter demonstrates how a phenomenological approach, specifically Interpretative Phenomenological Analysis (IPA), enables me to explore working mothers' breastfeeding experiences. Within the community psychology and ecological model, human lived experiences cannot be set aside from their social context and the relationship with their surroundings. Accordingly, this approach facilitates a more comprehensive understanding of working mothers' breastfeeding lived experience which includes the multilayer systems in their community. This chapter begins with a brief overview of the phenomenological approach and IPA and continues with research ethics, as well as the insight and reflexivity gained during conducting the research.

Phenomenological Approach

Historically, phenomenology arose to counter the way positivists used physical sciences as an approach to human inquisition (Willis, 2001). Positivists believe that understanding humans, relates to the principle of cause and effect of a particular phenomena or event and human behaviour is predictable and potentially controllable. Accordingly, it employs a quantitative approach focusing on the nomothetic, that theorises human behaviour as objectively measurable as well as the assumption of being generalisable across populations. Conversely, phenomenology, as a qualitative research approach enables a better and deeper understanding of breastfeeding-working-mothers' unique experiences. Every human being has their own uniqueness and context which makes every experience special depending on how people perceive it. Phenomenology positions individuals as conscious agents, and to study their lived experiences we should engage with and interpret their perspective (Smith & Osborn, 2015).

Phenomenology is associated with philosophers such as Husserl, Marleau-Ponty, Sartre, and Heidegger (Schacht, 1972; Smith et al., 2009). Each philosopher contributes their own theoretical perspective about how phenomenology enables the study of human lived experience. Husserl, known as the father of phenomenology, suggests that to understand an individual's experience we should go back 'to the thing themselves' to unfold the

lifeworld of this person (Laverty, 2003; Schacht, 1972; Smith et al., 2009). The thing themselves refers to the experience(s) of a person in the world as lived and interpreted by them. Husserl focused on studying the phenomena which appear to human consciousness involving mind and body as one unity (Laverty, 2003). According to Husserl, to go straight to the essential experience of a person, a researcher should hold onto the principle of "*epoche"* or "bracketing". It refers to putting aside our pre-understanding, theory, assumption, judgement and being presuppositionless to get the pure experience described by the experienced person. Husserl believed that this was the only way to observe the phenomena as it really was originally, without being contaminated by our biases. This is known as radical or descriptive phenomenology.

Heidegger's perspective was originally based on Husserl's phenomenology. However, as he developed a deeper understanding of human beings and their experiences, he disagreed with some aspects of Husserl's perspective (Laverty, 2003; Schacht, 1972). For Heidegger, human beings are affected by their historical and cultural understandings and contexts as well as the relationships they develop throughout their entire lives. With their cognitive ability, human beings tend to comprehend and even evaluate their experiences, shaping their understandings or re-understandings of their life's events as well as guidelines for their future action.

For this project, I am focusing on Heidegger's perspectives on phenomenology as theoretically informing my research. Heidegger saw that human interpretation of their experiences is a critical process of understanding. The theory of interpretation is called hermeneutics (Smith et al., 2009). Accordingly, when I as the researcher aim to understand, explore, or interpret my participant's experience, I cannot set aside my pre-understanding, historical background, or knowledge I already have. With my past experience as a breastfeeding-working-mother and working with breastfeeding support organisations, I understood that my position as a researcher was fluid between insider and outsider and this is acknowledged in my study.

This concept was also part of Heidegger's disagreement with Husserl's concept of "*epoche*" or "bracketing" which is considered impossible given that their lifeworld is inseparable from their context, understandings and their perceptions and interpretations of their particular experience. Heidegger proposed that bracketing hinders a reciprocal interaction between how a participant interprets or makes sense of their experience

connected to the researcher’s attempt to interpret how participant’s make sense of their experience. Heidegger’s concept was then known as hermeneutic phenomenology. Additionally, since human beings cannot be separated from their historicality, interactions with people, and cultures or social worlds, community psychology and an ecological approach employed in this research is compatible with a hermeneutic phenomenological framework given how the latter positions the researcher in the context of their life world and support systems.

Phenomenology and hermeneutic phenomenology share similarities, given their shared theoretical underpinnings, such as the intention to explore the lived experience of humans in their lifeworld. However, the difference hinges on how researchers position themselves within the research (Laverty, 2003). As the researcher attempts to enter the participant's experience, they start a process of self-reflection. For the phenomenologist, self-reflection is important to make the researcher aware of their thoughts, assumptions, or theoretical background, so they can be bracketed to avoid biases or impose their judgement. Conversely, for the interpretivist (hermeneutic phenomenologist), the use of self-reflection is important to be aware of positioning as important to meaning making and not to be strictly bracketed, as Husserl suggested. My perception and assumption are embedded throughout the study and crucial for the interpretative process through keeping a reflexive journal during the research. Hence, it is important for me, as a researcher, to realise my position and experiences linked to my study and provide dialogue and reflection throughout interpretation.

Interpretative Phenomenological Analysis

Hermeneutic phenomenology theoretically informs Interpretative Phenomenological Analysis (IPA) which consequently aims to understand the context of lived experience and the meaning of experience (Smith et al., 2009). Specifically, the foundation of IPA was formed by the philosophical knowledge of phenomenology, hermeneutics, and ideography, whilst also claimed as a qualitative approach focusing on psychology. As it has been explained above, IPA as informed through hermeneutic phenomenology interprets people’s experiences and their relation to their world. To better understand their experiences and articulate people’s relation to the world, it is necessary through the

interpretative process as this is the key to hermeneutic phenomenology. IPA will use the hermeneutic process for the analysis of how people make meanings of their life events. Moreover, focusing on the idiographic, IPA researchers are committed to understanding how a phenomenon is perceived by particular people in a certain context which will be explored in detail through deep analysis.

IPA is an approach that is participant-oriented, concerned with human lived experience, and posits that experiences can be understood through exploration of the meanings which people impress upon them (Smith et al., 2009). IPA is used to investigate and interpret the lived experiences of people who experience similar phenomena (Alase, 2017) and the studies describe the common meaning for several individuals of their lived experience of a concept or a phenomenon (Creswell, 2014). When a person is telling a story about their experience, it is an attempt to make sense of the event that happened to their life and how they interpret such experience. Furthermore, the double-hermeneutic is important in IPA especially when the researcher tries to make sense of how participants make sense of a particular experience (Smith et al., 2009). This is what Heidegger proposed, suggesting bracketing as theoretically impossible, because although the researcher has their own fore-structure that is similar to participants, the researcher has the opportunity to see participants' experience through their lens in the attempt to understand their point of view.

Contextually in my study, community psychology and ecological perspectives explain the interaction of breastfeeding-working-mothers in their social contexts which consists of layered relationships from microsystems to macrosystems. As mothers, we are embedded in these systems that have a reciprocal influence, shaping how we think, perceive, act, interpret and understand our experiences of breastfeeding. Our knowledge, perception, and behaviour also influence and shape our social environment’s understandings of breastfeeding. Accordingly, I assume that through the reciprocal interaction between mothers and their social environment, we create a support system that encourages us, as working mothers, to undergo successful long-term breastfeeding.

By combining community psychology, Bronfenbrenner’s ecological model, and a hermeneutically informed IPA, I am employing a rigorous theoretical framework through which to interpret the successful experiences of breastfeeding-working-mothers, husbands and colleagues of breastfeeding working mothers, to better understand their significant experiences and the dynamic relationship between mothers and their

ecological environment. Moreover, by employing IPA in this study, my own experiences of research in the area as well as my personal experiences as a breastfeeding-working-mother are embedded within and contribute to the research analysis, interpretations and findings. In other words, this methodology allows me to hear the participants' particular experiences involving mothers and the dynamic relationship within the microsystem as well as reflecting on my own personal experiences, gaining insight through interactive and interpretive processes.

Through a strength-based approach, this research aims to contribute to our knowledge of how women successfully breastfeed while working. I see the breastfeeding-working-mothers as empowered, strong, and brave women who could navigate the challenges and difficulties to achieve their goals. This is part of amplifying mothers' voices and the story of empowerment, rather than focusing on well documented challenges and obstacles. I would like to learn from successful experiences and share our interpretations with other people and be able to strengthen and give back to the community in order to achieve breastfeeding goals. The women's voices of successful breastfeeding experiences are affirmed and strengthened by the research.

Through this knowledge, we can consider how best we can support other mothers in their communities as they negotiate their lived experiences of breastfeeding while working. Within the ecological model, changes in any part of the system might promote changes in wider systems. This may also help us determine the kinds of support required for women to breastfeed successfully.

Conducting qualitative research in community psychology involves four interconnected processes: asking, witnessing, interpreting, and knowing (Stein & Mankowski, 2004). Moreover, the metaphor of 'giving voice' serves to focus on listening to participants' voices by asking them about their particular experiences, amplifying their voices while ensuring their experiences are represented and heard (Moriah, 2018; Smith et al., 2009). Making sense of women's experiences can be a way to facilitate empowerment and social change. Accordingly, the accounts of the women's experiences will be collected through semi-structured conversational interviews using open-ended questions (Creswell, 2014). The aim is to facilitate the interview being led by the participants while also ensuring that experiences of interest for the research are covered.

Online Interviewing

When I first designed the research, I had planned to travel to Indonesia to meet and interview participants directly. However, due to the COVID-19 pandemic of 2020 and travel restrictions from and to New Zealand, I had to redesign the research to incorporate the data collection online, given that direct face-to-face interviews were not possible.

The advancement of technology has transformed the development of online research methods in qualitative studies and the social sciences, especially in the use of online interviewing (O'Connor & Madge, 2017; Salmons, 2015). Two types of methods are employed in interviewing participants: asynchronous (non-real time) and synchronous (real-time) methods. The asynchronous interview uses the internet, but the researcher and the participants are not meeting at the same time, for example, interviewing via email, which means the conversation is ongoing (Fritz & Vandermause, 2018; James, 2016). Meanwhile, the synchronous interview allows the researcher and participants to be connected at the same time, which can be done via text-based media such as using Instant Message or Chat (Hinchcliffe & Gavin, 2009; Stieger & Göritz, 2006) and also via videoconferencing or video call (Deakin & Wakefield, 2014; Gray et al., 2020; Janghorban et al., 2014).

The use of online interviewing was an option to address the limitations of conditions such as long-distance communication and geographical locations (Gray et al., 2020), which hindered me and my participants from being in the same location due to the COVID pandemic. However, the facility of video-conferencing interviews allows researcher and participants to interact in real-time communication. Furthermore, the online platforms were time and cost-effective, providing features such as messaging or chat services as well as secure recordings.

Previous studies have used online synchronous interviews to solve distance and geographical dispersion issues, using video-conferencing media such as Skype (Deakin & Wakefield, 2014; Nehls et al., 2015) and Zoom (Archibald et al., 2019; Gray et al., 2020). Reflections from the latter studies using Zoom explained the positive response from participants as being due to the user-friendly platform. Participants felt personally connected to the interviewer and could choose their convenient place to be interviewed. From the researcher's perspective, they were able to respond to non-verbal cues (facial

expression, gestures), which helped them to engage, building trust and rapport with participants. Therefore, Deakin and Wakefield (2014) and Nehls et al. (2015) suggested that instead of being an alternate or secondary option when face-to-face interviews cannot be done, the online interview should be seen as a feasible primary option for researchers as it provides opportunity for direct interaction between researcher and participants.

Through the theoretical framework of hermeneutic phenomenology and IPA, an interview is seen as an interaction between the researcher and participants. As Smith et al. (2009) stated, "a conversation with a purpose" (p. 59), the interview is participant led and as a researcher I was an active listener when entering participants' lifeworld as they provide a portrait of their attempt to make sense of their experience (Smith et al., 2009). Accordingly, I chose to conduct online synchronous interviews for this research because it gave me the opportunity to interact with participants, to see their gestures and facial expressions, and give a direct response in reply to participants as they shared their stories. Doing virtual face-to-face conversations enables the process of making meaning together to produce knowledge from the experienced person, as this is a collaborative work between researcher and participant.

To conclude, videoconferencing allows real-time responses and involvement for both participant and researcher (James & Busher, 2006). This research used the Zoom application to conduct online interviews as it is also a familiar form of communication in Indonesia. There were several things to be taken into account before conducting the online data collection. Technical preparation was necessary for video-conferencing methods such as the media (software and equipment), which should be viable for both myself as a researcher and the participants (Nehls et al., 2015). This will be described in the research procedures section.

Research Ethics

Before conducting the research, it was important for me to make sure that this research treated participants based on principles of ethical values such as minimising harm, engaging respect, privacy protection, and maintaining autonomy and confidentiality (Hammersley, 2018). Ethical considerations for any research project involving human participants, such as informed consent, respect, language, visual and non-verbal cues, and

confidentiality (James & Busher, 2006), are important issues to address. Further planning in dealing with potential risk and distress was a necessary consideration (Salmons, 2015; Stern, 2003), as was reflexivity, given the sensitivity of the context (Eynon et al., 2017).

The ethical protocol, which took account of the concerns of participants, has been covered in The Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants endorsed by Massey University Council. Research undertaken in New Zealand is ethically bound to adhere to Te Tiriti o Waitangi (Treaty of Waitangi), a founding constitutional document and agreement between Māori as the indigenous people of the land and the British Crown. Even though this research took place in Indonesia and did not involve Māori participants, the researcher is committed to upholding the Te Tiriti o Waitangi principles such as manaakitanga (cultural and social responsibility to upholding respect and dignity of all parties involved), and mana (justice and equity) as guiding the ethical considerations throughout the study. Hence, consultation and discussion have been made with Melissa Rangiwananga about possible contributions of the research for Māori. Specifically, for breastfeeding, this research is expected to raise awareness about the importance of breastfeeding support and promotion in Indonesia and New Zealand. This research applied the principle of partnership and carried the 'mana' or dignity of participants, as well as protecting their privacy and well-being. I treated the participants with care and respect, as well as appreciating and acknowledging their stories. As a partnership, researcher and participants can reciprocally learn from each other and share the knowledge we produce with others.

The supporting documents needed for this research were submitted to Massey University Human Ethics Committee (MUHEC) in English and Indonesian, such as information sheets, informed consent, confidentiality agreement and transcript release form. This research was approved with an ethical protocol from MUHEC number SOA 20/64, dated 17 March 2021. Moreover, prior to the data collection, I had to obtain a research permit from the local government of the Special Region of Yogyakarta (Daerah Istimewa Yogyakarta/DIY) province, where the research took place. The research permit was applied for online from New Zealand by submitting the soft copy of the application letter, my research proposal, ethical clearance from Massey University, proof of student ID and an Indonesian citizen card. The research permit was obtained from the Office of Licensing and Investment, Special Region of Yogyakarta Provincial Government, number

070/01319/P2/2021, dated 31 March 2021. The validity period of the research permit was six months, starting from 1 April 2021 until 30 September 2021.

Because I was unable to travel to Indonesia and the subsequent utilisation of Zoom instead of face-to-face interviews, there were several important ethical issues that arose from this change in research design. To maintain and protect participants' rights and well-being as well as mitigation for potential risks or harms that may occur related to the research, I addressed ethics through several actions.

Involving a Proxy Interviewer

As I was unable to attend in person, a proxy interviewer was recruited to assist with facilitating the interviews across the three studies. The role was to assist in contacting participants and handling the documents such as information sheets, informed consent, confidentiality agreements, transcript release forms, the koha (a gift as an appreciation of participating in my research), and internet and transportation costs for participants. She was also involved in arranging the interviews, providing the facilities such as a laptop or other electronic devices, internet connection, transportation and facilitating a time and place for the interviews based on participants' needs and decisions.

The proxy interviewer held a bachelor's degree in psychology and was a Master of Clinical Psychology student at Universitas Ahmad Dahlan, where I worked in Indonesia. I was her academic supervisor for her master's study for one year before I came to New Zealand. She had experience as an assistant psychologist and as a research assistant and had passed the internship exam set by the Indonesian Psychological Association (*Himpunan Psikologi Indonesia/HIMPSI*). With this qualification, the proxy interviewer was qualified to give psychological and practical support to participants when they felt uncomfortable during the interview.

The proxy interviewer was trained online via Zoom regarding research protocol and ethics. She then signed a contract or agreement specifying her role and ethical responsibilities and was supervised by my Indonesian supervisor. She helped me to ensure that any arrangements made were focused on the participants' convenience, safety, comfort, well-being, venue accessibility and travel, and she would remain present if requested by the participant.

Providing a Male Co-interviewer to be Available for Male Participants

There were male participants involved in this study, such as husbands/fathers and a male co-worker. I asked a member from The Indonesian Breastfeed-Supporting Fathers Initiative (AyahASI Indonesia) organisation to be a male co-interviewer to accommodate cultural considerations, for example, the discomfort and the potential embarrassment participants might feel during interview since the researcher is a woman. The male participants were also allowed to choose whether or not the proxy interviewer should be present during the interview. However, all male participants agreed to be interviewed by me directly and the presence of male co-interviewer unnecessary during the data collection.

Protection of Participants' Privacy, Confidentiality, and Well-being

With my experience as a breastfeeding-working-mother, working with a breastfeeding support organisation and conducting research related to breastfeeding, I understood that maintaining breastfeeding and working was not an easy journey. Many mothers were unsuccessful in managing these roles. After an extensive discussion with my supervisors regarding the research ethics, the strength-based approach applied in this study enabled us to understand and explore mothers' success on their breastfeeding journey as well as the stories of the husbands and co-workers/supervisors. Since the interviews were conducted online and I was not present in person, this method was considered safer for mother participants to share their successful experiences rather than exploring their difficulties or failures. It was an opportunity to explore mothers' strengths to combat the challenges and how support was provided for the mothers.

Concerned with my participants' well-being, I anticipated the possibility of discomfort when participants sharing their experiences during the interview. If discomfort occurred, the mitigation plan was to pause the interview or take a break to discuss how to provide support for participants. Moreover, I could provide a psychological debriefing for participants or involve my proxy interviewer to do so. Access to the Applied Psychology Laboratory (Laboratorium Psikologi Terapan/LPT) of the Faculty of Psychology, Universitas Ahmad Dahlan, was also available if counselling was necessary. The proxy interviewer could help my participants through the process. The interviews went smoothly for all participants, hence no mitigation plan was required during any of the interviews.

Participants' involvement in this research was voluntary and they were asked to sign a consent form when they agreed to participate. Moreover, participants were not socially clustered; accordingly, there were no connections between participants of each group. This was also to avoid the possibility of discomfort or conflict that might happened within each cluster (mother-husband-workplace) since the interviews were held online.

Pseudonyms were used to identify participants in the research whilst retaining anonymity. Participants information remained confidential and no identifiable data appeared in transcript or notes. Identifying information was shared only within the research group which was me, and my supervision team. The proxy interviewer also signed a confidentiality agreement to protect the participants' information. The research documents, such as informed consent, confidentiality agreement and the authority of the release of the transcript, were transferred by the proxy interviewer to my Indonesian supervisor, Dr. Elli Nur Hayati to be secured. Furthermore, the interview recordings, transcriptions and data analysis were secured in a password-protected device and online clouds. Further explanation regarding how those three actions worked is explained in the research procedures section.

Research Participants

Studies using an IPA approach are conducted on relatively small homogenous sample sizes where the numbers of participants can be between 2 and 25 according to phenomenological research tradition (Creswell, 2014; Smith et al., 2009). Focusing on the in-depth analysis and the richness of the data (Smith et al., 2009), 8-10 participants for each stakeholder group is considered to produce ample data for IPA research while remaining realistically manageable volumes of qualitative data for analysis. Participants were selected through purposive sampling, which is a sampling approach that offers a research project insight into a particular experience (Smith et al., 2009). Accordingly, it was important to select participants who met the criteria of the study, as it would provide relevant information based on their life experiences and the aim of this research.

In this study, I focused on the life experiences of breastfeeding-working-mothers who were able to manage breastfeeding as a working mother. However, taking the community psychology and ecological approach of the project into account, human beings are

inseparable from their social context. In this study, the mothers are surrounded and have relationships with the people who are closely connected on a daily basis. These people were in her microsystem, involving her family, in particular her husband (father of the children) and people in her workplace (co-workers and supervisors) where they had roles as mother, wife, and employee at the same time. Accordingly, three stakeholder groups were involved in this study.

The Breastfeeding-working-mothers

The first group was the mothers who were active breastfeeding-working-mothers with experience practising breastfeeding for a minimum period of 1.5 years without formula supplements. Former breastfeeding-working-mothers who had experience as breastfeeding-working-mothers for at least two years and their children's age at the time of the interview was no more than three years old, could participate in this study as well. This ensured that mothers' experiences were relatively recent and allowed more clarity of recollections of their breastfeeding journey.

There were nine breastfeeding-working-mothers participating in this study with the pseudonyms Ama, Vivi, Gita, Tina, Beta, Yana, Diana, Clara, and Fira. Five of them were breastfeeding at the time of the interview. Tina and Clara were breastfeeding their first babies, while Ama, Vivi and Beta were breastfeeding their second babies. Gita, Diana, and Fira have one child each and all of their babies had been weaned. Yana was pregnant with her fourth baby at the time of the interview. Previously, she had experienced breastfeeding three children. All mothers who had weaned their babies had stopped breastfeeding when their babies were at least 2 years, 2 months old. Moreover, Beta and Yana had experienced nursing while pregnant as well as tandem nursing (breastfeeding more than one baby at the same time).

All mothers were in their 30s and had status as working mothers before they gave birth to their first baby. Vivi and Ama are kindergarten teachers; Yana, Beta, Diana and Clara are government employees; Tina is an entrepreneur who runs her own pharmacy; Fira is a lecturer in a government university; and Gita is an education staff member at a government university. Besides working as a kindergarten teacher, Ama also attended university for her bachelor's degree when she breastfed her first child aged one year old and graduated when her second child was one year old. Moreover, all mothers had a high

educational background. Ama, Gita, Vivi, and Diana each held a bachelor's degree and Yana, Beta, Tina, Clara and Fira held master's degrees.

Although my research was not intentionally designed to recruit participants with privileged backgrounds (such as those with high educational backgrounds or settled careers), the information sheets were circulated through intermediary contacts within my social network. As a result, the participants took part on this study predominantly who came from these groups which possibly influenced their breastfeeding experiences and perspectives. For example, participants from privileged backgrounds would have had easier access to breastfeeding information and be more socio-economically able to access appropriate pumping equipment.

The Husbands of Breastfeeding-working-mothers

The second group were the husbands (fathers of the babies) of breastfeeding-working-mothers currently breastfeeding for a minimum of 1.5 years without formula supplement. Additionally, I also invited husbands of working mothers not participating in the study who were experienced as breastfeeding-working-mothers for at least two years and the children's age at the time of data collection was no more than three years old.

Seven husbands were involved in this study with the pseudonyms Amar, Adi, Vino, Hamid, Armin, Damar and Seno. All their wives were still breastfeeding at the time of the interview. Amar has one baby that his wife is still breastfeeding, while Adi, Vino, Hamid, and Armin's wives were breastfeeding their second babies. Damar has three children, and his wife was still breastfeeding their youngest child at the time of the interview, even though their child was over 3 years old. Seno has five children, and his wife was tandem nursing the last three children. His third child was less than two years old while the fourth and fifth child were seven-month-old twins. Amar works as a lecturer in a private university, Hamid is a police officer, Armin works in a Public Health Centre (Puskesmas), while Adi, Vino, Damar and Seno are entrepreneurs who run their own businesses.

The Co-workers/supervisors of Breastfeeding-working-mothers

The third group were the co-workers and/or supervisors of breastfeeding-working-mothers working either as government or private employees. All of them were working alongside breastfeeding mothers in their workplace. Seven co-workers and one supervisor participated in this study. Their pseudonyms are Farid, Deva, Ifa, Selly, Tata, Vena, Indi

and Mira. Ifa is the only supervisor in this group, and she works as a primary school principal. Deva works as a private employee, Tata and Vena are primary school teachers, Indi is a government employee, Mira is an administrative staff member at government university and Farid and Selly work as lecturers in government universities. All of them are married except for Deva. Among participants who had married, most of them have children except for Selly and Tata, while Vena was seven months pregnant with her first baby. Farid is the only man in this group and his wife was breastfeeding their first baby aged three months old at the time of the interview.

Research Procedures

The research procedures consisted of the several steps which are illustrated in the figures 2 and 3 below. Figure 2 describes the participant recruitment process, which starts with the information sheet shared via intermediary contact and concludes with the participant's decision to take part in the research. Figure 3 describes the data collection process, which starts with obtaining informed consent and concluding with transcription and data analysis.

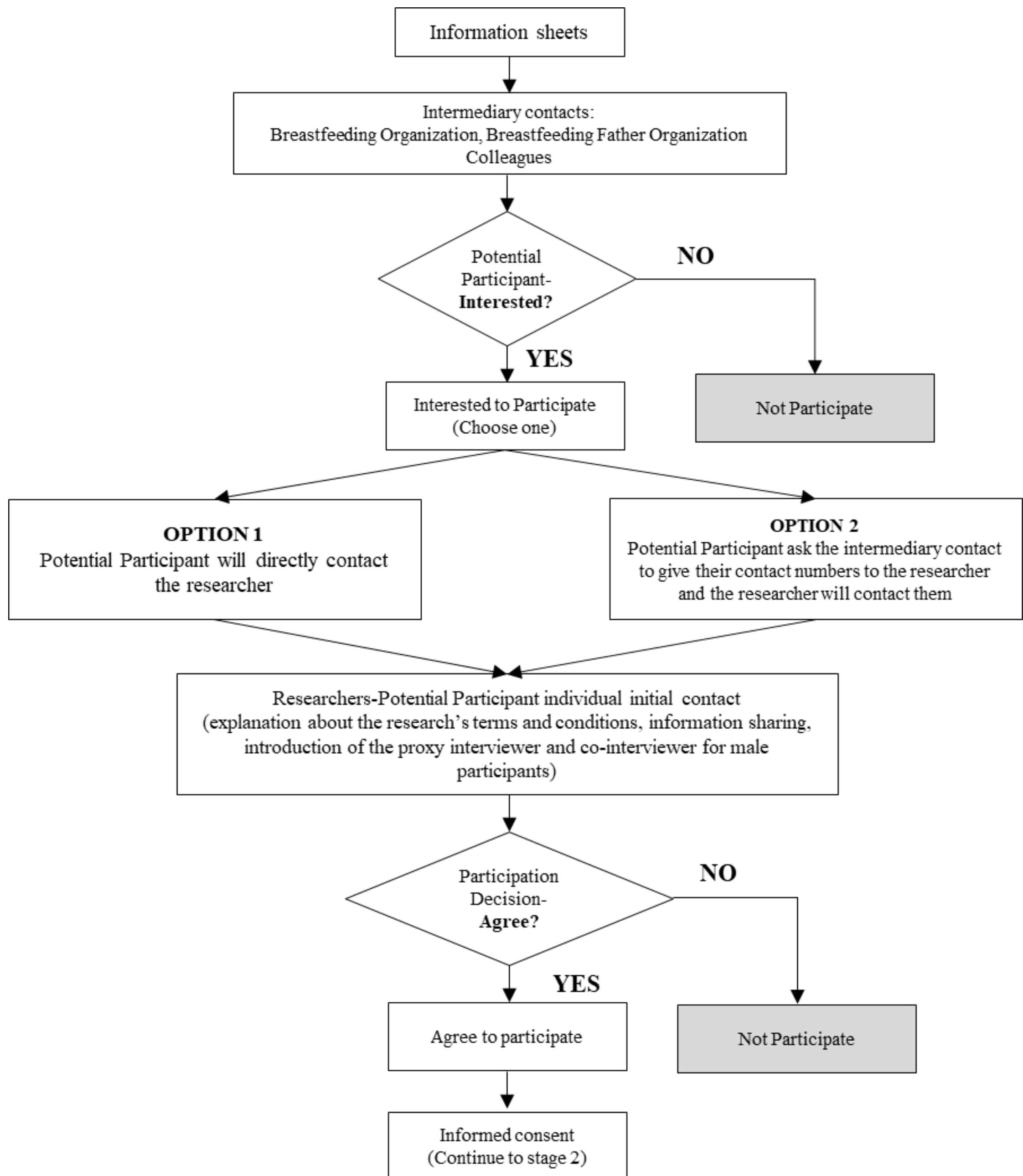
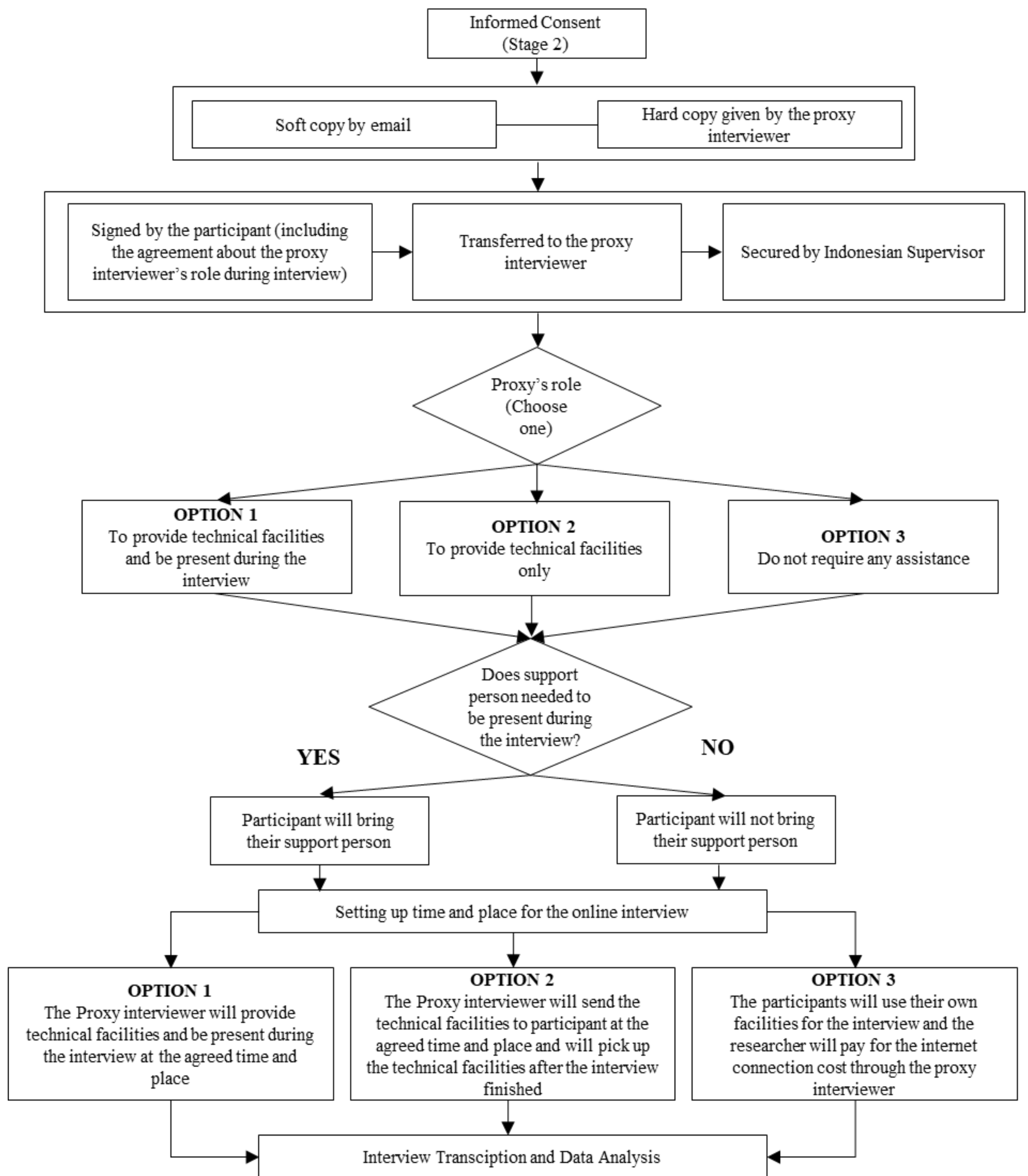


Figure 2. Participant Recruitment Process



Note: Interviews with male participants may involved male co-interviewer upon participants'request

Figure 3. Data Collection Process

Information Sheet Sharing

As can be seen in Figure 2, participants were recruited through my intermediary contacts who were my trusted colleagues and social networks involving fellow breastfeeding mothers. I also cooperated with two organisations: the Indonesian Breastfeeding Mother Association (Asosiasi Ibu Menyusui Indonesia/AIMI) and AyahASI Indonesia. AIMI and Ayah ASI Indonesia are non-profit organisations that support breastfeeding and they agreed to provide support in finding potential participants. Since the research location was in Yogyakarta, I cooperated with their organisation's branch based in Yogyakarta: AIMI DIY and AyahASI Jogja.

The participant recruitment process started with circulating the research information sheet written in *Bahasa Indonesia* to my intermediary contacts. There were three different information sheets, one for each group of participants. I shared the information sheet personally with my colleagues via the WhatsApp application. There were several communications by phone with my intermediary contacts to explain about my research details and criteria for participation before circulating the information sheet to someone they knew. I was also a member of AIMI DIY, and I shared my research information on their forum via a WhatsApp group and shared my information sheet with the head coordinator of AyahASI Jogja.

The information sheet contained information related to this research such as the description of the research project, invitation to participate, participant recruitment process, COVID-19 provision (explaining the online interviewing and the role of proxy interviewer), project procedure, data management, and participants' rights. It also explained informed consent for participating, protection of privacy and confidentiality, internet and transportation cost, and the opportunity for participants to read and edit the transcription before signing the transcript release form. As an appreciation for participating, all participants received a package of koha consisting of a drink tumbler, cutlery, face mask, hand sanitiser and book about breastfeeding. Further details of the information sheets can be seen in appendix 2.

The intermediary contacts shared the information sheets with people who met the criteria to participate in my research. Once they were interested in taking part in the research, they could contact me directly, or ask the intermediary contact to pass on their contact details to me and I would contact them directly based on their approval. If potential

participants chose the latter option, the intermediary contacts needed to sign a confidentiality agreement to protect potential participant's contact details.

Reflecting on the research process, recruiting participants through intermediary contacts in my social network enabled the purposive sampling to be achieved. Finding breastfeeding-working-mothers who met the criteria of this research as well as the husbands was not easy since there were not many of them. The intermediary contacts were my friends and colleagues who are concerned about breastfeeding and interested in uplifting the story of breastfeeding mothers. Accordingly, their role was very crucial in circulating the information sheet to the people in their networks who met the criteria and might be interested to share their stories. Most of intermediary contacts knew the potential participants personally. However, no-one was known to me among the intermediaries' contacts who later became participants. Although we had not previously meet, I was connected with all the participants through the intermediary contacts, because they were the person, we both knew in our social networks.

In the later sections, I will also explain how this relationship gives benefit not only to the research but also to participants and even the intermediary contacts.

Researcher and Potential Participant Initial Contact

Throughout the recruitment process, out of the 24 potential participants who responded, fewer than 5 chose to contact me directly. Most of them asked me to contact them, and I obtained their contact details from my intermediary contacts. All the initial contacts were made individually through the WhatsApp chat application based on their agreement. At the initial contact, I introduced myself and explained my research and invited my potential participants to ask questions about the research. It was important for them to understand the research background, purpose and procedure as well as the protection of their confidentiality clearly before they decided to take part since participation was voluntary. I also explained the role of proxy interviewer and how the interviews would be conducted.

For the husband participants, among seven participants, 3 initial contacts were made through their wives. My intermediary contact gave me their wives contact number and they asked me to contact them. Their husbands were interested in joining my research but asked their wives to contact me because it was considered as more appropriate.

All potential participants who contacted me, either directly or through an intermediary contact, decided to participate in my research and nobody declined to be interviewed. At this stage, the communication went smoothly. I suggest that most of voluntary participation was agreed on because 'we knew the same person' who was an intermediary contact. As I disclosed my background, concern for breastfeeding issues and my breastfeeding experience, it helped to build the trust between them and me. They knew that we shared the same experience as breastfeeding-working-mothers. Some of the mothers directly expressed, "*sure I'm interested!*" and even*, "yes, when can I be interviewed?"* even though the consent had not yet been obtained.

Informed Consent Signing

Once potential participants agreed to participate in my research, we proceeded with informed consent signing as can be seen in Figure 3. Participation is voluntary and participants are seen as individuals who were able to make rational decisions after they are presented with detailed information about the research (Halse & Honey, 2005). Informed consent is a crucial part of research ethics. Giving consent means that participants understand the research procedures involving themselves, as well as the potential risks and benefits of participating in this research. Participants were allowed to withdraw from this study prior to signing a transcript release.

Most participants signed the consent form in a soft file format and only a few in hard copy depending on the feasibility for them, with the help of the proxy interviewer. However, not all of the participants signed the informed consent before I interviewed them. Some of them gave verbal consent for the interview and signed the consent form after the interview. There were several reasons for this. For example, since all communications with potential participants were done via the WhatsApp chat application, I sent the informed consent form in a soft file format for them to read before they signed it. Not all of them could sign a soft file format directly but they wanted to be interviewed on the same day they decided to participate. There was not enough time for my proxy interviewer to send the hard copy to them as well. One participant was out of town but chose to sign the consent in a hard copy form.

Since the interviews were conducted based on the participants' time constraints and availabilities, they agreed to give me verbal consent as well as written in the WhatsApp chat and signed the hard copy form as soon as they received it. I felt that I had gained

their trust by connecting through the intermediary contact and the disclosure of my own breastfeeding experience, as well as my attention to following ethical research protocols.

Interview Arrangements

Several arrangement plans were incorporated into the design of the research to ensure that I conducted research ethically, taking into account participants needs, comfort, safety and wellbeing. The data collection process followed the COVID-19 protocols set by the Indonesian government at the time of interview such as physical distancing, mandatory face mask wearing, hand sanitising, staying home when feeling unwell, and rescheduling the interview if either party was unwell.

Before interviewing participants, I offered them options for how the proxy interviewer could assist: providing technical facilities and being present during the interview at the agreed time and place. Alternatively, the proxy could provide and deliver the technical facilities to participants for the interview and collecting it afterward. Participants could also use their own technical facilities with internet cost covered by me through the proxy interviewer. For the first option, the proxy interviewer would ensure that any arrangements prioritised participants' safety, comfort, venue accessibility and travel, and she would remain present if requested.

The second option was designed to meet the participants' technical requirements while avoiding direct contact with other people. My proxy interviewer could deliver the technical facilities at the agreed time and place in contactless mode. All participants chose the third option as they felt more comfortable using their own equipment and chose their own place for the interview given the interviews were held in 2021 when the COVID-19 pandemic was impacting global populations significantly. I respected their choices to prioritise safety and well-being for both participants and my proxy interviewer.

I also discussed with my participants whether they needed to be accompanied by a support person during their interview. Allowing a participant to have their support person during the interview aligns with the ethical principal of care and respect (manakitanga), building a sense of safety and justice (mana) for them. If they chose to be with their support person, then the support person needed to sign a confidentiality agreement as well. However, none of the participants requested a support person or the proxy interviewer to be with them during the interview. I found that the men who participated (husbands and one co-worker)

trusted me sufficiently and did not mind being interviewed by me directly; hence the male co-interviewer was not needed during the interviews.

Participants were allowed to choose a convenient time to be interviewed. There is a time difference between Indonesia and New Zealand: Indonesia is six hours behind New Zealand time. Most of the interviews were held in the morning or afternoon at Indonesian time, accordingly it was not difficult for me to adjust with participants' schedules. The latest interview usually started around 7pm, New Zealand time. I ensured that participants had no problems in using their electronic device for a Zoom interview. All the arrangements were made through the WhatsApp chat application.

Arranging the interviews was challenging with the three husband participants who had their wives as the bridge of communication between me and their husbands. Accordingly, sometimes I had to wait for their wives to contact their husbands before they replied to me. After the interview date and time were set, two of the husband participants' wives gave me their husbands' contact number which enabled me to send the Zoom link directly to them and facilitating easier scheduling and potential rescheduling of the interviews if necessary.

The Online Interview Process

Participants chose their own place for the interview, such as at their homes or offices. Before the interview date, I ensured that they had access to internet connection and Zoom application. All interviews were recorded via Zoom facility with an additional voice recorder used to back-up in anticipation of any trouble with the Zoom recording. I sent secure Zoom links before the meetings and made sure the link was not publicly available, requiring my approval as the host to enter the meeting room. The screen sharing was set to "host-only".

Each participant and I engaged in 1-1.5 hours of semi-structured conversational online interviews via Zoom. I had prepared an interview schedule for each group of participants as guidance and to make sure that I was asking open questions where the content fitted with the context of their lived experiences and encouraged the participant to talk more using their own language (Smith et al., 2009).

Before the interview started, I greeted participants and asked them how they were doing, built rapport and ensured they were ready for the interview. Verbal consent was obtained

regarding their willingness to be interviewed and recorded, and for me to take notes during the interview. However, doing online interviews was challenging, mostly technical, such as unstable internet connection. This caused my participants' screens to freeze or lag, affecting both video and audio, so we could not hear nor see each other. Sometimes it made me, or my participants accidentally leave the meeting room and I had to wait for them to re-join or restart the meeting. Some participants even had to try several times before they were able to enter the Zoom meeting room. Other challenges were that most participants used their phones for the interview. However, using Zoom for a long time caused phones to overheat and turn off, or caused the phone's battery to drain. Once phones were recharged, the interviews resumed. Moreover, incoming calls to phones resulted in brief pauses and frozen screens.

Since participants chose a convenient time and place for the interviews, several distractions were unavoidable. Some mothers chose to be interviewed at home and usually had somebody to look after their children while being interviewed in a separate room, or they did the interview while their children were asleep. However, it was inevitable that their children came to their mother at some stage during the interview. I offered the mothers to end the interview and continue it another time, but they chose to continue. We took a break for a few moments while the mothers attended to their children. Some of them introduced me to their children when they appeared on the screen because they were sitting on their mothers' lap. One of the mothers asked for a 5–10-minutes break for breastfeeding because her child had just woken up from a nap. She did not want to end the conversation because of the difficulty of finding another suitable time.

Some participants also conducted the interviews from their offices early in the morning before their working hour started, or in the afternoon after their working hours finished. Background noises made hearing my participants' voices difficult and at times, I had to ask them to repeat what they said.

During the interviews I took notes to make sure that I was following the conversation, as well as highlighting important information that needed further inquiries. After each interview, I immediately made a summary and reflexive diary of the conversation. It started with the interview process from the beginning until the end of the conversation, including the challenges and the content of the interview itself. It allowed me to keep track of the process and to evaluate what worked or did not work so I could anticipate and

apply what I had learned to the next interviews. The recordings then stored securely in my password-protected laptop and uploaded in my password-protected online cloud for back-up.

All interviews went smoothly despite some technical problems and manageable distractions. Throughout the interactions and interviews with participants, I tried to manage my ethical relationship with them as I held on to the principle of 'do no harm' to participants and protecting their rights and privacy (Orb et al., 2000). These principles extended into relational ethics as I tried to involve my heart and mind to dove deep into their stories (Ellis, 2007). I was being myself not only as a researcher but also as a fellow woman who showed respect and dignity, as well as being responsible for looking after my participants as they trusted their stories to be shared with me.

When I listened to my participants' stories, sometimes it brought back a flashing memory of my own. Often, they said, *"you know how it feels right?"* which I understood as an expression that they knew I have been there in the same situation, and they finally had somebody who could understand their struggle. I felt that I had a 'warm conversation' instead of interviewing them which I always noted in my reflexive journal. Hearing them telling the stories enthusiastically, moved my heart. Some of them even shared such incredible journeys that I never imagined happening to me. I could sense how they wanted their story to be heard. At the end of the interview some participants, such as Beta told me, "*I look forward to read your thesis whenever you've finished your study",* and Yana said, "*This is important research, would you share with me when you've done*?". Similarly, Damar and Armin from the husband participant group showed similar interest, as Damar said, "*The result of this research could promote change and I'm looking forward to it*".

Since the interview was conducted in *Bahasa Indonesia*, participants were free to use their own language, and even mixed it with local language (*Bahasa Jawa* and *Bahasa Sunda*), slang words and even metaphors that gave life to their stories. Even though I had the interview schedule, I went with the conversation's flow as led by participants as they shared the stories as important for them. I showed acceptance to participants and paid attention to their concerns. Gita said, "*is there any other women who are like me*?" and she was surprised when she heard that I related to her experience, and she was not the

only participant with a similar experience. She said she felt that her breastfeeding journey felt like a lonely journey, even though she was successful.

Some participants required a longer conversation even though the recording had been turned off. They asked me to talk more about breastfeeding and even asked me to share my breastfeeding experience. Vena from the co-worker participant group, who was pregnant at that time of the interview, told me that she already had discouragement for her intention to breastfeed, so I offered that she could ask me any questions regarding breastfeeding or managing breastfeeding and working. By the time I worked on my thesis writing, Vena reached out to me and told me that she was grateful to participate in my research. She was breastfeeding her 16-month-old son while managing working as a primary school teacher.

Interview Transcription

Transcribing interviews was an ongoing process done between interviewing participants. I used the Express Scribe Transcription Software which can slow down the audio speed to help me with the transcription. However, with the technical problems during the interviews involving unstable internet connections, the quality of the audio produced from the recording was variable. Even though I planned to delete the video and only used the audio recording, I had to re-watch the video to fill in the missing words for the transcription. I had to lip read or observed their expressions and gestures to ensure I did not miss any information especially when the audio was unclear. To maintain privacy and confidentiality, no identifiable information was included in the transcription.

Review and Edit of Interview Transcripts by Participants

After the transcription finished, I contacted participants to send them the interview transcript either digitally or printed with assistance from my proxy interviewer. This process promotes the transparency of the data by giving participants time to review and edit the transcripts before signing the authority for the release of the transcript form for analysis. This was also an opportunity for me to clarify their stories especially, for any unclear parts of the recording.

Most participants did not make any change to the transcript and a few of them clarified the missing words of the transcript. However, there was one mother participant who showed an appreciation when she received her interview transcript. She was moved by

her own story, as she said, *"thank you very much for this. I really want to cherish my breastfeeding journey as it was not an easy one, now I have the documentation of this struggle... it feels amazing"*.

Transcript Release Signing

Most participants agreed and were satisfied with the transcript. Some of them signed the soft copy form and sent it back to me, while participants who asked for a hard copy form, handed in the signed form to my proxy interviewer. The hard copy form was secured by my co-supervisor, Dr. Elli Nur Hayati.

Data Analysis

After participants signed the authority of the transcript release form, I continued with the analysis. This research centred on the mothers' experiences, accordingly, the analysis started with the mother participants and followed with the husbands and co-workers/supervisor respectively. There are several steps of analysis on IPA study even though it is not a strict prescription and flexibility is permitted (Pietkiewicz & Smith, 2014; Smith et al., 2009) and it is explained in this section.

The language challenges

Working on the analysis was a very long and challenging process. The interviews delivered in Bahasa Indonesia, the same language that me and my participants speak. Accordingly, we have decided not to translate all verbatims into English. This was because translating might possibly change the meaning and some of the words used by participants could not be simply translated in English. Most Indonesians speak more than one language; Bahasa Indonesia as national language and some local languages depend on their tribe or cultural background. In participants' perspective, they would feel more comfortable to share their stories in language they were comfortable with. Sometimes, their experiences were best described using mixed languages. On one side, it was easier for me as a researcher to make sense of their experiences in our language as I understood the context as well as the meaning of their stories, while on the other side, the different language was also a challenge to overcome.

The challenge of bilingual research is that sometimes not every conversation can be directly translated into English. In Indonesian language we do not have the tenses or grammar like in English to explain an event whether it is still happening or only happened

in the past. For example, when participant Ama said "*Saya biasanya memerah di ruangan yang kosong*", the English translation is "*I usually pump in an empty classroom*". Since she did not do it anymore, I adjusted the translation to "*I used to pump*…" to show that it was happened in the past. Sometimes, I had to modify sentence structures when quoting participants to match with English grammar without changing the Indonesian meaning.

Another example was the use of the word "*kita*" (we or us in English). In Indonesia, to refer to 'we', 'us' or 'our/s' we use two terms which are *"kita"* and *"kami"*. *Kami* is used when the person(s) we are talking to is (are) not included, while *kita* includes the person that we are talking to. However, in daily conversation the words *kita* and *kami* are sometimes used interchangeably, so understanding the context was important. Some of them even used the word *'kita'* even though what they meant was *'kami'* which means that I was not included. Across female participants, the use of *kita* could be understood as 'myself (the participant) but I'm not the only one, there are other people too', referring to other women or fellow breastfeeding women, and even including myself (the researcher) because I am also a woman and a mother with breastfeeding experience.

When my participants used the word *kita*, I had to go back and forth between part and the whole of the conversation to understand 'what does it mean, what does it imply?' and this is also a part of the hermeneutic circle (Smith et al., 2009). For instance in my interview with Ama, she said, "*probably it's just a mother feeling, that **our** job (tugas kita) is breastfeeding"*, and "*breastfeeding is **our** 'kewajiban' (duty/obligation) and a 'kodrat' (nature of a woman/God's given) as a woman".* While in another line she cleary includes myself in the conversation, "*…it's a moment that **we** (kita) should enjoy, soon when they starts school, it won't be like this anymore, right Ma'am?".* At this part, going 'back and forth' to look for further detail in the transcript was an attempt to understand for example, who 'we/our or *kita*' represent and whether or not she was looking for validation or justification of her experience from me. Furthermore, this similar perspective also emerged in other participants' stories which is also the reason why conducting analysis in Bahasa Indonesia was important because it is attached to the context.

It was helpful to be able to discuss translation with my supervisors in New Zealand and Indonesia to make sure I was not out of context for either the language of my research or the culture of my participants. My supervisors were able to provide me with meaning checks during my analysis. The 24 interviews took five months to finish while I had a

weekly meeting with my supervisor. At each meeting, I presented the summary of participants' stories as well as what I had written in my research diaries. Discussing participants' stories was part of the early beginning of interpretation and analysis process.

The analysis journey

Since IPA study focuses on depth rather than breadth (Smith & Eatough, 2012) as well as commitment to an idiographic principle, it was important as a researcher to engage deeply with each participant's story. I also created notes consisting of initial thoughts and comments as suggested by Smith and Eatough (2012) as well as research diaries including resumes and reflexivity along the journey. With total 24 interviews consisting of nine mothers, seven husbands and eight co-workers/supervisors, I found writing research diaries as a crucial process to record and keep track of any progress. In this study, the analysis process did not actually start after the transcription finished. I had to modify and be flexible as well as continuing to find best ways possible to understand participants experiences and the complexities of their story without neglecting the IPA tradition. Therefore, early analysis and interpretating process started parallel along with the data collections.

During the interview I focused on being an attentive listener while entering participants' life worlds through hearing their stories. As it has been 'warned' by Smith et al. (2009), while doing the interview, a researcher needs to set aside their perspective, theoretical framework or pre-understanding towards the phenomena. This is because the researcher needs to attend to what participants said and give responses or probes based on the stories being told. However, a research diary was a place for me to pour all thoughts, perspectives, interpretations, comments, reflexivity and started the hermeneutic circle which I wrote after each interview.

I started the analysis one by one based on interview order for each group of participants. Several steps to help the analysis process started with doing multiple reading for each case in detail and to immerse myself in participants' stories (Pietkiewicz & Smith, 2014; Smith et al., 2009; Smith & Eatough, 2012). I began reading and re-reading my first participant's verbatim transcript to make me more familiar and to gain a comprehensive understanding of her experiences. As suggested by Smith et al. (2009), I also re-heard the audio recording at least once to check with the transcript and gave detailed attention toward the voice and intonation as I entered participant's lifeworld. Continuously, I paid

attention, highlighted, and noted the content of the story, language being used including repetitions and metaphors, my impression and insight upon them, as well as bringing it to conceptual level as I engaged with the literature.

While doing the multiple readings, I also checked on my research diary that I wrote during the interview, the resumés and reflexivity, to get the holistic perspective of each participant. I went through each answer, highlighting information that I found interesting and made comments on it. At this stage, I wrote it in English while leaving some words untranslated when I could not find the appropriate English words. I paraphrased my participants stories based on my understanding as well as moving from descriptive into interpretative writings (Smith et al., 2009). I also made notes whenever I found resonating stories of me and my participants.

> *"When I looked at their journey, being in a conflict, facing discouragement, they tried to keep going. Sometimes it made them sad, other times they would just ignore it. Gita's story told me that she felt lonely in the journey, that she needed somebody who could understand her, it was helpful when she could share her struggling journey with somebody such as her husband. Her story brought me to my own story. I remembered when I presented my research proposal about breastfeeding mothers. Somebody from the audience responded to my presentation which shot me right to the heart. He talked bla bla bla… and said about a mother being unprofessional because she took the baby to work (which I did that several times). I felt that he was talking about me without pointing directly to me. Everybody was in silence… I felt so upset, my face felt burning, my heartbeat faster. I tried hard to hold my tears... even when I write this, I tried hard not to cry because I am at the library. I still feel it. After presentation one of my colleagues, a fellow breastfeeding mother, looked me in the eye. An expression that only us knew. I had to leave the room immediately because I had a class to attend. I was not okay; I really tried hard not to cry in front of my students. It was hard. I grabbed my phone and texted my husband to tell him what I experienced. He calmed me down right exactly what I needed. He knew I was in the classroom. However, revisiting my experience... when I write this, helps me to understand, that whenever difficulties emerge, mothers would immediately try to cope. What I did was to contact my husband directly. While other mothers, some of them cried, some of them tried to ignore it and being knuckle headed trying not to get 'hurt', to find any possible way to cope. It seemed that facing challenges, being flexible mixed with ability to cope, adjustment to any situation was part of their breastfeeding journey…"* (Research diary extract)

The process involved going back and forth between re-reading the transcript, making highlights and comments, then I added more comments and reflexivity, wrote them up and discussed them at a supervision meeting, emphasising that analysis is an iterative process (Smith et al., 2009). The next step was reconstructing the story based on the notes, comments, descriptive explanation, and the analysis. Looking back to the early beginning

of this PhD project, my standpoint was based on my experience as a breastfeeding-working-mother and a person who is involved in a breastfeeding support organisation. Those experience shaped a perspective where I found that breastfeeding was filled with complexities of challenge beyond the biology or physiology of a woman's body and mother-baby dyad. The challenges also came from social and systemic structure, yet it was also a blessed experience.

The community psychology approach and ecological framework in this research also became a starting point to seek a deeper understanding towards breastfeeding phenomenon on working mothers. Accordingly, when I developed emergent themes based on participants' stories, I noticed several key points such as the challenges mothers faced throughout the journey, the stories about struggle, negotiations, adjustments, relationships with their surroundings and how strengths were built to achieve their breastfeeding goals.

For the first participant, I reconstructed her story based on her early breastfeeding journey, family dynamics, workplace story and the dynamics of breastfeeding, home and working as well as reconstructing the stories again. However, I kept being mindful that it was not a final part of analysis. The iterative process allowed flexibilities; since IPA accentuates depth, the more I engaged with the data, new insights emerged, along with gaining a new understandings as part of a hermeneutic circle, hence revisions and modifications continued along the writing up journey (Smith et al., 2009; Smith & Eatough, 2012). After wrapping up the first participant's story, the same process was repeated for the rest of participants then followed with finding patterns across participants and lastly writing it up together with the discussion (Smith et al., 2009).

In the following chapters I will present the analysis results and discussions for three groups of participants starting with the breastfeeding-working-mothers, following with the husbands of breastfeeding-working-mothers and the co-workers/supervisors respectively. In IPA study, writing up is a crucial part to present what has been found within the study while there are no specific guidelines on how to do so and even it can be a creative process to amplify participants and researcher's voices (Smith et al., 2009). The writing up process also went back and forth. I realised that the beginning of the writing part was more descriptive in describing participants experiences while using more interview extracts rather than my analysis. However, it was a foundation to re-write it and move into more interpretative analysis as I went deeper, to give more nuance at a broader

theoretical and conceptual level as part of iterative process (Smith et al., 2009; Smith & Eatough, 2012).

There are many ways of presenting IPA studies. In some studies, the researchers present their findings through tables that show the themes and sub-themes emerging from the analysis. They follow this with the narratives emerging from the sub-themes while also adding the extracts of the interviews and they wrote the result and discussion that reintroduces the literature in a separate section (Charlick et al., 2019; Sydor, 2019).

However, in this study I chose not to use the table which focused on the themes that emerged from my participants' stories. Instead, for the mothers' stories, I focused on their complex experiences showing their journeys as emerging from a particular time in their lives as I felt I would be unable to do their stories justice in a table format. Clustering into themes seemed to be simplifying and reducing the phenomena itself. I preferred to use the narrative style in presenting their life journeys by organising them based on specific events in their lives while also integrated conversation extracts as showing participants' voices throughout this research. I combine the result and discussion in one section (Smith & Eatough, 2012) to deeper understanding of participants' experience and showed the moved between descriptive to interpretative and theoretical level. The husbands and co-workers/supervisor stories are also presented in narrative style even though they did not specify particular times in their lives as in the mothers' stories. I also chose to combine the results, analysis and discussion generated from the breastfeeding-working-mothers' stories as well as the dialogue with the literature to strengthen the storying of participants' life experience.

CHAPTER FOUR: ANALYSIS AND DISCUSSION PART 1

The Mothers' Stories: An Introduction to Motherhood Journey

This study is centred on the lived experiences of the breastfeeding-working-mothers. While breastfeeding might seem like something that can happen naturally involving mother and baby relationships, in reality, it involves many aspects in mothers' lives. Support systems are important to enable mothers to be successful in breastfeeding which is to reach the two-year breastfeeding goal as recommended by the World Health Organization (World Health Organization & United Nation Children's Fund, 2003). Based on the ecological approach employed in this study, an individual cannot be separated from their social context (Shelton, 2019). In this study, I am focusing on the everyday life experiences of breastfeeding-working-mothers which were located mostly around their homes and workplaces and involved their relationships with people in these environments as part of their microsystem.

In the home environment, inside their nuclear family, they carried the roles as a mother, a breastfeeding mother, and a wife of their husbands. Even though they had their own family, I found that sometimes there were interventions from their extended families including the older generations such as their parents, parents-in-law, and aunties. They saw mothers as new parents and in need of help and guidance especially from those, such as themselves, who had more experience as parents. At the same time, mothers were also employees, bound by the rules and regulations of their workplace. From their stories, I learned that as breastfeeding-working-mothers their lives were full of struggles, yet they are also considered as successful in long-term breastfeeding with the duration of more than 18 months. Their journeys were filled with challenges and struggles that needed negotiations and arrangements, as well as having the ability to gain strength that enabled them to cope with any difficulties. Furthermore, the interviews with the husbands and co-workers/supervisors were conducted to enrich the phenomena of being breastfeeding-working-mothers from the perspective of the people who had connections with mothers' day to day lives.

Even though this is a strength-based study that aimed to explore mothers' successful experiences, based on the analysis, I discovered that their success did not come without

pain and struggle. All mothers shared similar struggling experiences. They were consistently confronted with challenges, hence they had to pass through ups and downs throughout their entire journey. They were able to negotiate them and succeeded in combatting everyday challenges. However, their journey could not be separated from the presence of the people and environment in their surroundings, and their presence could be seen as the catalyst of their successful breastfeeding as well as inhibiting their breastfeeding goals. Success involves their nuclear family, extended family, friends, health care providers including hospitals and health workers, the workplace, and government regulation.

I will present their stories based on the timeline of their journeys. I found this necessary because breastfeeding has a specific and limited time frame. It starts as early as possible after the baby is born and as informed in this study, it is expected to be done for a minimum of two years. All participating mothers had reached at least 18 months of breastfeeding and for mothers who had weaned their babies, they stopped breastfeeding when their babies were aged more than 2 years old (at least 26 months old or more).

Throughout their breastfeeding timeline, I organised their experiences based on several events. They start with their experience of becoming a mother for the first time. This is including the experience of pre-pregnancy, pregnancy, the delivery process, and early breastfeeding journey. Then followed the preparations and arrangements before returning to work. Afterwards, mothers started their journey as a breastfeeding-working-mother and lived through dynamic experiences related to their workplace environment. Moreover, I also discuss the family dynamics to explain further about the relationship with the husband and other family members who live in the same house. Overall, this chapter discusses mothers' live experiences and the dynamics in their microsystems. According to their stories, I realised that their experiences of being a breastfeeding-working-mother could not be separated from the experience of becoming a first-time mother and breastfeeding their babies. That was when their journey began.

The Struggle is Real: As a Mother, as a Breastfeeding Mother

From the mothers' stories, I found out that being a mother was an overwhelming experience. All of them mentioned that their early breastfeeding experiences were full of

struggle. None of them said that it was easy. They had to adjust physically and psychologically because some of them felt that it was painful due to the delivery process and then there was pain caused by breastfeeding. This struggle still continued when they breastfed their baby for the first time, adjusting themselves to their new role as breastfeeding mothers and started the preparation before returning to work.

The Childbirth Experiences

"Gosh, giving birth turns out to be like this…" (Beta)
"It's more than I imagined it would be…" (Gita)

Having a baby for the first time was a life changing experience for the mothers involving mental and physical challenges. Not all mothers had a smooth childbirth process and some of them had unpredictable experiences. In Yana's experience, her "*water broke early"* and there was *"no progress on the dilatation...finally they decided to do the SC (caesarean delivery)"* while she was not prepared to undergo a surgery. "*I was mentally dropped...,"* said Yana. This also happened to Beta where her "*water leaked for too long, there was an infection, and my baby already pooped inside, and she ingested the meconium"*.

Tina's delivery journey did not proceed as planned. She ended up giving birth in the nearby hospital not in her usual hospital where she had her pregnancy checked because she "*couldn't hold it anymore, the trip from home to hospital XY was sooo far*". Tina also had a complication due to *"a bleeding, because I pushed too hard, and I had so many stitches"*. In Diana's experience, she was already 40 weeks pregnant but there was no sign of labour. She explained, "*I was doing my weekly check, it's 40 weeks and about the time. So, I had to be hospitalised straight away and got induced. She* [her baby] *was so small that she directly went to the baby's room"*.

According to the WHO recommendation on the Ten Steps to Successful Breastfeeding, breastfeeding initiation should start within an hour after birth (World Health Organization, 1998a; World Health Organization & United Nation Children's Fund, 2003) to improve breastfeeding rate. This means that the health workers should facilitate mother and baby to have a skin-to-skin contact by putting the baby on the mother's chest to initiate breastfeeding. However, not every mother could do this after they gave birth. With a caesarean delivery, the mother and the baby's health condition might cause this process to be delayed (World Health Organization, 1998a) and without proper breastfeeding support, this could lead to reduced breastfeeding outcomes (Andrew et al., 2022).

As it happened to Yana, Beta, Tina, Fira and Diana, all of them could not have a breastfeeding initiation as they were expecting. Yana was separated from her baby because her *"baby went straight to the NICU"* after the caesarean delivery. While in Tina's experience, she had a chance for breastfeeding initiation *"but not for long".* She had learned that "*it should be about an hour, but because I was bleeding…"* so the nurse stopped the breastfeeding initiation. Even for Fira who also went through the caesarean delivery, the health workers wanted to facilitate a breastfeeding initiation for her, unfortunately she could not. "*Probably because of the anaesthesia, I felt nauseous when they put my baby on my chest. I felt so uncomfortable, so we did not continue it",* said Fira.

From the mothers' stories, I found that most of them faced an unexpected childbirth experience, leading to delayed initial breastfeeding attempts. The hardships experience related to their delivery process put mothers in much distress, and it affected the smoothness of establishing breastfeeding for the first time. This happened because they had to deal with their post-partum pain which Gita described "*more than I imagined"*, because she felt so much pain.

Previous studies confirm varied and often unexpected childbirth processes as it did not go as planned (Goldbort, 2009; Hinic, 2021; Webb et al., 2021). This negative experience may lead into the disappointment and negative psychological outcomes (Hinic, 2021; Kimanthi & Onsongo, 2023; Rowlands & Redshaw, 2012; Webb et al., 2021). Mothers with these experiences had their first breastfeeding attempt more challenging since they had to deal with the pain and psychological struggle. However, through the mothers' stories, I found that there was no time for them to focus on their body or themselves. They immediately had to focus on their baby and started their breastfeeding journey while their bodies still needed to recover. In Beta's experience, even though "*my body was all in pain and feeling sleep deprived"* she "*had to start pumping"* her milk for her baby because "*my baby could not directly be breastfed by me"* due to the infection.

First-time Breastfeeding Experiences: The 'Bloody Struggle'

"When I breastfed my first baby, I was 'bleeding' (Indonesian: berdarah-darah) …" (Vivi)

"The theory [of breastfeeding education] *is so different to what happens in practice"* (Tina)

Before the mothers had their babies, they had a chance to learn about breastfeeding from various resources. Unfortunately, even though most of them had been informed about breastfeeding, they still experienced difficulties to breastfeed their babies because "*it's not as easy as what the theory said*" (Diana). In Fira's experience, even though *"I've read, and knew the theory"* when she finally breastfed her baby *"I was still confused".* Their stories showed that their first breastfeeding attempts were challenging, not easy and were followed with many difficulties.

In Yana's story, she thought that most people including her believed that *"breastfeeding is a natural process"*, where every woman can do it. In fact, when she had her baby, *"everything felt so scattered, and all the theory suddenly gone, dispersed".* Yana felt like she was in despair that she wanted to shout out, *"why did no one tell me that this is what is like to have a baby!?"* (while laughing). She was also in distress because her baby was a *"typical fussy baby and cried a lot"* and it was difficult for Yana to breastfeed her.

All mothers experienced breastfeeding challenges to diverse extents. For example, Gita had *"nipple blisters"* which she "*did not think… would hurt that much"* because she had learned about breastfeeding before she started. Gita had to endure the pain from breastfeeding for *"almost 2-3 weeks".* Breastfeeding was also painful for Vivi which made her feel like she breastfed *"my first baby half-heartedly"* due to the blisters. This was also experienced by Ama and Fira who had *"swollen breasts"* which in Fira's case, caused her to feel "*feverish*" and uncomfortable. Furthermore, Ama's baby had to be hospitalised when she was just three days old because her baby *"got jaundice"*. Ama had to go back and forth to the hospital *"to breastfeed my baby at a nursing time"* and she had to *"pump my milk"* for her baby too.

Gita found difficulties in breastfeeding her baby for the first time when they were still in the hospital because her baby *"always refused my breast"*. She "*didn't know why"* and it made her so *"worried and sad"*, because *"my milk came out, but he didn't want it".* Moreover, when they were at home, she was finally able to breastfeed her baby even though it was difficult *"to breastfeed with my left breast".* Ama also felt *"so confused"* to find the right *"breastfeeding position".* She had to learn it by herself *"to find the most comfortable position, how to do it while sitting or else…",* meanwhile *"everything was so painful* (while laughing)*"*. Some mothers also found that their babies had difficulty latching on to them due to *"flat nipples"* (Diana) and *"inverted nipples"* (Fira).

Among mothers' stories, I want to highlight Vivi's experience:

> *"When I breastfed my first baby, I was 'bleeding' (Indonesian: berdarah-darah). The way I breastfed my baby was not right. The way my baby latched was incorrect and it caused my nipples to blister. So, everytime I breastfed my baby, I imagined my baby's mouth as a tiger's mouth when she tried to latch on to me. I was so afraid, and when she "clup"* (imitating the sound of a baby's latch with her mouth and hand)*, my parents said that I was 'dangdutan' that was…uuuuugh… hurt sooo bad, it made me cry".* (Vivi said it with full expression and gestures, and laughed)

[Note: Dangdut is a genre of Indonesian dance and folk music originated from Java, people dance and move their body when they listen to dangdut music]

I was taken by surprise when Vivi used the metaphor of 'tiger's mouth' and '*dangdutan'*. The '*dangdutan'* metaphor was probably used to describe how Vivi moved her body to bear the pain. It was as if she metaphorically danced with dangdut music. The pain was not enjoyable, and she was actually telling the unpleasant, painful, and scary story as soon as her baby latched on to her, which expressed in her intonation and gestures. Vivi's stories brought me back to my breastfeeding memories. I thought breastfeeding would not be that hard. When I breastfed my first daughter, I tried to endure the pain by squeezing the pillow or my husband's hand and stomped my feet on the floor to distract myself from the pain.

Despite the hardship Vivi experienced, she laughed when she revisits her memories. Similar with other mothers including myself, there were also expressions of laughter at the memories of sorrow when they shared their stories. We felt the sense of gratefulness and relief that we were finally able to pass through it and that breastfeeding was worth fighting for.

From the mothers' stories, I could feel that their struggles started before the beginning of motherhood journey. Across the stories, Vivi was not the only one who mentioned about *"berdarah-darah"* (bloody, bleed or bleeding). This is one of the terms that challenging to translate directly into English. In this context, the word *"berdarah-darah"* was used to express their journey which was a struggling journey or in Indonesian we say *"perjuangan berdarah-darah"* or 'bloody struggle'. '*Perjuangan'* is 'struggle' and '*berdarah-darah'* is 'bleed'. This metaphor used to describe somebody going through a huge hardship and struggle to survive. However, in the context of mothers' breastfeeding

journey, the ‘bleed’ or ‘bloody’ described the struggle and painful journey they had to endure due to childbirth process and breastfeeding. They were literally bleeding during their journeys. For the mothers, breastfeeding was not only initially painful but also filled with tears. As Yana said, *“it was undeniable that at the beginning I was ‘bleeding’ and cried a lot”*. They had to bear the soreness and blisters on their breasts when they breastfed their babies.

When I dove deep into the mothers’ stories, I wondered why none of the mothers told the story of joy and happiness of being a first-time mother as well as breastfeeding for the first time. Instead, they talked about the challenges and struggles which was their immediate response. Apparently, previous studies had also found that breastfeeding is not as natural as it seemed due to the pain and discomfort, mothers had to bear (Feenstra et al., 2018; Williamson et al., 2012). In this study, mothers’ stories confirmed the reality of first-time mothers had to face which seemed to be an unforgettable experience throughout their motherhood journey and the need of their stories to be told. Unfortunately, this was just the beginning of their long-term breastfeeding journey while many challenges still came through forcing mothers to cope the physical and mental discomfort.

The ‘Bloody Struggle’: Physically and Psychologically

“I still feel the contraction and my torn perineum took three months to heal completely” (Gita)

“I felt my identity changed, I felt like I lost my confidence” (Beta)

Reflecting on mothers’ stories, I found that the childbirth experience and dealing with their postpartum body as well as their breastfeeding experiences was overwhelming. Complicating the physical pain due to delivery process and breastfeeding, some mothers had to struggle with psychological problems. In Gita’s experience, it seemed that her body did not recover the way she expected and made her upset. She had focused on learning practical skills like *“how to stock the expressed breast milk”* and was confident that *“I will definitely gonna be able to do it for two years”*. Unfortunately she *“skipped the part of learning about postpartum knowledge”*. It made her felt unprepared for *“the physical and mental condition of becoming a mom”* admitting, *“I wasn’t that relaxed, I got a bit of baby blues, and cried too”*. She used to believe the common notion that “*giving birth normally* [spontaneous birth] *is easier to recover and a mom can do anything faster* [compared to caesarean birth]”, but it did not happen to her.

Even though Gita had a normal birth, she *"could barely do anything due to the injury of my torn perineum"*. She did not imagine having *"swollen feet and the pain in my stomach because I still feel the contraction"* and *"my torn perineum took three months to heal completely"*. Her postpartum condition left her feeling *"so weak and I didn't feel like going outside of the house"* even *"my mother was the one who bathed my baby"* because she could not do it. Gita's experience highlights the physical and psychological hardship encountered by a new mother. She seemed to be helpless and upset at the beginning of motherhood journey.

Furthermore, as a first-time mother, Diana felt the challenge of living only with her husband without their extended family around. Even though her husband *"got a father's leave"* it did not seem to be enough for Diana because *"the 'drama' began"* when her husband started to return to work. *"I cried a lot because I was only with my daughter at home",* said Diana. In Yana's experience, she felt miserable when she had her first baby. Despite having to deal with an unplanned caesarean delivery, she struggled with her *"extraordinarily unsettled baby* (Indonesian: rewel luar biasa)" which made her difficult to breastfeed. She thought that her in-laws *"compared my baby to my sister in-law's baby who was born two weeks earlier through normal delivery, and he* [the baby] *was so calm"*. Yana also felt disappointed when her *"sister in-law tried to breastfeed my baby and my baby could fall asleep, but not with me"*. All the disappointment made Yana feel "*psychologically depressed and cried a lot"* which she thought that it was probably because of "*hormonal change*".

In Beta's story, she felt she experienced some kind of 'identity crisis' as a first-time mother. She was not *"typical of mother material"* and she explained herself that *"I wasn't a person who would say… aww look at those kids, I'm so happy to see them"* and she *"never carried a child but my own child"*. It seemed that she never felt excited in interacting with children. After having a baby, Beta wondered of what happened to her which she thought *"probably it was a baby blues and I felt that my identity had changed* (Indonesian: merasa jati diri saya berubah)". She felt like she became a different person. Beta in the past was a "*tomboy and independent"*, but when she had a baby *"I felt like I lost my confidence, I lost control, I couldn't control…"* the situation and things that happened to her. Beta faced childbirth complications, temporarily separated from her

baby, and postpartum and breastfeeding pain, leaving her feeling *"psychologically shocked"*.

When I interviewed Clara, she was breastfeeding her second baby. Her first baby passed away before she returned to work, but she got the chance to breastfeed her first baby. Clara finally had her second baby *"after two years"* and she experienced *"a mood swing and very sensitive* [emotionally]". She also thought that she *"got a baby blues"* and felt like *"I had to really protect my baby, I had to… every night I felt…what if something happened when I sleep?"*. With her experience of losing her first baby, it is understandable that she had an intense worry about her child. Clara wanted to protect her baby to make sure that she was safe because *"what I'm afraid the most is what if my baby got sick*".

Listening to Clara's stories had brought back my memories of the loss of my first baby. After the birth of my second baby, I felt so overwhelmed, and I had mood swings for the first few weeks. I cried a lot and felt that I was incapable of nurturing my baby. As a psychologist, I was aware about the physical and psychological changes experienced by a first-time mother. Despite this, the exaggerated over-emotional feeling felt like torture to me, and probably I blamed myself because I could not handle it while I knew 'the theory'.

Reflecting on our experiences, I noticed how the mothers tried to make sense of what was happen to them psychologically. They 'diagnosed' themselves that they had baby blues. It seemed that they were aware that having a baby was overwhelming and sometimes it made them cry or feel afraid or became emotional. They tried to understand that what happened to them was related to the hormonal change as well and it could be normal for a mother who just had a baby. This self-awareness seemed to help them accept that what they experienced was not easy and filled with tears, and they associated it with what they understood as baby blues symptoms. They were able to feel compassionate about their psychological and emotional struggles.

Is Breastfeeding Enough? Questions from Family and Relatives

"Aren't you feel sorry (or pity?) (Indonesian: merasa kasihan) for your baby? What a poor baby… what if your baby thirsty? That's what they said to me". (Fira)

Despite the physical pain and emotional fluctuations happening in their early motherhood journeys, mothers also faced discouraging experiences from people close to them. There was different knowledge on breastfeeding in society including from their family members and even from the health professionals. They heard unpleasant comments and suggestions they did not expect. Instead of being supportive, some mothers experienced conflict that came from their own family.

In Ama's experience, her mother-in-law fully supported her, yet challenges came *"especially from my mom!"* (she said it with a forced tone), who visited her when she gave birth because she lives in a different city. Ama's mother has a different stance on breastfeeding causing her to argue with her mother over her choice to breastfeed. *"I fought (Indonesian: paling suka gelut) with my mom the most* (laughing)*",* said Ama. Whenever her mother heard her baby unsettled, her mother would say *"this is definitely not enough breast milk, you should supplement* [with formula] *bla bla bla…*". This was also said by people in her surroundings like *"my aunts"* who suggested *"why don't you just top-up* [with formula]*, it's not enough* [breast milk]" when they saw her baby crying or unsettled. Ama's mother *"still adheres to 'ancient' beliefs"* and gave restrictions to what Ama should or should not take because it would affect her breast milk. For example, *"Don't drink too much or your baby could get a flu"* and *"I may not eat this and that, may not eat fish because it'll make my milk taste fishy".* Her mother's presence made Ama feel *"so stressful"*. However, Ama did not conform behind her mother's back even though when her mother found out *"she scolded me"*.

The conflict between Ama and her mother was relatively unique within the participants' stories because it was her own mother who did not support her the way she expected. Despite the arguments with her mother, Ama knew that *"I was breastfed until I almost attended primary school*" and she questioned her mother *"why you asked me to top-up with formula?"*. Her mother argued that *"it's different then and now, there are many options of formula* [brand]*, and people use it, so why aren't you?"*. In Ama's understanding, her parents probably believed that breast milk was not enough to fulfill baby's nutritional needs and thought that her mother breastfed her because they *"couldn't afford formula"*. When her mother finally went back home, she felt *"relaaax…"*. It seemed that Ama was so relieved that she did not live together with her mother because she always tried to interfere with Ama's breastfeeding decision.

Living with her parents-in-law was challenging for Yana especially when they compared her baby to her sister-in-law's baby who was *"calm and content"*. Yana thought that sometimes parents tend to be *"more experienced"* and said *"it's just a theory"* whenever Yana and her husband tried to defend themselves over their breastfeeding choice. In Tina's experience, she was *"accompanied by my mother"* who visited her after she gave birth. She tried to *"communicate what I want"* to her parents such as, *"I insist that my son is not allowed to take formula and no bottle feeding"*. Her mother seemed to doubt her as she said, *"what if your son got jaundice?*" or *"what if you only produce a little milk?"*. Tina had to argue with her mother that she was so *"convinced not to give formula"* and her mother finally *"follow what I want"*. Likewise, Fira also tried to inform her parents not to intervene with suggesting formula, and the reaction she got was *"Aren't you feeling pity for your baby? What a poor baby… what if your baby thirsty?"*.

For the mothers, listening to unexpected comments or being questioned over breastfeeding seemed to be inevitable because many people such as family, relatives, and friends visited them to see their babies. Beta also heard the question from people who visited her after she gave birth *"is it okay if you don't give formula to your baby?"*. It seemed that society often assumed that a crying or unsettled baby indicated breast milk insufficiency. Others suggested formula because they assumed that formula was a way out for breastfeeding problems, and they offered it for the sake of the babies because they felt pity that the babies might not be nourished enough. They trusted formula as the best for children's wellbeing. They tried to be supportive and seemed to have more experience compared to the new mothers, but it was not the support that the mothers needed. Moreover, the comments usually came from the older generation such as mothers' extended family including their aunts, relatives, or neighbours who visited them after they gave birth.

From the mothers' experiences, I noticed that the accurate information about breastfeeding was not widespread in the community, even I heard discouraging comments twelve years ago when I had my first baby. Some of my relatives told me that it was fine to top up with formula. They wondered whether my baby was still hungry because she cried a lot and asked me whether I had started giving formula knowing that I would return to work soon. With all the hardships the mothers had to withstand, the unsupportive comments could be discouraging enough to make them give up on breastfeeding if they

could not handle them. I also thought that the people who doubted breastfeeding might be trying to show that they cared or worried for the new mothers and their crying baby and wanted to share their opinion or their experience because that was all they knew. Conversely, from the mothers' point of view, these comments felt disheartening and lacked empathy.

Unpleasant Experiences from the Health Providers' Services

Regardless of the discouraging experiences with their families and relatives, mothers also had unpleasant experiences related to the healthcare provider services including from doctors and nurses. In Ama's experience, the midwife in the clinic where she gave birth supported her for breastfeeding. Unfortunately, when she took her baby due to jaundice to the same clinic, she met a different midwife. The midwife blamed Ama "*she* [the baby] *is not fed enough…*" and "*referred my baby to the hospital*". In the hospital, instead of encouraging her about breastfeeding, she was asked to "*sign an agreement to supplement my baby with formula*". Ama was grateful that she could say *"no"* and she committed to *"come to the hospital to breastfeed*" her baby and "*pump my milk for her*".

In Vivi's experience, she discovered that "*not all paediatricians are pro-breastfeeding*". Vivi visited the paediatrician because her baby was unwell and found that "*my baby was underweight, and it wasn't appropriate for her age*". Unexpectedly, "*the doctor directed me to switch into formula*". From Vivi's story I found that the doctor suggested formula without investigating what was wrong with the way Vivi fed her baby and it made her disappointed. Even when her baby needed to see a physiotherapist, they told Vivi "*this child's development is not according to the stages*" because "*your child should be able to hold a bottle*". Vivi was startled because she did not bottle feed her baby and what the therapist said did not make any sense for her. She argued that "*my baby could hold anything else, and it doesn't have to be a bottle*".

Vivi and Gita also shared similar stories where they found the nurses were unhelpful to find the solution for their problems. Instead, the nurses seemed to scare Gita saying, "*if you don't feed your baby, it would be dangerous, your baby might get jaundice*". It was not Gita who did not want to breastfeed her baby, "*you see yourself that my baby keeps rejecting me, I've tried…*" she argued to the nurse. Vivi's unpleasant experience was after she gave birth to her second baby. Her baby was easily unsettled, cried a lot, difficult to breastfeed and made Vivi nervous because she had breastfeeding experience before. She

asked the nurse, "*would you please help me, how is this…?*" and expected *"a help to find the solution"* but the nurse replied in an unfriendly tone *"…'you shouldn't be nervous, just do this...' the more she grumbled the more I felt stressful*". Vivi then realised that "*not all of them* [health workers] *understand* [how to support breastfeeding]" emphasising the importance to "*choose the right hospital that understands about mother and baby*".

Even though not all mothers I interviewed had unpleasant experiences with the health facilities, Ama, Vivi and Gita's stories showed that such problems exist in society. I had that experience with the nurses who said "*just keep trying*" which I found unhelpful because I did try and try. They did not tell me that the pain was caused by incorrect latching. I agreed with Vivi who thought that not all health workers were supportive towards mothers especially in a way that mothers expected. This is probably because not all of them understood how to do so as well as understanding their role was important in mothers' early breastfeeding journeys.

According to WHO's 2017 report regarding the implementation of the Baby-Friendly Hospital Initiative (BFHI) (World Health Organization, 2017), Indonesia had implemented the BFHI program since 1994 but only 12% of health facilities were accredited as BFHI. The BFHI program has a global standard that complies to the Ten Steps for Successful Breastfeeding and the International Code of Marketing of Breast-Milk Substitutes (World Health Organization & UNICEF, 2009). This means that the designated BFHI facilities should support mothers and provide practical assistance in breastfeeding because their staff are trained to do so as mentioned in step two. They should not promote the use of formula unless it is necessary and medically advised for certain conditions of mother and baby. However, in Indonesia the implementation of BFHI still needs to be improved and widespread in all health facilities. What I found from my participants' stories was similar to previous research in Indonesia that there are health facilities who could not provide support for mothers to breastfeed their babies (Spagnoletti et al., 2018) and lack of trained staff who had adequate skills to help mothers for breastfeeding (Flaherman et al., 2018).

From my interviews with the mothers, I discovered that their early motherhood journey was filled with constant challenges and struggles. There were so many things for them to negotiate simultaneously. They started with the hardships of giving birth, the struggle as a first-time mother, challenges as a new breastfeeding mother, discouraging experiences

from their surroundings and lastly the preparation before they returned to work. That was just the beginning of their long journey to achieve a minimum of two years breastfeeding.

Having a baby seemed to give mothers mixed feelings. On one side, the baby brought joy and happiness especially for mothers who had to wait for some time until they had a baby such as Vivi who "*had a baby after 5 years of marriage*", while on the other side, it was followed with the worries, confusion, cluelessness, and hardships as a first-time mother. However, I will not only be focusing on mothers' pain or unpleasant experiences. I have seen from their stories that all mothers I interviewed had shown how they could embrace the strength that helped them grow to beat the encountered challenges. The next section will discuss mothers' experiences of strength and supports that helped them negotiate the hardships they faced.

The Strength and Resilience: There's No Way of Giving Up

"Even though I had to bleed... I will keep doing it" (Vivi)

When I interviewed the mothers who shared their stories with me and had read the transcriptions of their interviews several times, I could sense that their journeys against all odds were amazing. Along their journeys, they were able to stand up every time they were confronted with obstacles. I found it quite complicated to describe how their strengths emerged because several reasons underlay them, for instance, the knowledge they had, the support they received, their beliefs and determination. Furthermore, the strengths they gained were not built easily and they did not come without pain. Their dynamics experienced are presented in the following sections.

The Knowledge About Breastfeeding

Before the mothers had their babies, not all of them were aware about breastfeeding. In Beta's experience, she "*grew up from a generation that idolised formula"*. Beta and her sibling were *"breastfed for a short period of time and then took formula"* and in her understanding "*formula was good for children's development"*. Even during the pregnancy, when Beta and her husband went to the supermarket, they looked around thinking "*what kind of milk* [formula] *will we give to our baby? What is the best brand? Why is this so expensive?"*.

Beta was not the only one because Yana also thought that "*children are associated with formula"*. Yana and her husband also looked around at the formula stall at the supermarket wondering "*which formula brand is good"* for their baby. Similarly, Tina also thought about "*buying baby bottles and looked for a good one"* as it was included in her "*preparation list"* before giving birth. She planned *"to bottle-feed"* because it was what she observed *"in the society*" which appeared to be normal.

When discussing breastfeeding especially in Indonesian context, it seemed that this was always clashing with the use of formula, and this emerged in my participants stories. Some of them thought about giving formula to their babies. However, their journey to finally become acquainted with breastfeeding seemed to be an eye-opening moment. I suggest that it is important to acknowledge how mothers became informed about breastfeeding and how they navigate the information they had to be successful in breastfeeding.

The mothers were exposed to breastfeeding information from various resources such as *"asking friends"* (Gita), *"AIMI's class* (breastfeeding class held by AIMI)" (Yana), *"my mom*" (Vivi), *"breastfeeding support group in social media*" (Fira) and *"some books or information about breastfeeding"* (Clara). There were mothers who learned about breastfeeding before they became pregnant. Since Fira had to wait for almost four years after she got married until she had a baby, she *"had more time to learn about becoming a parent while waiting* [for having a baby]". It allowed her to get to know "*AIMI who equipped me with knowledge about breastfeeding".*

In Gita's experience, she was inspired by her colleagues *"who managed to keep breastfeeding and…pumping at the office"*. Afterwards, she braced herself to *"find more information about breastfeeding"* to make sure that she was *"well-prepared* [for breastfeeding]" when she had a baby. Gita learned that "*breastfeeding has so many benefits"* and she was most concerned about *"health and immunities"* for the baby. Likewise, Clara joined *"breastfeeding communities"* to be prepared for the next pregnancy after she lost her first baby. She thought *that "just in case in the future I might have problems* [with breastfeeding], *I knew where to seek help*".

Diana, Yana, Beta and Tina started to learn about breastfeeding during their pregnancy. When Diana found out she was to be a parent, she felt *"clueless and confused* [about how

to be a parent]". Knowing she *"would be nervous*" whenever facing something she knew nothing about, Diana and her husband "*tried to prepare ourselves*". She learned, "*how to breastfeed, how to bathe a baby*" because she lives alone with her husband and "*we couldn't count on anybody else*". Diana and her husband even learned by watching videos "*from YouTube*". Moreover, Diana also tried to learn from "*Sanggar ASI* (breastfeeding support provider)". She "*joined their pregnancy class, breastfeeding class and a yoga class*" as well as "*asking my friends*".

In Yana's experience she joined breastfeeding classes "*together with my husband when I was around 7 months pregnant*" which she felt was "*a little bit too late*" knowing how important it was. She was "*reminded by my friend*" to learn about breastfeeding and thought that "*not many people were aware* [to have knowledge on breastfeeding]". Moreover, she also learned from other resources like "*reading some literature*". Beta's eye-opening moment of breastfeeding was when "*my friend visited me when I was pregnant, and she talked about breastfeeding*". Beta then realised that "*milk advertising is misleading*" and "*it was difficult to change the mindset in the society*" because the advertising was widespread.

Beta gave birth in a *"pro breastfeeding hospital"* that had *"a lactation clinic"*. She visited the clinic *"before I gave birth"* and *"they taught me so many things"* such as *"some of the risks we might face in the childbirth process, breastfeeding problems that might be encountered, or problems with milk supply"*. Beta reflected on her experience of how knowledge on breastfeeding was important because *"I just found out that after the baby was born, the milk is just this much* [small amount of milk] *and don't expect to get bottles of milk"*. She could not imagine *"if I haven't been told about it"*, whenever problems emerged and *"people in my surrounding were uneducated about breastfeeding"*, she could have *"easily fall right?* [into formula]*"*. Beta was mostly *"accompanied by my mother"* who only knew that *"you were okay with formula"*. She then realised that if she was uninformed, she would have probably followed her mother's misleading suggestion. Thankfully, she knew that *"if I didn't fight for my milk to come out, that's it, my body might stop producing milk"*.

For some mothers, the reason why they breastfeed their babies was not only because they had learned or had information about breastfeeding. For example, in Ama's perspective, she breastfed her baby based on a *"mother's feeling"*. When she said 'feeling' in

Indonesia we usually use that word interchangeably with 'intuition'. She followed her intuition and also with her understanding that *"breastfeeding is a mother's job"* when they have a baby. Similarly, Vivi breastfed her baby because she was *"inspired by my mother"* even though she considered her mother as "*an old-fashioned person*". She agreed with her mother that *"breastfeeding is a child rights"* even though she *"had no sufficient knowledge"*. Vivi then "*followed my mother's path*".

Generating from the mothers' stories, I found that they learned about breastfeeding both formally and informally. Some of them had access to join a formal breastfeeding class held by non-government organisations who cared about breastfeeding such as AIMI and Sanggar ASI, as well as gathering information from any available resources. Furthermore, the mothers did not specifically mention what they had learned in the breastfeeding class or what kind of information they received about breastfeeding, but from their stories, the information they had was meant as knowledge that guided them to decide to breastfeed their baby, how to do so and how to overcome the challenges.

Many studies on breastfeeding found that knowledge on breastfeeding is important for the sustainability of breastfeeding and this suggests that intervention on promoting breastfeeding education might be one of the ways to increase breastfeeding practices (Abdulahi et al., 2021; Altamimi et al., 2017; Wang et al., 2020; Wu et al., 2021). The studies which assessed mothers' knowledge on breastfeeding included these aspects: advantages of breastfeeding, breastfeeding duration, practical aspect of breastfeeding, breastfeeding problems (Abdulahi et al., 2021), benefit of exclusive breastfeeding, skills for breastfeeding, breast milk storage methods, breastfeeding conditions (Wang et al., 2020), advantages of breastfeeding, breastfeeding initiation, disadvantages of bottle feeding (Akinyinka et al., 2016), benefit of breastfeeding, lactation mechanism and skills, breast milk components, neonatal and breast problems management, and breastfeeding contraindication (Wu et al., 2021). To summarise, discussing breastfeeding knowledge covers information regarding the benefit of breastfeeding, duration of breastfeeding, skills on how to breastfeed, as well as overcoming breastfeeding challenges.

During my involvement in AIMI, these are also the kinds of information that we shared in the breastfeeding class. AIMI has four breastfeeding classes (Asosiasi Ibu Menyusui Indonesia, 2021) starting with "breastfeeding preparation during the pregnancy" (benefit of breastfeeding, risk of formula feeding, The WHO Code, early breastfeeding initiation

and room-in), "the fateful first days" (principle of breastfeeding production, mother's nutrition, breastfeeding position and latching-on, sign of breastfeeding sufficiency, jaundice and hypoglycaemia), "preparation for returning to activities" (pumping/expressing milk, storing and serving EBM) and "breastfeeding challenges" (breast problems, tongue tie, nursing strike, relactation, weaning). Some of these information can also be found on their website which can be accessed freely for anyone interested.

From the mothers' stories, I suggest that mothers held this information regardless of where they had it from. I learned that their understanding towards breastfeeding as well as gathering information from available resources were used to develop a greater knowledge that helped them to decide what was best for them and their baby. With this knowledge, they realised the benefits of breastfeeding especially for their children's health and immunity, therefore they fought for it. Mothers' knowledge and understanding about breastfeeding could be seen as a foundation towards their breastfeeding journey and something they could hold on to whenever facing difficulties. Mothers' knowledge was also developing along the way and can be seen throughout the analysis chapter.

Women Supporting Women: The 'Breastfriend'

> *"Honestly, if it wasn't because of my friend who pushed me to join the breastfeeding class, I would have been feeling down when I had that condition* [facing breastfeeding challenges] *because we* [she and her husband] *were inexperienced"* (Yana)

Knowing that knowledge on breastfeeding was valuable and helpful along mothers' breastfeeding journey, I suggest that it is also important to acknowledge where the knowledge and information that encourage mother for breastfeeding was coming from. Some mothers had mentioned about breastfeeding classes they attended, reading some literature, joined breastfeeding support group and even from social media. However, across their stories, I noticed that 'a friend' or 'friends' had always been mentioned by my participants. All of them had at least one 'woman friend' who played an important role on their breastfeeding journey. They were their friends, fellow breastfeeding mothers or had breastfeeding experience before. Hence, they introduced breastfeeding to the mothers and encouraged them to learn about breastfeeding and supported them.

Most of the mothers found out and became interested to learn about breastfeeding from their friend. In Beta's experience, she "*felt very lucky to have XX, my close friend, who*

gave me so much information" she needed about becoming a breastfeeding mother. Her friend welcomed Beta to "*asked many questions*" on "*health, nutrition*" and finally discussed "*the use of formula*" for baby. Beta trusted her friend because her explanation was making sense to her and "*she opened up my mind*" and made Beta realise that "*breastfeeding is the best* [for baby]".

Tina learned about breastfeeding from one of her friends "*who always shared her breastfeeding stories on her Instagram*". Her friend also reminded her to "*learn about breastfeeding and how important it is*". Her other friends also introduced her to a "*breastfeeding support provider*" and reminded her "*to involve my husband when I did consultation with the lactation counsellor*". This was also the key point for Tina to involve her husband in understanding about breastfeeding. Afterwards, Tina felt "*more opened* [her perspective] *and more challenged to find the hospital"* that was pro-breastfeeding. In Yana's experience, she was thankful that "*if it wasn't because of my friend who pushed me to join the breastfeeding class, I would have been feeling down when I had that condition* [facing breastfeeding challenges] *because we* [she and her husband] *were inexperienced"*.

Reflecting on Vivi and Ama's experience, they did not know much about breastfeeding when they had their first baby. With her second baby, Ama's friend "*supported and encouraged her for breastfeeding*", knowing that Ama was also breastfeeding her first child with not much information and only that she "*trusted my feeling*". Ama then learned from her friend and her friend seemed to give her strength to continue breastfeeding with her second baby. Similarly, Vivi was only "*inspired by my mom*" to breastfeed her baby because her mother "*breastfed all of her four children*" including Vivi.

When Vivi was pregnant for the second time, she saw "*my friend's post on her social media*" about breastfeeding information. Vivi became curious and told her friend, "*If you have any information about breastfeeding, please let me know*". Vivi was "*grateful*" that she got "*so much information from XX*" and that she could "*learn a loooot*!" from her. Vivi even regretted "*Oh God, why I didn't know about this* [breastfeeding] *sooner?*" because of the pain she had when she breastfed her first baby. When Vivi had difficulties, her friend helped her by connecting Vivi to a lactation counsellor "*XX gave me her* [the lactation counsellor] *phone number and she was very welcoming when I asked so many things"* which was helpful to overcome Vivi's problems. Vivi was thankful that she had

the opportunity to learn further about breastfeeding before her second baby was born. Accordingly, her second breastfeeding experience was "*very enjoyable* (smiling proudly)" because she "*knew the right way to do so*".

Vivi always asked her friends "*who are pro-breastfeeding*" and "*asked their suggestions*" whenever she needed to as she could rely on their advice. She also heard her friend's story who found difficulties in breastfeeding *"which was worse than me"* and made Vivi think that "*my experience was nothing compared to her*". Therefore, she thought that if her friend could pass through such difficulties then she could do the same.

According to Gita, she "*felt motivated and encouraged*" whenever she observed her female colleagues who were breastfeeding mothers pumping milk in their office. She felt that "*it ingrained in me*" and "*gave me 'semangat'* (English: enthusiasm or positive feeling)" that "*Ok, I can do that too*". Gita mentioned that "*I didn't know where the determination came from"* but she convinced herself that if she got the chance to have a baby, *"I want to breastfeed for two years".* Since Gita knew that her colleagues "*in my working environment did so*", it seemed that there was a sense of 'if they can, I can do it too' in Gita. She then determined that she would "*keep pumping and provide breast milk no matter how*". Moreover, Gita also received a "*suggestion*" to cure her nipple blisters from her "*friend who visited me*" after she gave birth.

From the mothers' stories, I found woman-to-woman or mother-to-mother support an empowering story that should be recognised. Unfortunately, previous research rarely discusses this specific supportive relationship between mothers. Research discussing breastfeeding support recognised that the source of support and breastfeeding information could be found from several parties such as health professionals, family, relatives, friends, and peer support/support group (Agudile et al., 2020; Brown & Jones, 2021; Clifford & McIntyre, 2008; Schmied et al., 2011; Sutter et al., 2018). However, that research did not identify who these friends were and some of them include 'friends' with other categories such as friend/relative support (Sutter et al., 2018), other family members and friends (Clifford & McIntyre, 2008), and neighbours and extended family including uncles, cousins, and friends (Nóbrega et al., 2019).

Research discussing woman-to-woman breastfeeding support usually acknowledges the importance of peer support or support groups (Bengough et al., 2022; Brown & Jones,

2021; Forster et al., 2019; Schmied et al., 2011; Sutter et al., 2018). These peer supporters were either voluntary or paid, usually trained to provide support either individually or within the group (Kaunonen et al., 2012). This type of support is excluded from my definition of 'breastfriend' support since this peer support was more of support provided by design (Schmied et al., 2011).

In my experience with a breastfeeding support organisation, we often heard the term "breastfriend" referring to the friends who are fellow breastfeeding mothers or friends that support women for breastfeeding. Some of them probably had been exposed to peer support programs, but then they act independently to show support and care for other mothers. Their presence was important because it enhanced the feeling of 'I'm not alone' in this journey. For the mothers, their friends gave them inspiration for breastfeeding and to learn about breastfeeding, as well as to be someone to look up to whenever they found difficulties.

Mothers found the solution of their breastfeeding problems from their friends. Learning from other mothers also increased their motivation for breastfeeding. They even learned from other mothers' experience of difficulties. It is also interesting to know that there are mothers who use social media to share their breastfeeding experiences, giving information about breastfeeding and reaching out to other mothers in need. This current study gives more nuance on how support was initiated by mothers to other mothers. Mothers gave this support to others for free, purely because they cared for each other and as an empowering act to achieve their breastfeeding goals. The mothers also realised that having the knowledge did not mean that they would not find difficulties, however it made them aware that problems or challenges might come but they would not let themselves be trapped by them.

Acquiring Support: From Husbands and Families

> *"We both together joined lactation classes several times, we always joined so that both of us learned together… at least he had the knowledge about breastfeeding"* (Yana)

As the mothers learned about breastfeeding, they also realised that they needed support for successful breastfeeding starting from their early breastfeeding journey. However, from their stories I learned that support was not merely given to them. Sometimes mothers had to make an effort to get support. Discussing about support in this section focused on their early motherhood journey. Furthermore, the topic about 'support' will still be

discussed in further sections of this chapter because it embedded within the entirety of the mothers' journey. In Fira's experience, she told her husband and parents that "*if my milk hasn't come out, it's okay*" because she had learned from "*other mothers' stories*" who had been told "*to give formula*" from their family while they still learn to breastfeed. Fira did not want such a thing happening to her, hence she asked for their support in advance through sharing her knowledge.

Gita also told her husband and mother to give her "*semangat"* and "*to support me*" since they live together in the same house. The word "*semangat*" are often used by the mothers. The direct translation of "*semangat*" in English is 'spirit' but it does not match with the meaning of "*semangat*". In Indonesian, when people have "*semangat*" it means that they have the feeling of excitement, or enthusiastic mood. They have the strength, energy, and determination to do particular activities. From the interviews I also found the term of "*memberi semangat*". *"Memberi*" translated in English means "giving". When those two words are used together it means that someone gives "*semangat*" to someone else. It can be said that someone gives / provides support or encouragement; cheered-up somebody else, so that a person becomes enthusiastic and has the strength to do something.

In Gita's perspective, she felt supported by her husband and mother because "*they never gave me comments* [discouraging comments]" or suggested "*come on just give formula*". Gita's perspective of support could be perceived as simple and uncomplicated. It revolved around the acceptance of her choice as she explained, like "*I didn't feel like being put down, I didn't feel like they disturbed me*" or when her husband said "*yes, it's okay*" to Gita's choice for breastfeeding. Gita's mother was also happy to "*let me do what I wanted to do*". Accordingly, Gita had the 'semangat' that she could *"just keep going... and there was no rejection*".

Yana and her husband had the same understanding and commitment about breastfeeding because "*we both joined lactation classes several times*". Her husband was fully supporting Yana to pass through the challenges at the beginning of her breastfeeding journey when he "*accompanied me pumping and would do anything that calmed me down*". Since Yana lived in her parents-in-law's house, her husband always tried to "*mediate whenever there was a misunderstanding about breastfeeding"*. Yana also realised that "*he gave attention, even to small things*" that really mattered for Yana such as he "*gave me oxytocin massage and stored my EBM after I pumped and gave everything*

that I needed". Yana highlighted that *"those small attentions was the things that made me survive*". She also noted that "*everything will be so much easier if we go through it together*" and it helped them not to give up easily especially when "*being bombarded by other people's comments*".

In Beta's experience, she always "*took my husband whenever I visited a lactation clinic",* accordingly her husband "*understood how important breastfeeding* [was] *for our children"*. Similarly, Diana's husband joined her to learn about breastfeeding and parenting. Since they live without extended family, Diana's husband was "*very helpful because he got 3 weeks paternity leave*". They cooperated to "*bathe our baby, and stayed up all night to tend to our baby"*. In Tina's experience, *"at first my husband was not really interested* [about breastfeeding]" until "*he saw me so determined, and he became curious*" and eager to learn. From the mothers' stories I learned that when wife and husband were well-informed about breastfeeding and unified to hold the commitment for breastfeeding, they would cooperate together to make breastfeeding work well for their families.

Yana and Tina had similar stories that they were struggling with their milk supply after they gave birth. "*My sister-in-law donated her breast milk for my baby when she was in the NICU*" said Yana, because her sister-in-law had just had a baby before Yana gave birth. Yana was grateful that she helped her even though she had also envied her because *"she pumped so easily, so smoothly while it was so difficult for me*". Tina's baby also received "*my sister-in-law's breast milk*" because her son got "*dehydrated and feverish*", and Tina's breast milk had not come out smoothly to fulfil her baby's needs.

I found these as empowering stories because they are a good example of mothers helping another mother in need, and donor milk, especially from trusted people might be safer than giving formula. Throughout the history of breastfeeding, a mother breastfeeding other mother's babies was called wet nursing (Hrdy, 2009; Stevens et al., 2009) which was a common practice. Even the WHO suggested that the best feeding for baby hierarchically is their mother's breast milk through direct breastfeeding, expressed breast milk from the baby's mother, wet nurse's breast milk through direct breastfeeding or donor milk and lastly, formula (World Health Organization & United Nation Children's Fund, 2003).

From the mothers' stories, support from their significant others such as husbands and other family members especially those who live together in their household was important throughout their breastfeeding journey. Knowing that mothers experienced many hardships, it would be difficult for them to endure without support and help from their surroundings. Learning about breastfeeding was also a way to anticipate any problems that they might encounter especially when the couples (the mother and father) had the same understanding and goals for breastfeeding. Supportive grandparents (of the baby) were also needed, because according to mothers' stories, the generation gap led to a different understanding about breastfeeding. The way other generations supported mothers was not the support that mothers expected, especially when grandparents thought that breastfeeding was not enough and suggested their grandchildren take formula.

Health Service Providers' Support

> *"Luckily, I gave birth in a hospital that was pro-breastfeeding and before I gave birth there was a lactation clinic and they taught me so many things* [related to breastfeeding]*"* (Beta)

Even though some mothers told of unpleasant experiences related to health care providers, there are mothers who had positive experiences. They received support from the health facilities such as hospitals, doctors, midwives, and nurses who helped with breastfeeding after they gave birth. Ama was assisted by an internship nurse who told her, "*It's okay if your milk had not come out, don't give her formula*", and Ama trusted her and followed her suggestion. Beta gave birth in a pro-breastfeeding hospital. When she struggled with pumping her milk for her baby "*luckily they supported me*", for example, "*keeping me company, and taught me how to pump even though I could only manage to express a small amount of milk*". The nurses also encouraged her saying that "*it's okay, slowly the results will continue to increase"*, which made Beta keep motivated and not give up.

Likewise, Tina, Diana, Fira and Clara gave birth in a pro-breastfeeding hospital where the nurses were helpful with breastfeeding. Tina's first breastfeeding attempt was challenging however, "*they helped me, the lactation nurse helped in correcting my breastfeeding position*". In Fira's experience, "*the obstetrician and the midwife were very helpful in teaching me how to breastfeed and to carry my baby*". She also received encouragement from "*my paediatrician who told me to keep trying to breastfeed my baby*" even though "*my baby seemed yellowish* [suspected jaundice]".

Furthermore, Clara mentioned that having had the experience of giving birth in two different hospitals, "*none of the midwives nor the doctors talked about formula at all*". Clara also *"received information how to breastfeed,*[and] *how to do it at nighttime*" from the hospital. When Clara felt *"afraid that my milk had not come out*" after she gave birth to her second baby, "*the doctor came to check on me and said, 'it's okay, your milk came', I was so lucky*". Clara found that "*the midwives, nurses, paediatrician*" were all helpful and "*taught me and my baby to get a good latch and accompanied me*" when she learned breastfeeding her baby for the first time. Clara felt "*grateful* (alhamdulillah)" because the health professionals were very supportive and tried to "*soothe my psychological state*" such as saying, *"it's okay, relax, stay calm, let's try to do this, just keep breastfeeding…*". For Clara it was *"so helpful and made me less stressful, so I didn't have to be overthinking*".

I recalled my memories when I breastfed all my three children. When I had my first baby, I received a very minimum support about breastfeeding from the doctor and nurses which was not really helpful to overcome my problems. Similarly, when I had my second baby, the doctor and nurses knew that I had a baby before and probably thought that I was experienced enough to look after my baby. However, with my third baby, I met a new paediatrician for my daughter who was different from her older sisters' paediatrician. During the first doctor visit, she started the conversation about breastfeeding. She checked on my daughter's latch and evaluated how I breastfed my baby. I was so surprised and happy that finally I met a doctor who was concerned about how a mother breastfeeds her baby. I thought that if every paediatrician does the same, I could imagine how many mothers and babies might have an easier breastfeeding journey.

Reflecting from the mothers' stories, I found that what the health workers did for them was perceived as support that was helpful for the mother. The support had increased mothers' confidence to keep breastfeeding their baby. I also acknowledge that the availability of pro-breastfeeding clinics or hospitals are necessary as some mothers said that they were 'lucky' when they found one. However, when I heard the word 'lucky' mentioned several times, I started to think, *"what if they weren't lucky?"* and it concerned me. I thought that receiving support they needed especially from the health services should not be mothers' 'luckiness'. The mothers said they were lucky probably because they knew or have heard before, that there were health facilities who were not supportive

towards breastfeeding or had heard about other mothers' unpleasant experiences with them.

In Indonesia, if the health service providers such as hospitals and clinic applied the Ten Steps to Successful Breastfeeding (World Health Organization, 1998a), it should have been a standard service through which all mothers can receive the support they need and there should not be any mothers who are unlucky because they are not supported. Unfortunately, the implementation of the Ten Steps has not been fully applied in every health facility in Indonesia (World Health Organization, 2017). Even though I did not seek further information regarding mothers' experiences with the health service providers, I could sense that there are expectations of support from the health service providers. Mothers need to be provided with information regarding breastfeeding as well as practical support especially for new mothers when they find challenges with breastfeeding.

Seeking Professional Support

"My baby was difficult to latch on to me, I have inverted nipples, so I contacted a counsellor from AIMI for a home visit" (Fira)

Breastfeeding is a journey of struggle for the mothers in my study; none of them gave up and always tried to find the solution. Some of them successfully passed the challenge through the support from their families and friends, and some also received help from the clinic or hospital where they gave birth. There were also mothers who did not bother to seek professional help such as consulting a lactation counsellor when they found problems after being discharged from the hospital.

In Fira's experience, she realised that she needed help with breastfeeding when she had nipple blisters, and her baby was difficult to latch on. *"So, I contacted a counsellor from AIMI for a home visit,"* said Fira. The counsellor came to her house and she *"taught me"* several breastfeeding positions such as *"while sitting, while lying down and how to get a good latch*". As a result, *"my milk started to come out smoothly, and I could slowly start to pump my milk"*.

Gita found difficulties to breastfeed with her left breast because her baby could not latch on correctly. She went to *"a lactation clinic at the hospital"* to get help. She spent *"one hour in that room just to learn to breastfeed with my left breast"*. Gita was grateful because *"I met a very patient nurse"*. Even though she *"nearly gave up",* the nurse kept

encouraging her *"it's okay, we can keep trying… until finally I succeeded"*. Unfortunately, when she went home from the clinic, she still found it difficult to breastfeed her baby, but *"I still have the 'enthusiasm' (Indonesian: semangat)* [to keep trying]". She had learned from the nurse that *"if my baby only nursed from one side, it would have an effect on my milk supply*". Gita needed "*to produce more milk and have a good supply"* because she had to pump for her baby when she returned to work. Her persistency led to an expected result that *"I finally succeeded; I have no more difficulties in breastfeeding in any position* (smiling happily)".

Similarly, Diana also went to *"Sanggar ASI to ask for help*" because *"I have flat nipples, so my baby was difficult to latch-on"*. The lactation counsellor *"taught me the right way to position my baby"*. She also realised that her *"struggling journey* [for breastfeeding]" could not be separated from the "*contribution of Sanggar ASI*" accordingly Diana was *"verryyy thankful for them*". In Yana's experience, she *"contacted AIMI to ask for help"* when she had difficulties breastfeeding her first baby while she also faced the challenge from her in-laws who did not give support as she expected. Moreover, Yana also felt *"unsatisfied with the way the paediatrician handled my unsettled baby"*. From AIMI, Yana got a suggestion *"to change her paediatrician and AIMI recommended me to a pro-breastfeeding paediatrician"*. Finally, Yana felt *"quite calm"* because the new doctor supported her by *"educating my family* [about breastfeeding] *and they listened"*.

Reflecting on the mothers' stories, I highlight that it was important for mothers to have accessible support whenever they found difficulties with breastfeeding. AIMI and Sanggar ASI are examples of non-governmental bodies who have concerns about breastfeeding. Mothers trusted them as sources of information and support along their breastfeeding journey. By seeking help, mothers also improved their knowledge and ability to sustain breastfeeding.

Religious Faith

Despite the mothers learning about breastfeeding from various resources and the support they received from their families, friends, and health facilities, I noticed that their strength was also related to their understanding of their religious faith. This means that one of the reasons for mothers to continue breastfeeding was religious. Most mothers I interviewed are Muslim, and one of the reasons for breastfeeding was because breastfeeding is

encouraged in Islam as it is written in Qur'an. This was mentioned in Ama, Vivi, Clara, Tina and Fira's stories.

For example, in Vivi's perspective, one of her strengths whenever facing the obstacles was because of *"the strong intention, strong from here* (pointing at her chest referring to a strong heart and faith) *that this is part of worshipping"*. Vivi explained her perspective that breastfeeding is a *"free gift from Allah (God)".* She would keep going *"even though I had to bleed"* as she was *"afraid of committing a sin"* if she did not breastfeed her baby because *"this is my child's right"*. She also had a *"very deep thought"* that *"what if later in the afterlife I got that question*? [about what she did to her baby]". It seemed that she wanted to make sure that she was responsible to her children by breastfeeding them.

Tina intended to breastfeed her son for two years because *"indeed in my religion* [Islam], *it is recommended to breastfeed for two years"*. Accordingly, Tina wanted to *"fulfil all his* [her baby] *needs"*. Clara breastfed her baby because she *"wanted to give the best for my baby"* as "*recommended in Islam"*. Likewise, Fira also mentioned that *"I'm not sure why did I have the strength to keep going"* with breastfeeding and *"despite of the benefit, it is a religious commandment to breastfeed for two years, I believe that, and it is scientifically proven* [the benefit of breastfeeding]*".* In Ama's understanding, she believed that *"In Qur'an, it's already there about us, about our obligation to breastfeed our baby"*.

According to Islamic teaching, breastfeeding is mentioned in Qur'an such as in Al-Baqarah verse 233, Al-Ahqaf verse 15 and Al-Luqman verse 14 (Mehrpisheh et al., 2020). In Islam, breastfeeding holds a religious significance as mentioned in Al Baqarah verse 233 that suggests mothers complete breastfeeding their children for up to two years if feasible (Bensaid, 2021).

> *Mothers shall suckle their children for two whole years; (that is) for those who wish to complete the suckling. The duty of feeding and clothing nursing mothers in a seemly manner is upon the father of the child. No-one should be charged beyond his capacity. A mother should not be made to suffer because of her child, nor should he to whom the child is born (be made to suffer) because of his child. And on the (father's) heir is incumbent the like of that (which was incumbent on the father). If they desire to wean the child by mutual consent and (after) consultation, it is no sin for them; and if ye wish to give your children out to nurse, it is no sin for you, provide that ye pay what is due from you in kindness. Observe your duty to Allah, and know that Allah is Seer of what ye do (Qur'an, Al-Baqarah: 233)*

The *tafseer* (explanation or interpretation) of the verse by Islamic scholars, also emphasised that every newborn has the right to be breastfed and breastfeeding is a child's fundamental right (Bensaid, 2021; Khalid & Sediqi, 2018). Even though breastfeeding is highly encouraged in Islam, Islam also recognises that there might be reasons for parents unable to complete breastfeeding as recommended. Accordingly, the decision for breastfeeding and weaning the baby are based on both parents' agreement and early weaning is not considered as a sinful act (Zahid & Muhammad, 2017).

In an Islamic perspective, if a mother could not breastfeed, they are allowed to ask a wet nurse to breastfeed their baby upon the mother and father's mutual decision (Khalid & Sediqi, 2018). Without a wet nurse, the use of donor milk is allowed under certain provisions and as long as it does not go against Islamic guidelines (Ramli et al., 2010; Subudhi & Sriraman, 2021). Islam sees breastfeeding as an equal responsibility for both parents as implied in Al Baqarah verse 233. Accordingly, it is a father's obligation to support breastfeeding by providing healthy nutrition, proper clothes, and show acts of kindness during the breastfeeding phase even if they are divorced, as well as providing financial support to the wet nurse who breastfeeds his child (Khalid & Sediqi, 2018; Mehrpisheh et al., 2020). Since Islam allows a wet nurse or donor milk, I recalled Yana and Tina's experiences when they had difficulties breastfeeding their first baby. Instead of using a formula, they chose to get donor milk which was from their respective sisters-in-law.

Reflecting on the mothers' stories, I found that breastfeeding might be seen as a spiritual journey, specifically for Muslim women. They knew that breastfeeding is mentioned in Qur'an and according to their understanding, it is part of Islamic teaching, hence mothers breastfeed because they are obedient to their religious faith. However, I began to wonder how deeply they actually understood about breastfeeding in Islam? Since I did not focus on a deeper understanding of their religious beliefs, I thought that just the knowledge about breastfeeding as being recommended in Islam was enough to be one of the foundations to continue breastfeeding no matter how hard it was. Their understanding towards breastfeeding in Islam could also be shaped by collective understanding within the Islam community where Muslim mothers in this study lived. Just like myself at the beginning of my motherhood journey, I knew that breastfeeding is encouraged in Islam

but unfortunately did not know many examples of mothers successfully breastfeeding for two years.

Furthermore, I highlight Beta's experience who shared similar understandings even though she is a Christian. In her perspective,

> *"A child is God's grace"* and *"not all parents are given that grace of having a child… and it would be a big sin for us if we abandoned this grace… if we don't do our best for our child 'this grace' can be taken away anytime, that's me saying. So, we want to show to ourselves and to the Almighty who has given me this grace 'I have truly taken care of this grace seriously', and whatever it is I will fight for this child".*

From the mothers' story, I learned that from their perspective breastfeeding is spiritually meaningful which influences how they nurture their children. The mothers have similar interpretations where they connect breastfeeding with worshipping and being obedient to God. Their faith led them to the understanding that they were doing the right thing by breastfeeding their children and will fight for their children. However, this faith seemed to be something that they could draw strength from whenever problems they faced associated with breastfeeding became challenging.

The Transition: Negotiations and Arrangements Before Returning to Work

> *"I prepared everything in advance, for example the necessities to store the EBM etc. We have to be well-prepared and at the beginning it required adjustment"* (Ama)

In the previous sections I discussed the challenges of motherhood and breastfeeding that the mothers faced which were just the beginning of their long-term breastfeeding journey. This section discusses their preparations to return to work as their maternity leave came to an end. Mothers had to negotiate arrangements and adjustments involving various parties including those who looked after their babies, and deal with their workplace, and strategies to cope with encountered problems. They had to arrange the possible scenario of how to make breastfeeding and working work well together before their maternity leave finished. These preparations also involved the cooperation, negotiation and arrangements mothers made with their family as it was important to ensure they could carry on breastfeeding while being away from their baby to work.

The standard maternity leave duration was around *"three months"* (Ama), aligning with the government policy which stipulates that leave should start one month before the due date and continue for two months after birth. However, in Vivi's experience, she was

surprised that *"they asked me to start working within two months"*. I had the same experience as Vivi where I came back to work a few days before my maternity leave ended. It happened because it coincided with the start of the new semester, and I thought that it would be difficult just to find another lecturer to replace me for a week, so I decided it was easier to start back at work early. In Vivi's case, instead of fighting for her rights to finish her maternity leave, she tolerated her workplace's request and started to work, as I did too.

Stocking Expressed Breast Milk

All mothers were aware that if they could not directly breastfeed their baby when they were at work, then they would give their expressed breast milk (EBM) to their babies. Consequently, mothers started to pump or express their milk during maternity leave. *"Before I returned to work or doing full activities outside the house, I always stocked my expressed breast milk",* said Clara. Tina was the only one who did not need to pump regularly because she works for her own company, and she was *"mostly with my baby and only* [had to] *leave him for a very short time"*. From the mothers' stories, I found that they used the terms 'pumping' and 'expressing (Indonesian: *memerah*) milk". Both terms are referring to removing milk from their breast, and sometimes 'pumping' referred to the use of manual or electric breast pumps, while 'expressing milk' referred to hand expression. Mothers had prepared *"the breast pump, the cooler bag and all the small necessary stuff* (Diana)*"* that enabled them to stock EBM for their babies.

Pumping or expressing milk to stock EBM during maternity leave was not always easy. The mothers had to learn how to pump or express their milk effectively. Most of them chose to use a breast pump except Yana. She learned from *"AIMI's breastfeeding class to do the 'marmet'* (hand expression technique)" as it was easier, and she did not have to rely on any equipment. Some mothers had to spend extra money to buy an electric breast pump. Gita bought a *"double electric breast pump"* even though it was *"considered so expensive for me",* but she saw it as *"future investment for my child and I can use it again in the future"*. Diana had to try *"several brands of breast pump, even I rent some of them"* until she found *"the most compatible, efficient, simple and comfortable to be used*". She also ended up buying *"the double-electric one"* which allowed her to spend *"maximum 10 minutes to empty my breast"*. Similarly, Fira found that *"manual breast pumping was so tiring and time consuming"*. Luckily, her neighbour who was a fellow breastfeeding

mother had an electric breast pump, but she could not use it, so they *"switched our breast pump, I used hers and she uses mine"* which seemed to be a win-win solution for them both.

Pumping or expressing milk is more complicated than direct breastfeeding. It requires extra time and effort on top of mothers' direct breastfeeding and other activities, as well as the ability to do it efficiently. Sometimes they had to pump in between direct breastfeeding. For example, they "*usually pump at night while my baby's asleep*" (Ama), or *"especially in the middle of the night, around 2 am"* (Vivi) and Vivi did it *"regularly when my baby was fast asleep"*. She also *"got used to"* pumping *"at dawn too"*.

Stocking breast milk requires patience and persistence and some of the women started pumping very early such as Diana who started to pump milk *"on day two or three* [after she gave birth], *even though it was just drop by drop, but it soon became a lot"*. She had learned from her "*midwife"* that stocking the EBM was important for working mothers and reminded her not to *"start to pump when the maternity leave's almost over"* because it took time to do so. Diana's effort was beneficial for her because when she returned to work, *"I didn't have to worry because the stock is safe"*. Conversely for Gita, she planned to start pumping as early as possible, but she could not muster her enthusiasm or strength to do so *"because of the postpartum pain and so many visitors* [who wanted to see her and her baby]" taking up a lot of her time.

Yana's experience also showed that pumping required hard work before she returned to work. However, she had learned from *"AIMI, that consistency is the main principle"*. She *"kept pumping"* even though it was *"so hard for me"*. She reflected on her own experience, *"sometimes people just see the result, they didn't know the struggle"*. For Yana, stocking sufficient EBM for her baby, took a lot of effort *"I had to do it so many times that I didn't get enough sleep, but I wanted to prove that I could do it… even though with a bloody struggle to pump"*.

Even though mothers seemed to have learned about pumping and stocking milk before they return to work, for Fira there was a lack of just one vital piece of information about storing EBM. Fira had successfully pumped well before she realised that *"I made a mistake on how to store it"*. After being expressed, the EBM should stay in room temperature for a few minutes, before it is moved into the refrigerator to chill before

storing in the freezer, but Fira *"always put it in the freezer after I pumped*". She then decided to *"dump it"* because she was *"afraid it defected"*. Fira felt *"so sad"* because the amount of milk that she had to throw away was like *"a bucket of milk"* and it caused her only to have *"a little stock of milk and I had to catch up"*.

From these mothers' stories, I learned that challenges always came, emphasising that adjustments were necessary along the way. They were especially committed to being well prepared in terms of EBM stock before returning to work since they all had the goal to carry on long-term breastfeeding for a minimum of two years while also managing their role as working mothers. In order to be prepared, mothers navigated the knowledge about breastfeeding that they had, such as how to express or pump milk and storing the milk and it was beneficial for mothers knowing how to do so.

Who's Going to Look After My Baby?

As well as preparing their EBM stock before returning to work, mothers have another important issue which is finding a trusted person to look after their baby. The person needs to support them in breastfeeding by ensuring the baby is fed with their mother's EBM. According to their stories, the mothers had three things they took into consideration to ensure they could carry on breastfeeding while working: Who will be the one to look after their baby? Where are they going to look after their baby? And how would they support breastfeeding and give EBM to their baby?

The way the mothers addressed these three questions were not the same, but all of them had their own struggles and arrangements for those concerns. For Ama, Gita, and Clara, the presence of significant others in their household such as Ama's mother-in-law, Gita's mother and Clara's aunt provided support to look after their children in their home. When Yana had her first baby, she *"lived with my parents-in-law"* who helped her and *"fed my baby with EBM for the first three months until I found a nanny"*. With her second and third baby, she had *"moved out from my parents-in-law's house and the nanny looked after my babies"*. Beta also *"employed a part time nanny"* to look after her baby *"on the weekdays"*. The nanny came before Beta went to work and she waited for Beta *"until I cleaned myself and took a shower"* before the nanny went home and *"came back the next day"*.

Since Vivi lived separately from her parents and parents-in-law, she *"took my baby to my mother's house"* and her mother would look after her baby while she was at work. After work, Vivi collected them from her mother's house. However, this arrangement did not last long, *"phewwh… another challenge came*" because *"suddenly my father fell ill, and my mother had to take care of him*". Vivi had to adjust to this unexpected event. She had to deal with her father's sickness while also thinking about her daughter. "*At first, I was shocked, oh gosh…what about my daughter then? Where should I put her?* [when she had to go to work]. Vivi realised that she had to cope quickly with this challenge, and she tried to find *"a baby school that was pro-breastfeeding"* even though she knew *"the costs are expensive, but they would look after my baby the way I wanted them to*" which ensured her *"peace of mind while I'm at work".*

Diana and Fira chose to take their babies to daycare and collect them after work. Diana put her baby in the daycare *"since my baby was 3 months old"* while for Fira, her baby was *"around 2 months old"*. Both Diana and Fira chose the daycare because both only lived together with their husband and baby at home. Since Tina is an entrepreneur who runs her pharmacy with her husband, she usually took her son to her office and shared the responsibility of looking after him while at work.

From the mothers' stories, I found that when other family members looked after the baby at home, it seemed to be less costly and did not disrupt baby's daily routine. The baby stayed in the same place and was not required to adjust in a new situation or be with someone else they were unfamiliar with. Furthermore, when the baby needed to be taken to another family member, as in Vivi's case, there was more travel involved to add to the effort of ensuring the baby would be with a trusted family member. Even more for Diana and Fira, taking their babies to the daycare was not easy as well. Besides the travel effort, it was an emotional struggle as Fira recalled *"I cried a lot when I took him to the daycare for the first time…he was such a small baby..."* because sometimes she had to leave the baby at the daycare the whole day *"from 7.30 am to 4.30 pm".* It was not an easy choice to make. In Tina's case, her arrangement was different from the other mothers' working situation because she was mostly with her baby and had support at her workplace from her husband.

Apart from the mothers' 'well-planned' arrangements, a sudden challenge emerged in the middle of their journey. As this research was conducted during the pandemic, mothers

who put the baby in the daycare had to adjust to a new arrangement as putting their children to daycare did not seem feasible at that time. Diana's daughter "*stays at home with the nanny*" while sometimes Diana also worked from home. Fira chose to "*move back to my parents' home*" which was in another city about 1.5 hours from Jogja where she resided. The daycare closed due to the pandemic, so her parents looked after her son while she worked remotely from home. At that time, Diana and Fira's children were around 14 months old.

In Vivi's case, she had just given birth to her second baby before the pandemic impacted on her life. She had "*discussed with my mom that* [she] *would return to work soon*" and her mother was ready to look after her baby because her father was no longer sick. It turned out, just "*a day before I returned to work*" the government announced the pandemic situation and "*we've been told to stay at home*" (she said it while laughing). Vivi was "*grateful*" because "*I could keep on breastfeeding*" and her baby "*was always with me or occasionally with my mother*" when she had to check on some work at her office.

For the mothers, the pandemic situation seemed to have a positive effect on their breastfeeding journey because they could be together with their baby during the Implementation of Restrictions on Community Activities (Indonesia: Pemberlakuan Pembatasan Kegiatan Masyarakat/PPKM). In Gita's experience, "*I didn't have to pump anymore*" and she "*did direct breastfeeding*". Similarly, Ama who was breastfeeding her second baby, also thought that there was a "*blessing*" that she "*could spend more time at home*" which means she did not have to pump milk or rush home to be with her son.

Ensuring to Feed the Baby with Breast Milk

Since working hours separated most mothers and babies, as breastfeeding-working-mothers, they needed be able to maintain their milk supply and keep giving their breast milk. Some mothers believed that they should *"avoid bottle feeding"* (Beta) because they had learned *"from the counsellor"* that bottle feeding *"might reduce the ability of suckling* [from the breast]" (Fira) and they did not want that to happen. In the breastfeeding support organisation that I joined; we did not recommend bottle-feeding in order to prevent the possibility of nipple confusion which might disrupt the sustainability of breastfeeding.

Nipple confusion can be defined as baby's oral difficulties performing a correct latch-on or suckling technique to excrete milk from the breast after exposure to artificial nipples/teats (Neifert et al., 1995; Zimmerman & Thompson, 2015). The sucking mechanism between direct breastfeeding is different from the use of a bottle's teat (Moral et al., 2010). Accordingly, the use of bottle feeding might develop baby's ineffective suckle (Newman, 1990; Newman & Wilmott, 1990) which might lead to breast refusal (Cavalcante et al., 2021; Newman & Wilmott, 1990; Praborini et al., 2016) and breastfeeding problems (Batista et al., 2018; Moral et al., 2010) such as early weaning or interruption to exclusive breastfeeding (Cavalcante et al., 2021). Moreover, the step 9 of 10 steps to successful breastfeeding also mentions "to give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants" (World Health Organization, 1998a) due to the risk of breastfeeding problems.

If baby performs an ineffective or weak suckle to the breast, the milk excretion from the breast is not optimum and this might reduce mother's milk supply which for working mothers, jeopardizes the sustainability of breastfeeding. Most mothers in my study followed this recommendation as it was suggested to use other mediums such as using a spoon or cup feeder (Aytekin et al., 2014; Gupta et al., 1999) as alternative to feeding their baby with EBM with a teat. To apply this feeding method, mothers had to inform and negotiate with the support person who looked after their baby of their preferences. They did this before their maternity leave ended, which required an understanding and cooperation from the caregivers.

Feeding the baby without a bottle could be challenging for those who look after their baby. In Indonesian society, it seemed to be normal to bottle feed a baby rather than using other mediums as in Tina's understanding that *"looking at the environment* [who mostly bottle feed a baby]*, I thought about bottle feeding my baby too"* before she learned it was unnecessary for breastfed babies. In Ama's experience, *"I didn't know* [not to bottle feed her baby] *so I used the bottle".* However, with her second baby she told her mother-in-law *"Let's try to use the spoon"* and her mother-in-law supported Ama's preference. Similarly, Vivi also *"discussed with my mom"* and asked her *"Would you be willing to help me? I don't want to use a bottle"* and her mother supported her request. Clara recalled that she was *"concerned and worried"* about her aunt who looked after her baby because *"she is an old woman, and probably impatient* [to use other mediums other than a bottle]".

Clara was relieved that her aunt supported her and *"used a spoon and even my baby was happier to feed with a pipette"*. Beta also asked the nanny *"please, let's teach the baby to use the spoon"* and Beta felt *"I'm pretty lucky"* that the nanny *"was very helpful and welcomed the idea"*. The nanny's support was very important for Beta because *"if my baby got a nipple confusion, it would have been the end…"* of her breastfeeding journey.

The negotiation to achieve mothers' plans not to bottle feed their babies did not always go smoothly or as planned. In Fira's experience, she had to beg and *"negotiated over and over again"* with the caregivers in the daycare not to bottle feed her baby. *"I'm really sorry, Bu* (English: Ma'am) *… I couldn't produce a lot of milk, I'm afraid using a bottle might obstruct my supply even more"*, said Fira. Fira appreciated and was thankful to the caregivers even though *"they had to be bothered by me"* and even *"sometimes they complained...'can we just use a bottle?'…"* but Fira kept begging *"please don't"* and they would finally cooperate. In Yana's story, she had to let go her intention to spoon feed her first baby because she did not want to bother her mother-in-law who looked after her baby.

> *"My first baby was bottle fed … even though we had the knowledge, we've tried before but finally we gave up because my mother-in-law helped us to look after our baby, so we used the media which was comfortable for her to feed our baby, that didn't bother her…I'm worried that we have asked her to look after our baby, yet we still bother her with that. She felt comfortable with the bottle, so I just prayed that my baby didn't get nipple confusion"* (Yana)

For the mothers, spoon-feeding was an important issue because its implementation is vital for them achieving their long-term breastfeeding goals. They wanted to prevent the worst-case scenario that might disturb their breastfeeding journey. Most negotiations between mothers and trusted caregivers were successful, although it did not happen with Yana's first baby. However, when she finally moved from her parents-in-law's house, the nanny supported her to spoon feed her baby. Yana and her husband could take control of their own family decisions without any intervention from their parents.

From this situation, I learned that most of the mothers relied on other people to look after their children and could not rely on their husbands because they were also working. They had to make sure they could maintain breastfeeding and give EBM when separated from their babies. Tina, however, could share responsibility with her husband because they worked at the same place even though her son was more attached to her than her husband.

For all the mothers, once the arrangements had been made, they felt ready to return to work. Thus, the next chapter explains the dynamic stories of mothers' experiences as breastfeeding-working-mothers.

CHAPTER FIVE: ANALYSIS AND DISCUSSION PART 2

Being a Breastfeeding-Working-Mother

Question: What is it like to be a breastfeeding-working-mother?
Struggling… full of struggle" (Fira-while smiling)

Returning to work for the first time was a challenging moment for the mothers. All of them were already working mothers before they gave birth to their first baby. They were determined to carry on breastfeeding and technically were well-prepared by making sure they had EBM stock for their baby as well as pumping equipment to pump milk especially at their offices. Mothers also had negotiated with the caregivers to support their journey by ensuring that they would look after their babies the way they expected them to. They knew that carrying on breastfeeding would be challenging and even more so leaving their babies for a few hours a day. Some mothers even thought about *"resigning from work"* (Ama) or *"quitting my job"* (Clara) because *"my baby still needed me"* (Clara) and *"I wanted to focus on looking after my baby"* (Ama). With heavy hearts, they had to be separated from their little babies for work.

As soon as mothers re-entered the workforce, many challenges were encountered along the journey forcing them to cope with whatever their situations presented. It seemed that their experiences were all about their struggles in overcoming challenges. Some of the challenges were related to the workplace situation, managing motherhood and household matters. This chapter presents the dynamic experiences of mothers' breastfeeding journey in facing the challenges which required adjustment, negotiation, and support from the people they interacted with such as their family and colleagues.

Dealing with Workplace Situations and the Facilities: Government Policy VS Reality

This section discusses mothers' workplace situations including the availability or unavailability of facilities provided to support breastfeeding mothers in the workplace. Some of the workplaces were aware that they should support breastfeeding for working mothers, while some others did not and accordingly mothers had to find ways to keep pumping milk. However, all mothers survived the challenges presented to them regarding the lactation room availability at their offices.

Referring to the Health Law number 36 year 2009 (UU Nomor 36 tahun 2009 tentang kesehatan) article 128, breastfeeding mothers should receive support from the family, government, local government, and community by providing time and special facilities to enable breastfeeding, including in the workplace and public places. Breastfeeding is also protected by the Government Regulation number 33 year 2012 (PP Nomor 33 tahun 2012 tentang Air Susu Ibu Eksklusif). In summary, some of the laws and regulations' highlight in particular that the workplace should provide a proper lactation room to breastfeed or to express milk, and also a breastfeeding mother has the right to pump or to breastfeed during working hours.

However, not all of the mothers understood the regulations and how they should be applied. For example, Ama, Gita and Vivi, were aware that the workplace "*should support breastfeeding"* (Gita) since they needed opportunities to carry on breastfeeding while working, *"but I don't know the detail regulation"* (Ama). Their workplaces did not have an assigned lactation room that could be used to breastfeed or pump milk properly. "*There's none, that's why at the beginning I wondered how I am going to do this?",* said Gita. Furthermore, Fira understood about the government policy even though she regretted that *"there's no lactation room, it's soo horrible... oh God…".*

For mothers who worked as government employees, workplaces most likely to provide an appropriate lactation room. The lactation room in Clara's office was equipped with facilities such as *"a specific fridge for EBM storage, electricity access, a bed, air conditioning, table and chairs"*. Yana's workplace had *"more than one lactation room spread in several buildings"* which she considered as *"enough facilities for breastfeeding mothers"* because they have a *"hospital grade breast pump, sterilising machine, a fridge specific for storing EBM and sometimes they provide extra snacks for breastfeeding mothers"*. Moreover, her office was also concerned with *"holding events to support mothers and babies such as pregnancy and breastfeeding class"* and *"a lactation counsellor came twice a week*" to provide service for mothers.

Diana also worked in a government office, and when she returned to work, the office management *"was in the middle of building a lactation room"*. She had to wait around two months *"until the lactation room could be used".* She used to pump in an inappropriate room *"just a room, not a lactation room which was very hot"*. Even sometimes, she chose to pump *"hiding under this desk* (laughing while pointing at her

desk)". She chose to pump under the desk because she compared two uncomfortable options, *"rather than I had to go upstairs* [the room located on the different floor], *which is hot, and both equally uncomfortable, I'd rather do it here"*, which seemed to be less troublesome for her.

Furthermore, when the lactation room was finally established, *"it was so comfortable"* and *"spacious enough for 3-4 mothers to pump"*. The room had complete facilities including *"fridge for EBM storage, washbasin, air conditioner, a sofa, carpet on the floor where we could take off our shoes and just sit on the carpet"*. Diana also shared her experience when she visited another government office and she had to pump. The lactation room had similar facilities as her office and even more, they also provided a *"breast milk warmer machine, steriliser, and even bottles and breast milk storage bags for mothers who might forget to bring one"*. Diana wondered *"how amazing, the breastfeeding mothers experience in this office, there's no reason not to be successful in breastfeeding, because the facility was sooo comfortable* (smiling)*"*.

Among mothers' stories, I found that Beta had remarkable experiences regarding the lactation room in her workplace and I felt that her story and effort needed to be heard. Beta works as a government employee, unfortunately *"there was no such room* [lactation room]" at her workplace when she breastfed her first baby. Beta thought that it was *"ironic"* that a *"government office was unaware of the regulation issued by the government itself"* and *"government office was supposed to be an example"* of an ideal support for breastfeeding mother.

However, the lack of space did not stop her from pumping. She recalled that she used to pump at, "*A place behind my office's building, some kind of a house but it didn't look like a house actually, just a place for someone who prepares the drink for the office* [the janitor]*"*. The place was inappropriate because *"everything was so unhygienic, the room has no door, only a curtain, and it was so hot, you know what it's like inside right??"* and the way Beta described it as such a filthy place. Surprisingly, what Beta thought was *"at least I have a place* [to pump]". Despite there being no other room that she could use, Beta chose to go to the janitor's room because pumping was seen as *"something bizarre"* yet *"something new"* and *"I was the only one at that time"*.

A few years later, looking back at her uncomfortable experience, she realised that *"there were new employees mostly younger than me"*. Most of them were starting a family and *"became pregnant"* while Beta was also pregnant with *"my second baby"*. She started to imagine that it would be impossible to pump milk without adequate facilities, *"are we going to squeezed in together in that room* [janitor's room]*?"*. At the same time, "*people got used to seeing me and the awareness started to raise* [about pumping for breastfeeding-working-mother]*"*. Beta noticed that *"during the period of 2019-2020 there would be at least 5 women who were soon to be breastfeeding mothers"* and she also thought *"there was no way for them to go through the same experience as I did back then"*. Beta unselfishly thought about other women which gave her courage and she *"talked to the executives at my office"* proposing a lactation room.

Her request was granted as they would provide a lactation room because *"it coincided with the gender mainstreaming program that a lactation room was mandatory in every government agency and as a public service office"*. Beta was glad that she could *"fight for the lactation room even though in a very minimum way"* as she referred to the location which was "*under the stairs"*. The story behind the establishment of the lactation room was not smooth. At first, the designated room was *"left empty and became a storage room",* and Beta had to report to the authority, *"would you please…somebody is going to use the place soon"*. Beta felt sorry for her friend who had to leave the office in the afternoon because *"she had to go to her friend's house near the office just to pump… poor her"*. Finally, the person in charge *"removed all the stuff"* even though *"it took sooooo long"*.

The authority did not seem to prioritise the lactation room and acted slowly. It seemed that Beta had to supervise and remind the authorities to make sure that it could be done even though it was not her job to do so. "*They bought a fridge, but it couldn't be turned on because there was no electricity, so I had to beg…'please, the fridge is already there, would you please* [install the power]'…". Since Beta could not wait any longer, she even initiatively, *"bought the carpet by myself"* and she donated it to the lactation room. Finally, *"there was an air conditioner, but it couldn't be turned on because the remote was missing* (while laughing), *then I bought the remote"* and she donated it again to the lactation room. *"The room was so hot* [without air conditioning] *because it was under the stairs",* said Beta.

Across the mothers' stories, I found that they always laughed when they told the stories of struggle. I supposed that it was not funny when they experienced it, but they recalled their stories with a sense of humour. Beta's 'breastfriend' who supported her for breastfeeding even laughed and made a joke with her when she *"saw the lactation room"*. Her friend told Beta *"... 'you look like Harry Potter'* (while laughing wide)*"* and she asked me, *"... don't you know? His bedroom"*. Even then, Beta still thought "*well yeah, at least this one is better than what I had back then"*.

Reflecting on Beta's story, I found that it was such a heart-warming, empowering story knowing that not only she stood-up or fought for herself, but she also thought about other mothers who would have the same journey as her. *"I didn't want my friends to experience what I've experienced before",* said Beta. The availability of the 'Harry Potter's room' made her breastfeeding journey *"totally different"* with her second baby because *"it was sooo easy to pump"* compared to what she did in the janitor's room. Moreover, her second breastfeeding journey was less lonely because *"we pumped together"* with other fellow breastfeeding mothers at her office.

From, Clara, Yana, Diana and Beta's stories, we could see that some government institutions provided lactation rooms for breastfeeding mothers at the office. Unfortunately, it did not happen for Gita and Fira who worked in government universities. None of their departments provided assigned lactation rooms. Gita was an administrative staff member while Fira was a lecturer. They shared similar stories of how unfortunate it was for them that their workplaces were not providing lactation rooms; accordingly, they always pumped in their office spaces.

Gita's office space was located *"separated from other colleagues"* which she considered as *"a plus point"* because she was *"the only one in the room"* and even she perceived her office space as *"this is a facility* [that can be used to pump milk]". She usually *"locked the door"* and chose to pump *"hiding near the door"* to avoid the possibility that *"people from the outside could peek through the window*". The way Gita told the story implied that she felt insecure to pump at her office. When she was pumping, she *"remained silent when someone knocked on the door until they left"* because *"I was afraid, who they might be?"*. Her other colleagues usually put a paper note on their office's door saying, *"I'm pumping, please wait 30 minutes"*. Unfortunately, Gita *"didn't dare to do it, I decided not to*" because she was afraid that it might *"invite the curiosity"* of the people *"that I didn't*

know" that probably she thought could just break in. Gita seemed to stay 'alert' because she *"felt unsafe"*.

Lacking the facilities of a proper lactation room, Gita could only count on her *"cooler bag to keep my EBM chilled"* because there was no fridge to put her EBM in her office. Moreover, what Gita did was inspired by her colleagues who were breastfeeding mothers because *"I saw that they didn't have the room too, but they had always found ways* [finding the room to pump"]. It made her *"enthusiast to see them successful"* and thought *"if they can…and enthusiastic, why can't I?"*.

Fira's office also did not have a lactation room, so she had to pump at her office space even though *"I wasn't the only one in the room*" and that it made less private compared to Gita's office space. Having no other choice, Fira then *"covered it with my wide hijab like this* (showing the way she hid the breast pump under her hijab)" to cover her chest. Only when her *"two other co-workers were not in the room*" she could lock the door and pump privately and comfortably while also putting a paper note on the door saying, *"Sorry, I'm pumping"*. Fira also felt that it was a good *"coincidence that my officemates were all female"*. She could not imagine pumping being possible if she was *"in the same room with male co-workers"* as she might have to *"find another place to pump"*.

Ama and Vivi worked as teachers in private kindergartens. Even though there were no lactation rooms at their workplace, I felt surprised when I asked Vivi *"Do you have a specific place where you usually pump at your office?"*. She replied:

> *"Yes, for pumping, we have the place, just choose any classroom* (smiling)*, so we have the place, it's all supportive. The kindergarten where I work is quite big, so it's very easy just to find a place (...) Alhamdulillah we have a fridge too, so it's a support, I can pump as I like, I have no problem"* (Vivi)

In Vivi's perspective, since she could choose any classroom to pump, this meant that she had a place or pumping room provided by the school. Vivi could also use the fridge though it was not specific for storing EBM. Vivi saw her circumstances positively even though they were not ideal according to regulation standards. She kept going with pumping anywhere she could.

Instead of pumping at her workplace that had no lactation room, Ama chose to return home to breastfeed her baby because *"my office is just nearby our house"*. She would

mostly *"pump at home at night-time"*. During her breastfeeding journey with her first and second baby, Ama also "*attended university*". Her second baby was born when she was towards the end of her study and *"I always pumped at my campus for my second baby"*. There was no lactation room at her campus as well, but it did not stop her from pumping and she found any place available.

> *"I used to pump in the classroom that was no longer used, it used to be a classroom but then they used it as some kind of storage room, to keep the unused tables, because there were no specific room* [to pump]*, so I took advantage of that empty room. My friend knew it, but the campus didn't know. If they have the room, then it would be even better"* (Ama)

The mothers' stories, suggest that not all workplaces provide facilities that support breastfeeding for working mothers. Clara thought that she was *"lucky enough"* to have a lactation room at her office. She experienced the challenges of workplace access to private lactation space one day when *"I was in my husband's office"*. She needed to pump, so she went to the lactation room and *"when I entered the room…it was used for a meeting* (laughing)*"*.

Even though a proper lactation room was unavailable in some participants' workplaces, they coped very well with the situation. I want to highlight that despite the limitations, they responded positively by being flexible, showed their persistence, and adjusted so that they found a way to achieve their breastfeeding goals. They could still think positively and perceived all the minimum facilities that they faced as support. Even though they could manage the challenge, the availability of support including the facilities became their concern.

Since Gita works in a university, she thought not only about the working mothers like *"lecturers and academic staff, but also students"* especially there were *"postgrad students who had babies right?"* Gita wondered whether *"they needed to pump as well"* because she saw *"some of them took their baby to campus"*. Gita thought that *"my circumstance was pretty good"* because she had her *"own space, with aircon and it was comfortable"*. She became concerned for what the students went through everyday and could not imagine the discomfort they might experience.

Gita's stories resonate with Beta's experiences of thinking about other mothers, which encouraged her to fight for a lactation room in her office. The lactation room in Clara's

office was also a result of *"breastfeeding mothers before me"* struggling to establish private lactation space and facilities. There seemed to be a solidarity amongst mothers because they had the same journey. Moreover, Ama's experience was an example of a mother who was also a student, who could not find a lactation room on campus, and this resonated with Gita's concern. 'Luckily' Ama chose not to give up and found ways to keep pumping.

Reflecting on mothers' experiences also brought me back to my own experiences when I was a breastfeeding-working-mother. I work in a university and there was no lactation room in my office's building. I was grateful and considered myself 'lucky' as well, because I could pump in my office space even though sometimes, just like Diana's experience, I had to hide under my desk to pump or did it in my car. I was not the only one, because for the past few years, there were at least seven other colleagues in my department who also found ways to keep pumping by creating their own space in any way they could, wherever available.

Moreover, I knew there were students who had babies during their university life, and one of them told me that she used to pump in the toilet or in the health clinic since the nurse allowed her to use the room. I thought that this is a very unfortunate for mothers if they had to go through this struggle. I also wondered if it was very possible that student-mothers or working mothers discontinued breastfeeding because there was no support such as a lactation room. The struggle to pump requires a lot of effort, let alone finding the place to do so which probably was not worth their time and energy. Is it fair to say that they are 'unlucky'? Is it fair to say that it was very unfortunate for them to not having a good support, hence stopping breastfeeding was the only option they had?

Dealing with Everyday Challenges

The Negotiation and Arrangement at the Workplace

When the breastfeeding-working-mothers I interviewed returned to work, they had already made the decision to carry on breastfeeding knowing it would be challenging. Mothers had to adjust to the new roles as breastfeeding mother and working mother who needed to pump milk at their office to maintain their milk supply for their babies. Meanwhile, the workplace also needed to adjust to their employees who were

breastfeeding mothers, that needed to take a time break to pump milk for two or three times during working hours. In this section I present mothers' experiences negotiated with their workplaces regarding their needs to pump milk.

When Ama thought about resigning from her work, it was her husband who told her *"Are you sure you really want to do this? Have you thought about it clearly?"*. He suggested Ama to *"talk to the school principal*" about her circumstances as a breastfeeding mother because he knew that the school principal was *"nice and kind person".* Encouraged by her husband, Ama spoke to the school principal *"asking permission to go home to breastfeed* [directly] *or permission not to participate in some activities".* Ama was *"grateful (alhamdulillah), the school principal approved"* her request so that Ama could maintain breastfeeding and working. Ama's house was not far from her workplace *"just about 500 meters away".* The school principal permitted her *"to go back and forth* [between home and office] *to breastfeed my baby".* Sometimes the principal also told her *"Just bring your baby…"* especially when there was *"certain school events"* or when *"my mother-in-law was unavailable to look after my baby".*

Vivi also spoke to the school principal, *"with all due respect Ma'am, I am determined to exclusively breastfeed my baby"* and she asked for *"a concession"* for example *"in the middle of the meeting*" or during working hours to breastfeed, pumping or *"to go home early".* According to Vivi, *"the arrangement worked well"* for her and she felt *"supported*" by her workplace because *"the school principal and my colleagues understood my circumstances".*

Even though Clara had negotiated with her aunt to give EBM to her baby, unfortunately her baby *"mostly refused to take the EBM"* and *"preferred direct feeding".* Accordingly, when Clara returned to work, she negotiated to her supervisor:

> *"I really apologise that I asked for a time leeway until my baby turned 2 that I won't be able to be assigned for field duty or work trip* [going out of town]*, I couldn't… I had to go home in the afternoon* [to breastfeed her baby] *no matter what"* (Clara)

Even when Clara had a *"site visit"*, she would *"make time to go home and return to the site*" after she breastfed her baby. Clara felt *"grateful"* because her supervisor *"gave a chance and concession for all new mothers"* especially if they were breastfeeding, at least until their baby was *"aged two years old".* The concessions for example were *"to come late to work"* or *"to go home during the break time* [lunchtime]". Furthermore, after two

years passed, her supervisor demanded the mothers to be *"professional"* in terms of *"going back to the* [office's] *work rhythm"*. Clara's stories emphasised the importance of communication about *"our obstacles and what did we need"* to create an understanding between her and her workplace *"to avoid later problems"*. Clara was grateful to be supported by her *"direct female supervisor"*, even though *"she had not married and had no children",* she empathised with the struggles faced by breastfeeding-working-mothers.

Her supervisor also *"kept her promise"* not to *"assign me on a work trip that required overnight stays"* and even when Clara had to go for *"site visits or surveys"*, her supervisor *"would consider the assignment that still allowed me to pump milk"*. Furthermore, her supervisor *"mediated the communication and negotiated"* with their *"higher supervisor who is a male supervisor"* to avoid assigning Clara *"on an overnight stay work trip"*.

Reflecting on mothers' stories, they wanted to ensure that they could maintain breastfeeding regardless of the availability of the supporting facilities in their workplace. They thought it was important to discuss with their supervisors which showed how they were all advocating for themselves and raising their voices to get support and understanding from their workplace regarding their choice to keep breastfeeding. Support from the workplace might improve mothers' efficacy (Wallenborn et al., 2019) and motivation (Febrianingtyas et al., 2019) in breastfeeding, which leads to longer breastfeeding duration. The mothers did not take it for granted that their needs would be met and they made considerable effort to ensure they earned the support they needed. Having the concession and understanding from the supervisors was perceived as important support, giving the mothers some peace of mind for doing something 'legal' as approved by their supervisor.

Managing Activities of Working and Pumping

To keep on track with working and pumping, sometimes mothers had to reset their priorities, taking tough decisions while also considering consequences of their choices. The support and understanding regarding mothers' working-breastfeeding activities from their workplaces was very helpful for the mothers to at least reduce their 'burden' because challenges and obstacles encountered along the way. However, all of them seemed to be able to find a way to cope and with their commitment for breastfeeding and their persistency, they did not give up easily. This section explains mothers' daily activities managing their time at work and provided and perceived support that mattered for them.

Despite the availability or unavailability of lactation rooms or places for pumping, allocating time for pumping was an unavoidable challenge. The approximate working hour for the mothers was around six to eight hours per day while mothers usually pumped milk two or three times a day at their workplace. Since Ama chose to go home to breastfeed her baby *"at the school break time* [morning tea or lunchtime]*",* she mostly pumped at night for her baby in the morning. Gita used to pump *"three times a day at 8 am, 11 am and 2 pm"* and she needed at least *"15-20 minutes"* each pumping time. When her baby started to take solid food, she *"reduced my pumping schedule into twice a day"*. She considered not pumping during the lunch break so that *"I still can use the time to really take a break"*. She always tried to be *"consistent with my pumping schedule"* no matter how busy she was.

Even though Gita could use her office space for pumping, sometimes unpredictable events happened. One of them was when *"my boss was in my office room, and he had guests"*. When it came to her pumping time, *"Well, I couldn't get them out* (giving quote and quote sign with her finger) *of my room right?"*. Consequently, Gita needed to find another place to pump and she *"chose to go to the server room"*. *"So, in the room with a lot of cables you know* (while laughing)", said Gita. She recalled that it was *"one of my challenging pumping experiences"*. Even though it was *"unexpected",* yet Gita was still *"grateful"* because she could *"find a place and most importantly it was a closed place"*.

Vivi also pumped around *"two or three times a day"* at her workplace. When she *"had a meeting",* she always brought *"all the equipment, the breast pump, and the bag"* and she would *"asked permission to take a little break"* whenever she needed to pump. Vivi realised that sometimes she experienced a work stress and *"it affected you know* [on how much milk she could pump] *when you're on stress*", accordingly she *"listened to my favourite songs* [while pumping]" to be more relaxed.

Diana usually pumped *"three times at 9 am, 12 noon and 3 pm"* at her office especially when her baby was *"in exclusive breastfeeding phase"*. Sometimes, she also tried to pump *"in the morning before going to work"* when she needed it. Similar to Gita, Diana also reduced her pumping schedule into *"twice a day*" when her baby aged *"around 6 months to 1 year old"* and reduced into *"once a day when my baby was around 1.5 years old"*.

Managing time to pump during working hours was not always easy or smooth for mothers. *"There's a drama for sure* (while laughing)*",* said Clara. Since Clara's baby did not take a lot of EBM every day, she had decided to go home at lunchtime which means there was an extra struggle for Clara to travel back and forth between home and office. Unlike Ama who lived 500 meters away from her office, for Clara, the distance was *"around 14 kilometres"* and she *"drove my motorcycle, take a short cut route"* which took *"around half hour one way".* Her choice also caused her to struggle emotionally. Sometimes she *"felt so sad"* whenever she had to *"go home late"* for example, *"I was in the middle of the meeting, and we couldn't finish precisely at 12 noon"* or *"I had a site visit and had to go home late"*. This meant that *"my baby got delayed from having a direct breastfeeding".* It was dilematic for Clara because she *"feel really sorry for my baby, feels like I don't think I have the heart to do it".*

However, Clara also tried to keep pumping at least *"twice a day, at 10 am and 2 pm"* in order to *"maintain my supply and for my baby even though she didn't take much*". Clara did not spend a long time at home. As soon as Clara arrived home *"I would just breastfeed my baby, done, and going back straight to my office".* Even though she was *"often late* [back to her office]*",* she was glad that her *"supervisor was okay"* because she knew that *"I didn't take time to relax at home, I just breastfed my baby"*. Even sometimes when she had a meeting in the afternoon, her supervisor said, *"it's okay, you can do it from home, just joined us at Zoom".* Despite those *"hectic situations* [emerging events beyond her control such as meetings finishing late or site visit duty]", Clara still thought that she *"could manage it very well".*

Fira found pumping was a struggle especially with *"my milk supply"*. She knew that *"theoretically, the more we pump the more we produce milk"* unfortunately she was *"inconsistent with my pumping schedule so my supply couldn't increase"*. She mostly did it *"whenever I can"*, therefore *"what I got was not much"* even though she tried to do it *"at least twice a day".* Fira found that even though there was no specific lactation room, *"at least they didn't ask me to do something when I was about to pump milk"* which she also perceived it as a workplace support.

Fira *"really had to struggle"* to maintain sufficient EBM and she had to "*catch-up with pumping"* to meet her baby's needs. There were times when she ran out of EBM stock and could not provide any EBM for her baby when she took her to the daycare. On these

days she *"pumped at my office and sent it to the daycare via courier service* (laughing)*"*. Fira found that the courier service *"was very helpful to the success of my breastfeeding journey"*. According to Fira, some of the male courier drivers *"were aware or understood*" that there were mothers who *"used their services to deliver EBM",* but Fira also experienced one of the courier drivers *"was surprised… 'what? Breast milk?'…"* when he found out that he carried EBM. However, they would not mind sending the breast milk to the daycare.

Fira also had unexpected experiences when *"the daycare closed for some reason"* on her work days. She finally decided to take her baby to work and apologised to her colleagues *"I'm really sorry I have to take my baby"* while *"joined a meeting"* and *"gave lecturer while carrying my baby"*. She recalled *"no one was disturbed because my baby was so calmed"*. Even her students *"were excited to see my baby"* and it was such a relief. Fira even tried to *"find government regulation that allowed an employee to bring their child to work"*. Even though *"I couldn't remember what I found",* said Fira, it seemed that she was worried about the legality of her actions.

When I heard Fira's stories and also other mothers' stories who had to bring their children to their office, I could relate with their experience. Often times, I took my daughters to work and even carried them while giving lectures in the classroom. Since the majority of my colleagues were female and most of them were mothers, I felt they understood my circumstances because most of them had the same experience as me. There was no expression of rejection towards me but at some point, sometimes I was the one who felt I was being inconvenient, and I questioned the appropriateness of my actions. Perhaps, there was a sense of guilt to our children and the workplace at the same time. Both Fira and I found we were supported and relieved by our colleagues' acceptance. We knew that it was not normally accepted for babies to be in our workplaces.

In Yana's experience, her working hours started from *"7.30 am until 4 pm"*, but due to the *"far distance* [home to office]*"*, she had to leave her house at *"5.30 am and arrived home at 5.30 pm"*. Hence, Yana had the longest time of being away from her baby among the mothers. She tried to manage her time very well because she had an extra struggle with the travel time from home to office. She usually *"breastfed my baby around 5 am*" before she left the house if *"my baby was awake"*. This also means that sometimes her baby was still asleep when she left for work. In these situations, Yana would always

"pump directly around 7 am" as soon as she *"arrived at my office".* She always tried to pump *"normally three times*" at her office *"in the morning, around 12 noon and evening before I went back home"* no matter how busy she was.

Yana recalled that the lactation room in her office was *"very conducive"* to pumping milk together with "*fellow breastfeeding-working-mothers".* She called it *"a refreshing place".* Unfortunately, the lactation room was located in *"the first floor"* while Yana's office was on *"the eighth floor".* Consequently, sometimes she chose to *"pump here at my desk"* because *"it takes time* [to go downstairs and back to her office]" while sometimes she only had *"15 minutes before I go home".* She thought, *"well, I can do it anywhere, right?"* emphasising that *"time management was so important".*

Yana also remembered when she breastfed her third child, *"I got a higher workload and higher responsibility"* which meant her *"pumping schedule"* was not *"as free* [flexible] *as when I did with my first and second baby".* Sometimes she had to *"go home late"* and had a *"shorter pumping time".* These challenging situation did not stop her from *"being consistent in pumping"* even though she often *"got carried away with work"* or *"too lazy to do so".* Yana had learned that she was *"a bit perfectionist when it comes to stocking milk"* because she had experience *"deficit stock* [the amount she pumped less than her baby's need]*"* when she breastfed her first baby. She had to spend extra time to catch up with *"pumping on the weekend".* Yana felt *"afraid and stressful"* that it might happened again, accordingly she kept finding ways *"to stay enthusiastic* (bersemangat)*"* in pumping for example by watching *"Korean drama* (laughing)*"* as she perceived it as a *"special moment"* which seemed to increase her 'joy of pumping' or as a self-reward.

In Beta's experience, she was struggling with pumping in the 'janitor's room' because it was so uncomfortable. The room was hot without proper air circulation, *"It wasn't the milk that came out, but the sweat!* (while laughing out loud)", said Beta. Looking back at her memories, she wondered *"How could she* [her baby] have *survived?*" knowing that she pumped in *"unhygienic places".* However, she did not care about anything else except *"I have to be able to breastfeed my baby!"* which gave her strength to keep going. She managed to pump *"three times a day at 9 am, 12 noon and 3 pm"* even though she had to face the inconvenience. Since the 'pumping room' was inappropriate, Beta showed how she really struggled, and it drained her energy physically and mentally:

> *"I only got a little amount of milk, finally I had to pump again at night and again at dawn. It was so exhausting! I mean I couldn't sleep well, I had to repeat it again in the morning, I was mentally… like that you know…* (she did not continue her word)*"* (Beta)

Tina's story was quite different than other mothers I interviewed. Since she was mostly always with her baby, she had to arrange her working space to make her and her baby comfortable for example, *"I brought the mat, prepared the bed, because ever since he was two months old, breastfeeding while lying down was more comfortable"*. This was very helpful for her because her baby usually *"fell asleep after nursing"* and she could do her work. She could also *"negotiate my working hours"* and she usually came to her pharmacy *"three times a week for maximum 7 hours each day"*. Sometimes, being with her baby all day was also challenging. She had to pause her activities and could not always focus on her work whenever her baby was *"unsettled or cranky especially when he was sleepy or hungry"*. She only had *"a limited time"* to run errands related to work because her baby would not *"take my EBM"*.

Apart from mothers' activities in their workplace, preparing EBM for their babies means required equipment such as bottles and breast pump which needed to be cleaned and sterilised after use. As soon as they got home, *"no matter how tired I was after work, I still had to wash and sterilise the bottle, and many more to do"* (Gita). These activities seemed to cost extra time and energy while they also had to breastfeed their baby directly after leaving them the whole day for work.

Each mother's journey had its own uniqueness and similarities predominantly regarding the struggles to balance breastfeeding and work commitments. It was not as simple as going to work and allocating time twice or thrice a day for pumping. There are complexities of challenges the mothers had to face and negotiate, on a daily basis, including workplace arrangements to make breastfeeding feasible upon returning to the workforce. For example, the unavailability of lactation room, the time management of working and breastfeeding, as well as strategies to cope with any emerging challenges. Even when the lactation rooms were present, sometimes it was inadequate and impractical for mothers to access. Despite the challenges that varied among mothers, it is evident that their working days were characterised by overcoming challenges either coming from themselves, like trying to be consistent in pumping or facing emerging events that might interrupt their working and pumping schedule.

Furthermore, the challenging of the pumping journey did not stop here. Sometimes mothers had to go for work assignments outside of their office such as a work trip or attend workshops or trainings. These circumstances made their breastfeeding and pumping journey even more demanding. Mothers had to find ways to keep to their pumping schedule or arrange their activities in any way they could to keep on breastfeeding.

Dealing with Work Assignments

Even though Ama, Vivi and Clara asked for concessions from their workplace not to be assigned on a duty or work trip that required them being away from their babies, there are mothers who managed to be away from their babies as assigned by their workplace. Sometimes mothers had to make tough decisions whether or not they were willing to accept their assignment, what assignment they could tolerate, or whether to choose not to take them, because they were concerned about leaving their babies and how it would affect their breastfeeding activities.

In Yana's experience, *"before the pandemic"* she was often given assignments for a work trip *"at least for three days"*. Among other mothers I interviewed, Yana was the only one who had the experience *"to go overseas"* for her work trip such as to *"Malaysia and Brunei"*. It was a challenging experience especially when it came to managing her pumping schedule, since she was so afraid that the EBM stock might deplete for her baby. Hence, *"discipline* [and being] *consistent"* was the only way she could keep up her milk supply while making a strict pumping schedule. *"Never delayed it even though it was just for a little while",* said Yana. She was *"grateful"* that she *"never had any problems with my EBM stock"* when she was away from her baby.

However, Yana admitted that *"It was hard to be consistent, you know"*. She had to find ways *"to keep enthusiastic* (bersemangat)" in pumping. She loved to make *"lactation room content* [for her social media]" at the airports that she visited, as well as "*informing"* other people who might need the information *"where is the lactation room in these airports?"*. She also wanted to *"document my breastfeeding journey"*. Reflecting on Yana's experience, documenting the breastfeeding journey was something that I could relate to, because it is one of the ways to cherish the moments and struggles that we, as breastfeeding mothers, had been through. Moreover, sharing the stories on social media might also spread awareness and reach out to other mothers who went through the same

journey. In the previous section, I have also discussed how mothers could learn or be inspired by other mothers' breastfeeding journeys they posted on social media and encouraged them to do the same.

Learning from Yana's stories, she could manage breastfeeding even though being away from her baby required a lot of planning and arrangements. She made sure that she *"had pump or breastfeed at home before I left"*. She also *"counted"* and *"prepared the EBM"* before she went on a work trip and took time to *"teach the nanny which one* [the EBM stock] *should be given first and also the schedule"* for her baby to take the EBM.She was always concerned and *"calculated"* for example *"the distances, how long did it take from home to airport"* and *"where am I going to pump? How long are the flights going to take?"*. Sometimes the trip took hours and *"it was impossible for me not to pump during the trip, right?"*. Accordingly, despite bringing her necessities, she had to bring *"my breastfeeding bags, which mostly more than one bag"*. She used one bag *"to keep the EBM after pumping and one to carry around when I was mobile"*.

Yana got used to pumping anytime and anywhere which was not always in appropriate places such as lactation rooms or private places. It became 'normal' for her to pump in *"an airplane, on a bus, or on the road"* during the work trip. She even laughed when she told me *"The only place I never pump was probably just in an Ojek* (motorcycle taxi)". She was *"grateful"* that she could do *"hand expression"* instead of using a breast pump so she did not need to bring a lot of equipment and it was *"more practical"* to do it anywhere. When she took public transportation such as a bus or airplane, she usually *"prayed"* that *"I wish the next seat is empty"* and had a strategy to *"choose the seat in the back area and window side"* when she bought the flight ticket so that she could pump more conveniently.

Despite choosing the seat on a plane or a bus, she also had a strategy to choose the accommodation where she would stay. *"Before I booked the hotel, I usually checked whether they had a fridge or not in the room",* said Yana. Sometimes when she had to go to certain areas, she could not get *"a good hotel"* as they did not have a fridge in the hotel room. Therefore, she had to make sure that *"at least they allowed me to put my EBM in their pantry"*. So far, she never had any rejection and *"they always allowed me to do so"*. Even when she travelled by airplane, she *"never had any problems carrying EBM"* either on domestic or international flights. *"They could understand that I carried EBM",* said

Yana. She also had experience *"asking for extra ice blocks from the flight attendant before landing*", to make sure her EBM stayed chilled after a long flight.

For Yana, to keep on pumping during a work trip for a few days felt *"so much more tiring"*. If she was with her baby, *"I could co-sleep while breastfeeding my baby in the middle of the night"*. As I recalled my experience, breastfeeding and co-sleeping was common in Indonesia. When our baby woke up in the middle of the night, we could just directly breastfeed our baby and both of us could easily fall asleep together side by side. Unfortunately for Yana, *"I had to wake up at night to express my milk*" to replace the direct feeding she usually had when she was with her baby. This circumstance could cause her to feel sleep deprived as she mentioned that she was *"so tired during the work trip"*.

Sometimes things also happened unexpectedly, and Yana told of a day when she *"accidentally left my breastfeeding bag on the bus on the way to the airport"*. She was *"confused"* either *"waiting for the bus to come back to the airport with the risk of missing my flight or just letting the driver leave my bag at the bus pool and my husband would pick it up"* and she chose the latter one. She had to improvise because *"I needed to pump before I got on the plane"*, accordingly she bought *"a bottle… a drink bottle"*, and she expressed her milk directly to the bottle because *"with hand expression, I did not need to count on any equipment"*. As soon as she arrived at the destination, she *"had to buy that stuff* [such as breastfeeding bag, milk storage bag and ice gel]".

Given the tough situation of motherhood and employment life, sometimes she *"negotiated with myself"* as well, for example to *"lower my standard"*. Sometimes when she was *"on a trip"* she could not always properly sterilise her pumping equipment, so she just used *"hot water"*. She had to *"not to think about it too deep*" because *"pumping was already tiring, let alone thinking about that such detail"* of sterilising. Instead of *"putting myself on stressful situations",* most importantly *"for me it's clean"* even if *"there was no hot water, I could use mineral water"*. At the end of the day, she would just say, *"yeah alright, no need to imagine* [bad consequences], *just do it"* hence she could manage it very well.

Reflecting on Yana's experiences, I felt amazed by how she handled her situation that needed immediate responses so she could maintain work and pumping. It would be very easy for her just to give up and turn to formula, but she had made the decision and

committed to live her life as a mother who was a working mother. It seemed that nothing could stop her or make her choose one over the other. Even in the challenging times, she still managed to find a way to cheer herself up. Her persistency and self-discipline to keep prioritising breastfeeding was one of her keys for successful breastfeeding.

Diana's stories were quite similar to Yana's because she also had experiences of being away from her baby. She was a new government employee when she had her first baby and required to join in *"the mandatory basic education and training program"* for a new employee. Diana had to go through a *"two weeks"* training program, and she had to *"stay at the training location"* until the training was completed. The training was usually held out of town as I can recall that my husband also underwent the same training when he was a new government employee and he had to stay at the venue for about two weeks.

Luckily, in Diana's training batch, it was held *"in Jogja",* the same city where she resides, but the location was *"quite far from my home, more than one hour trip".* Even so, she was unable to *"leave the site"*. She did not even have a flexible time to be visited, and *"only after 8pm"* was she allowed to be met by her family. She was actually *"afraid"* but at the same time feeling *"challenged"* and thought *"how to make sure that I don't stop breastfeeding?"* because her baby was *"not even three months old"*. She was determined not to stop breastfeeding and to *"keep my supply stable until the end of the training"*. At least when she was away, she still gave her EBM to her baby.

She had to manage her time to keep pumping strictly *"every three hours, so at 12, 3, 6, 9 for 24/7"* which means she woke up in the middle of the night to pump as well. She could get *"around twelve to thirteen bags of EBM"* a day. Understanding her story, I saw that she had a great team effort involving her significant others. Her baby was at home *"with my mother"* and everyday, *"my husband came to visit me after work to take my EBM"* and *"brought it home"*. When her husband came, he also brought *"a new frozen ice gel*" for Diana to keep her EBM chilled. Sometimes her husband also *"took my daughter every two days to meet me and I could breastfeed her to avoid her from having nipple confusion"* because Diana could not leave her training location.

Unfortunately, when she came back from the training, *"my daughter got a nipple confusion"*. Diana recalled that she had a *"very very deep heartbroken"* because *"I was rejected by my own daughter… It felt like… ouuuch…"*. Her daughter *"cried furiously*

when she saw it [her breasts]". Diana was so desperate, but she could not merely accept that her daughter refused her. *"So, I googled"* said Diana, and she found out that *"I had to create the bonding again"*. Fortunately, Diana had *"two days, on Saturday and Sunday"* where she did not have to go to work so she could spend her time with her daughter. She decided to *"stay in my room, me and my baby took off our clothes and I put her here* [on her chest]*"* as it is usually called as skin-to-skin contact. This is the same method as when mother and baby had a breastfeeding initiation as soon as the baby is born (World Health Organization & United Nation Children's Fund, 2003). Moreover, doing skin-to-skin contact is one of the key points in doing a relactation process which means to re-establish breastfeeding for women who have stopped breastfeeding or had never breastfed before (Franz & Franz, 2015; World Health Organization, 1998b).

It was not a smooth and easy process to re-establish breastfeeding because *"she still cried hard on the first day"*. However, Diana had learned that *"I had to dare and be strict not to give her a bottle no matter how hard she cried and used only a spoon to feed her with EBM"* because her baby still rejected her. *"She cried aaalll the time and I cried too, so we cried together",* said Diana. It seemed to be a devastating situation and she realised that *"she was finally tired of crying"* but Diana still *"insisted not to bottle-feed her"*. According to Diana, doing skin-to-skin was necessary because *"since I did not wear clothes hopefully when she needed milk, she could directly latch on to me"*. Diana spent *"the whole two days in my room, didn't do any activities that needed me to go out of my room at all, just cuddling the whole time"*. Diana was grateful that *"on the second day",* her baby started to *"latch on to me, even though she still refused to suckle properly"* until finally *"at night, my daughter managed to breastfeed very well"* as Diana recalled with an expression of joy and gratefulness.

Throughout the analysis process, I have never failed to feel amazed, stunned and in admiration to have the opportunity to hear their stories of overcoming challenges. Diana had shown her persistency and commitment to fight for breastfeeding for her daughter. During my involvement in AIMI, we found many cases of nipple confusion or mothers experiencing their baby refusing the breast and they had to do relactation with the help of our lactation counsellors. In some cases, it was so hard to do especially when it had happened for a long time. Some mothers even decided to give up because relactation mostly took time and a lot of effort for their body to produce more milk or their baby to

learn to suckle from the breast properly. However, Diana realised that it was not too late for her to bond with her daughter again.

Despite her experience joining the training for a new government employee, similar to Yana, sometimes Diana had to be mobile for *"monitoring and evaluation work"* even though it did not require her to go out of town. She always *"carried my pumping equipment*" and she got used to *"pumping in the car"* when she was on the way *"to or from the work location"*. Diana also shared her experiences when she had to pump milk outside of her office such as *"on a work trip"* or when she had to attend *"workshops or meetings in a hotel or other places"*. Even though she could pump anytime and anywhere and always tried to stick with her pumping schedule, challenges had always come unavoidably.

When she joined the mandatory training for new government employees, there were *"some of the instructors who did not allow me to ask permission to pump"*. Throughout her *"two years breastfeeding journey"* she experienced *"being rejected in asking permission to pump several times"*. However, it did not stop her always finding ways to cope with the situation. Often, she *"lied for a good reason"* such as saying, *"I need to go to the toilet"*. The truth was, *"I would never ever pump my milk in a toilet, wherever it is! That's my principle! Are we sure we want to give our children food from the toilet?!",* said Diana in a firm tone.

Diana shared similar stories with Gita when she had to join *"workshops, trainings or meetings"* outside her workplace, such as in *"a hotel or a restaurant"* (Gita). They both hardly found a proper place to pump *"as most hotels don't have one* [lactation room]*"*, said Diana. It was a dilemmatic situation for both of them but they responded differently. Diana usually went to *"the Mushola* (praying room/small mosque)" or used the seat *"in front of the meeting room"* because she *"wouldn't mind that people saw me"* when pumping as she *"put on a nursing cover"*. While Diana tried to keep with her pumping schedule, for Gita, it was a *"huge challenge"* because she felt *"uncomfortable"* if she had to *"leave the room at least three times"* to pump milk, let alone *"finding the place"* to do so. Similar to Diana, Gita *"never used the toilet to pump milk"* as it was inappropriate. This situation was conflicting for her because she had no choice but to *"hold it a little longer and delay my schedule* [to pump]*"* while at the same time, she felt *"really bad right?, when our breasts are full, but we can't get it out because there was no*

decent place to do it?”. The way Gita said it was as if she tried to confirm to me how she felt, and she knew that I could understand her experience.

I can easily recall many memories where I could relate with Gita’s experience as well as what my fellow breastfriends’ had experienced. It was more than ‘feels really bad’ but it was actually painful when ‘we’, breastfeeding mothers, had to delay pumping or directly feed our baby. The breasts would get hardened, sometimes they leaked too, and we could hardly concentrate on what we were doing because we felt agitated, and our mind would just think *“I have to pump now!”.* As soon as we found the place, sometimes we could not just pump peacefully, and we had to do it in a rush because our work was waiting ahead. It seemed like the more we experienced the juggling situation between working and pumping, the more we accepted it as if it was, *“well, it’s part of our life”.* There was no other way that we would have done differently because we were determined to breastfeed.

While some mothers such as Yana and Diana could manage the situation of being away from their baby, Vivi and Ama had different experiences. They both decided not to join activities that required them to stay overnight. Ama recalled her experience when her workplace had a *“benchmarking project*” in another city. At that time her baby was *“less than one year old”* and she decided *“it’s okay I’d rather not go*” because *“what about my baby?”*. Ama prioritised her baby because it would probably be complicated if she had to leave her baby and later, she knew that *“they* [her co-workers who joined the benchmarking] *could share their knowledge with me*”.

In Vivi’s experience, since she had committed to breastfeed her baby through *“direct feeding or pumping my milk regularly”,* she *“wouldn’t dare to be far from my baby”*. She remembered when she decided not to join a work-place social event. She thought that *“going for a recreation or picnic, I can do it anytime, but breastfeeding my baby is for her lifetime”*. Vivi also chose not to join a *“training program”* unless the *“location was reachable”*. She refused to be assigned in a duty *“that required to stay overnight”* but she did not mind joining a half day training that allowed her the freedom to *“go home in the afternoon”*.

For Vivi breastfeeding was her top priority at that time, and she could not just leave her baby because breastfeeding her baby was a once in a lifetime experience for each child

and irreplaceable for her. It seemed for me that Vivi was in a situation where 'other things could wait, but not my baby'. *"I just couldn't, I am non-negotiable when it comes to breastfeeding"*, said Vivi. She firmly said *"I'd rather pay for the trip for my friend to go"* but she would just stay and *"I'd rather be punished for not joining the event* (while laughing)*"* rather than leaving her baby. *"I will accept whatever will be... will be…"*,. Hence, she was *"afraid that I might regret"* if she did not prioritise her baby because she believed that breastfeeding was *"her* [baby's] *rights".*

Reflecting on Ama and Vivi's experience, I suggest that the situation they faced was probably a work-family conflict where working mothers had to face the challenge regarding their motherhood life and their employment life (Dizaho et al., 2016). They realised that they had responsibilities regarding their status as workers, but they could not set aside their role as mothers as well. However, Ama and Vivi's stories showed that when they had to choose between work and their babies, they would choose their babies without a doubt. From their experience, I noticed that their workplaces enabled them to do so after negotiation and arrangements were established. When they finally had to let go their opportunity to join work-related events or duty outside of their workplace, they were ready to accept the consequences and thankfully for them in their respective workplaces, there was no consequences that jeopardised their employment status.

When I heard my participants' stories, somehow, I felt that it was my experience that was being validated by their experiences. There were times where me and my fellow breastfeeding-working-mothers at my office had to express milk in the praying room when we attended workshops in a hotel, also when I had to expressed milk in the sound system operator's room during a workshop. I was also in Ama and Vivi's place when I put my daughters as my priority above my working life. I have never left any of my daughters for a work-related activity that required an overnight stay. At that time, I felt guilty for letting down my workplace because I let go the opportunity to improve my skills or knowledge from joining trainings, workshops or seminars. The guilty feeling would be something unbearable if I had to leave my babies while I was still breastfeeding them. This phenomena is also known as work-family guilt which reciprocal with the concept work-family conflict. For mothers, the impact was greater as it might interrupt mothers' well-being since they felt concerned or worried whether the work-life interfering

with their family life and making them unable to prioritise their family, especially their children (Aarntzen et al., 2019)

Ama and Vivi's stories told me that sometimes decisions had to be made that conflicted with workplace expectations and we should be ready and accept any consequences that arose. As Vivi explained, breastfeeding only happened at a particular time of a child's life, therefore if we stopped in the middle, we could never go back and redo it. I realised that I was not 'ambitious' to pursue my career because it was too stressful for me when I had my babies. Even at the earlier days of my career I had targeted myself to start my PhD journey in 2015 which I thought I would be ready for at that time. However, I finally went down a different path which led me to start my PhD journey at Massey University at the end of 2019 after having three daughters, and I am fine with that. Prioritising my children over pursuing a great achievement in my career was not a sacrifice for me because a mother would do whatever arrangement worked for their family. Even reflecting on Yana and Diana's stories, leaving their children for days for work did not mean they abandoned their children. The way they committed to expressing milk and gave EBM to their babies was their way to be present for their babies even though they were not there physically seemed to be a way to compensate work-family guilt (Aarntzen et al., 2019).

From the mothers' stories, I highlighted that mothers' unwavering determination to breastfeed led them to creatively figure out ways to cope with emerging challenges in everyday activities. Most of the time, they could only count on themselves to cope with the challenges through negotiation and arrangements they made with themselves and their workplaces' demands. Mothers also drew on technology like double-electric breast pump, hand expression or any effective method in facing dynamic, uncertain and shifting circumstances. They showed their flexibility to adjust themselves juggling the conflict between responsibilities towards their babies and their workplaces, showing their persistence, strength and determination to breastfeeding.

Defending Themselves: Dealing with Discouragement

"When somebody commented: "just buy this milk, it's good, just a bit more expensive but it's good" ...I'd rather spend the money to buy shallots" (Ama)

As breastfeeding-working-mothers, sometimes the women needed to interact with other people who did not know much about breastfeeding or did not understand that there are mothers who wanted to keep breastfeeding even though they returned to work. Often,

they had to face unpleasant comments or incidents involving other people including their co-workers, supervisors, and people in their social and family lives. For the mothers, the comments seemed to underestimate their breastfeeding choices and how determined they were to breastfeed their babies. They also gave the breastfeeding mothers unexpected suggestions.

In Ama's experience, when she decided not to join a benchmarking trip in another city, one of her co-workers told her, *"Just teach your baby from now, to take a bottle and formula"*. What her co-worker's said was an example of a discouraging experience for Ama. However, Ama stood with her decision, *"nah, I'd rather not to…"*. Ama encountered many experiences where she was advised to use formula or to stop breastfeeding. There was a co-worker who *"used to be a breastfeeding mother for less than a year and topped-up with formula*". She told Ama *"It's okay Ama, just switch to formula"*. Her co-worker also *"proudly said that she could give milk with a wooow* [expensive] *price"*. Ama felt that her co-worker's advice was *"indirectly underestimating…not underestimating hmm… unappreciated and disrespectful towards breastfeeding mothers"*.

Ama also had been told things such as *"come on, let's just make it easier for you, I mean later if we have an outside activity, you can just give formula to replace breast milk, so it would be better for you and you don't have to think about it* [breastfeeding]*",* or *"just buy that milk, Ama, it's good, just a bit more expensive but it's good"*. What her co-worker said made Ama feel *"how can I say… well pretty much annoyed"* and Ama responded *"Wheew, for me, I'd rather spend the money to buy shallots!"*. The way Ama replied to her co-worker using the metaphor of 'buying shallots' was interesting because it meant that she had more valuable or important things to spend her money on such as buying groceries for her family instead of buying formula. She defended herself because she was determined to continue breastfeeding.

Vivi also received unexpected comments from her co-workers when she decided not to join the school vacation, *"come on, why don't you join us, you can leave your baby with a bottle, you can put it in a bottle either breast milk or formula, now everything can be made easier like that"*. Vivi's stance did not waver when she heard what her friend suggested because she determined and steadfastly *"non-negotiable when it comes to breastfeeding"*. Vivi also shared her experiences when she confided to her neighbour

about her challenges with breastfeeding. Unfortunately, she talked to *"the wrong person"*. Instead of *"giving information that I needed"*, her neighbour responded *"you two as parents are working, why are you so stingy that you don't want to spend money on formula? What's the point of working if not to buy milk for your child?"*. The response was *"irritating… and disappointed me"* as it was discouraging and unacceptable for Vivi, but Vivi chose to ignore her advice and refused to answer her. She told herself that *"well, we had a different principle* [about breastfeeding]*"* and thought *"that's my fault* [for talking to the wrong person]". Sometimes Vivi *"cried…"* when she felt discouraged but at the same time, she accepted her experience as a lesson learned that *"I won't talk about it again with them* [people who did not support breastfeeding]*"* and she would *"find someone who could give the information that I needed"*.

Beta also struggled with unpleasant comments and conflict in her workplace. There was a generation gap between her and her officemates including her supervisor. As Beta explained, *"I was the today's generation, a today's breastfeeding mother while my co-workers were past generations"*. The gaps led to different understandings about breastfeeding where *"their eyes weren't wide awake"* about the importance of breastfeeding and how a working mother could continue breastfeeding without giving formula. Beta was the only breastfeeding mother in the workplace at that time and when she brought her *"war equipment* (Indonesian: peralatan perang) *to go to work"* this seemed to be *"troublesome and odd*" for them. Beta's use of the metaphor 'war equipment' to describe her pumping equipment emphasises how determined she was to put herself on the 'battlefield' to continue her struggling journey of pumping to breastfed her baby while working. She often heard her co-workers compare themselves with Beta by saying *"I didn't do something like that… I wasn't…"*.

Beta also recalled she had *"some kind of conflict with my supervisor"* making her breastfeeding journey *"with my first baby…filled with drama"*. Since Beta had to pump milk *"three times a day during working hours"* her supervisor *"mmm…didn't like it"* until one day, as Beta recalled being summonsed and reprimanded. She *"called me"* and said, *"if you can, don't be too much"* and *"told me so many things"*. It seemed that her supervisor thought that taking a break time to pump milk three times a day was unnecessary and too much and in her supervisor's perspective it might disturb their work. Beta remembered how her supervisor's remarks made *"my heart hurt"* and she *"cried as*

soon as I got home". Beta recalled how she felt so devastated and extremely upset. When Beta told me her experiences, I could feel that she was confiding to me and I felt the need to amplify what she remembered as *"*[her] *heaviest experience"* which happened when she breastfed her first baby.

> *"When I got home, I cried…I cried for two days… because I was angry and sad. Yes, in between angry, and sad… I cried until… it happened on Friday and until Sunday I still felt that my tears kept coming out. It wasn't that… well not tears but I was so sad… I felt like I was alone that time, I felt lonely, sometimes I felt that they considered me as weird and overdramatic… I felt…my heart hurt, I felt that I've tried to perform in my work, I can finish my work, I can manage my time, and what I did wasn't a mistake. I didn't do corruption and I didn't do anything harmful for my office. So why am I being treated like this? I got reprimanded and asked not to do it again?"* (Beta)

The way Beta told her story was full of expression of disappointment. When I did my analysis of Beta's stories as well as other mothers' stories, I read through and through several times to understand her experiences. As I have mentioned in the earlier sections, Beta had to pump milk in the janitor's room which was a very difficult experience of struggle. I could understand how she was very upset with her supervisor because it seemed that the world was not on her side. She thought that she was being treated unfairly too because *"frankly speaking, pardon me, there were employees who disappeared after they signed-in in the morning and didn't even know where they were"* but it was *"being ignored* [by her supervisor]*"*. Beta defended herself as she told me:

> *"Why me? When I wasn't at my desk, people knew where I was, I must've been pumping, I was pumping, I didn't even have time to be wandering around somewhere. I was always there. I knew I'm working, I finished all my tasks, I had to finish my work before pumping time, at least I won't think of my work while pumping, and I returned to my desk straight away"* (Beta)

Beta felt that *"I couldn't tell anybody; I had no friends to talk to*" at her office because nobody understood nor supported her. She thought that her supervisor was always trying to pick on her and felt irritated when she did not see Beta at her desk. It seemed that her disappointing experience drained her energy physically and mentally. In Beta's perspective when her supervisor called her and reprimanded her, she also felt like she was *"being treated as if I committed a disciplinary violation"* or *"committed a despicable act* (and she finally laughed when she said this)*"*.

Despite the conflict with her supervisor, she also had to face discouraging comments from *"the older generation"* at her office who compared Beta's contemporary experiences to

what had happened in the past. For example, Beta said that they *"very often"* used *"their weapon* [punch line]*"* such as *"it wasn't like that* [in the past]*"* or *"I didn't do such thing"* and said, *"children in the past took formula but it was good, for some ways…* [they were] *smart".* They also told Beta *"If it's not enough* [her milk supply] … *as if I pump because I didn't have enough milk"* and they suggest *"if it wasn't sufficient enough why don't you buy it* [formula], *it's easier*". Since Beta did not want to give formula to her baby, *"they said because I'm stingy!... yes, something like that… stingy!* (She seemed irritated but laughing)". Beta and Vivi shared the same experience as they had been told they were stingy because they chose not to buy formula for their babies.

Beta's experience of breastfeeding her first baby was full of hardships and challenges especially regarding her workplace. She considered the *"exclusive breastfeeding phase*" with her first baby after she returned to work was *"the longest three months in my life".* She felt like *"I had to count everyday… okay two more months… one more month… three weeks to go…"* until she finally tried to accept *"ok one day passed… one more day passed"* to motivate herself to keep going.

Reflecting to Beta's stories as well as other mothers' stories, including my own, I agree that the exclusive breastfeeding phase was the hardest part along the breastfeeding journey. Exclusive breastfeeding means that babies only need to take breast milk or to be breastfeeding for the first six months of their life without any additional or complementary milk and food (World Health Organization & United Nation Children's Fund, 2003). Accordingly, babies can only count on their mothers' milk for their life survival. To keep pumping or breastfeeding are very demanding activities that should be done at this stage.

Recalling the mothers' stories in the earlier section "managing activities of working and pumping", most mothers usually started to reduce their pumping schedule after their babies started to eat solid food as it became less demanding. Beta returned to work when her baby was three months old. This meant that she had another three months of struggling to pump every workday and continuing to do so despite the difficult circumstances she was in. She had to pump in a very uncomfortable place, the janitor's room, without support from her workplace, and in constant conflict with her supervisor while receiving unwanted comments from her work colleagues, until her baby was six months of age and

started to take solid food along with breastfeeding. Therefore, it makes sense that this period of time would feel like 'the longest three months' of her life.

When I heard her stories, I felt amazed by her struggles and wondered how she survived the situation. By looking through her experiences, I learned how she gained her strength. For Beta, when she faced hardships, *"the options were to keep going or not"* and her choice was clear *"to keep going… whatever… for anything that might happen"*. It seemed she resolved to keep pushing forward despite the consequences she might face, the same way Vivi and Ama would accept any consequences when they decided not to participate in work-related activities that required overnight stays. From my perspective, mothers showed their unwavering resistance to the negativity they experienced, remaining true to their commitment to breastfeeding. So how did they maintain their resolve and gather the strength to continue against the odds?

From Beta experience, she *"believed that what I did was the right thing"*. This understanding did not come instantly, *"my family supported me, I have my family, a supportive husband too"*. Whatever happened, when she *"got home and got the support I needed, half of them* [the burdens, the hardships] *are gone"*. It seemed that every time she *"got home",* she refuelled *"the strength"* to continue on, and *"the next day I came to the office, I fought again and so that was the cycle* (smiling)". Home was Beta's source of strength, a place where support was provided even though the 'outside world' seemed to her to be against her.

Since Beta could gain all the strength she needed, she used it to 'fight back' because she *"wouldn't be silence and wanted to keep going forward"*. She finally took the opportunity *"to explain to my supervisor"* especially when she knew that her supervisor *"also had daughters"*.

> *"You know the 'weapon' that I used? I told her… Ma'am, one day your daughters will experience what I experienced, and I believe that all mothers will try to give the best for their children, you'll see… I'm sure that there will be lots of new things in the future"*
> (Beta)

What Beta said was meant to *"flick* (Indonesian: menyentil, which is saying something in a satirical way) *my supervisor"* because she wanted her supervisor to know, *"don't let your children feel what I felt"*. Beta was relieved *"thankfully, that to some extent she at*

least could understand" and Beta also tried to *"convince her"* that she *"would try harder to keep finishing my work and I could perform at work"*.

Beta also had the strength to respond to the unwanted comments such as "*when a child's age is above one year old you can still produce milk? Really? Are you sure the milk still comes out?"*. Accordingly, Beta wanted to educate people in her surroundings especially in her workplace with the *"hope that they saw me"* and *"this is the proof that it* [her milk] *still came out"*. She also wanted to *"give example"* to the *"younger generation of breastfeeding mothers"* that *"as long as we regularly excrete our milk, then we will still be producing milk"*. Beta also used the Indonesian metaphor of 'sambil menyelam, minum air', as in English translation 'drink water while diving'. *"Sometimes I just 'drink water while diving' which means that I provide milk for my baby, while also give example to other people",* said Beta. This metaphor can be interpreted that by doing one activity, we can achieve another benefit or in English as in 'killing two birds with one stone'.

Beta showed that since she had the strength, she felt empowered, hence she wanted to empower other mothers and open their minds so that they could do the same as Beta. *"Through witnessing with their own eyes, I hope the awareness and the knowledge about breastfeeding would keep spreading",* said Beta. Beta was *"pretty happy"* that she *"could at least spread the awareness"* because of *"my stubbornness"*. Beta called herself *"basically, I'm a stubborn person"* (Indonesian: saya orang yang keras kepala) to refer to her character that she *"wouldn't stop if I knew that I was doing the right thing"*. Her strength and persistency also resulted in advocating for the lactation room at her workplace which she called *"the Harry Potter's room"*.

Diana was also confronted with unpleasant comments which came from a woman co-worker who was *"very strict"* and told Diana *"It couldn't be like that, work is work, not breastfeeding…"* as if breastfeeding and working could not go along together. Diana stood up for herself and engaged in a *"hard debate with her"*. Diana argued that *"if I'm not breastfeeding, and I have to buy formula, and my milk dried up, would you be responsible to buy her a formula?"*. Diana was *"in shock"* because her co-worker was *"also a woman"* but she *"insisted not allowing me to pump"*. Diana thought that was probably because *"she had not married and had no family*" so she could not understand what Diana was going through. Diana also heard comments saying *"you're still pumping? Until now? What a long time"*. However, Diana usually *"ignored the comments"* because

those who said it were *"co-workers from different divisions"* and other co-workers around her were mostly *"aware that breastfeeding is important and had no problems"* with what breastfeeding mothers do.

There was a generation gap in Clara's workplace. According to Clara, *"the generation under 40s* [years old] *were pretty updated about breastfeeding knowledge"*. Meanwhile, *"above fourtyyyyy... they still didn't understand why we need a lactation room"*. They also questioned *"why we need a fridge* [to store EBM] *as if we are asking to be spoiled"*. The comments from the older generation in Clara's workplace resonated with Beta's experiences, as they made comparisons between what happened in the past and the present time. Since they did not understand what breastfeeding mothers need, *"the seniors"* tended to undermine mothers needs with comments such as *"aah.. you can just hide behind the cupboard"*. Clara considered herself as an *"outspoken person"* so she replied *"woow,... what if we hide behind the cupboard and suddenly somebody showed up, wouldn't it be shocking? How about that?"*. Moreover, Clara also used a similar expression as Ama, Vivi, and Beta said, *"I would just ignore it, whatever they said about me, what should be provided then should be provided"*. She defended herself because she felt *"irritated you know?"* when she listened to unempathetic comments. Clara's remarks demonstrated her resistance and her persistency to fight for breastfeeding mothers' rights in the workplace.

As well as discouraging experiences in the workplace, throughout her breastfeeding journey, Ama also had to confront disagreements with her mother. Her mother kept asking questions such as *"when are you going to top up with formula?"* or making comments like *"he's already two years old, it's time to wean him."* However, Ama mostly *"stayed quiet, just ignored her"* and told her mother *"It's okay, one day he'll stop* [be weaned] *by himself"*. Ama breastfed *"my first baby for 3.5 years"* and she planned to breastfeed her son *"at least same as his sister* (smiling)".

Vivi also experienced *"a clash"* with her family which was with her older sister. She had negotiated with her mother who looked after her baby when she was at work to spoon feed her baby. Unfortunately, her sister could not accept the idea of spoon feeding a baby as she told Vivi *"Don't you feel sorry for our mother? if there's an easier way and more practical, why do you have to make it difficult for yourself?"*. Vivi's sister also did *"not bottle feed her baby"*, but it was because *"she was not a working mother"* so she was

"always with her baby". Despite Vivi explaining to her sister that she had a *"principle that I didn't want to introduce a bottle"* to her baby, her sister blamed Vivi that *"You're just troubling our mother!"* because for her sister, spoon feeding seemed to be bothersome. Her sister found out when she *"came to my mother's house"* and saw her mother was *"about to spoon feed my baby"*. Her sister then *"went to the pharmacy to buy a bottle"*. Without Vivi's consent, her sister *"put my EBM to the bottle and tried to feed my baby with the bottle"*. At that time, Vivi's mother *"tried to stop her"* because Vivi's baby *"can take the EBM with spoon"*. According to Vivi, her sister argued that *"I don't want to see you* [their mother] *doing such a difficult thing, I couldn't dare to see it"*.

Vivi *"laughed hard"* when her sister told her about the incident and that *"my baby refused the bottle"*. Her sister *"grumbled"* because *"she didn't succeed". "I was betrayed by my sister twice!! She was the devil",* said Vivi while laughing but also annoyed when she remembered what her sister did. Apparently, her sister tried to force bottle feed not only with Vivi's first baby, but also Vivi's second baby and Vivi recalled what her sister said with grumbling tone, *"your second child is just the same… rejected the bottle"*.

From the mothers' stories, it is evident that none of them gave up when facing conflict or discouraging experiences that they encountered from the beginning of their breastfeeding journey because of their commitment to breastfeeding. They were determined to push through and kept going with their breastfeeding stance. Their stories also told of the ways their commitment had support from their family especially from their husbands and sometimes from the workplace. As with experiences within the family, not all co-workers and supervisors were discouraging of breastfeeding in the workplace. There were co-workers and supervisors who supported the mothers to carry on breastfeeding regardless of the availability of a lactation room.

The Co-workers and Supervisor's Support

In the earlier sections of this chapter, I have discussed the support related to the workplace facilities including the provision of lactation rooms in the workplace and allowing mothers to take a break time to pump milk during working hours. However, discussing mothers' experience of support in this study is not only about the facilities provided which informing the application of government regulation that support breastfeeding in the workplace. In this section, I want to present mothers' experiences of receiving support or

help through their relationships with their co-workers and supervisors that strengthened their feelings of being supported.

Despite the availability or unavailability of lactation room in the workplace, sometimes support was not immediately forthcoming as of right, but achieved through negotiations or arrangements with co-workers and supervisors. These arrangements came in the form of working hours concessions, especially for those mothers who had no lactation rooms in their workplaces. Mothers were allowed time to pump during working hours, permission to return home for breastfeeding, permission to leave in the middle of a meeting for pumping and not joining work trips that required overnight stays.

Despite achieving support through negotiations and arrangements primarily with the supervisors at work, mothers also experienced varied levels of support from their co-workers. Clara told stories of support especially from her peer co-workers who loved to *"share information"* with Clara such as *"articles about breastfeeding or if there was a breastfeeding mother community event"*. They were also helpful in providing information such as *"which breast pump is recommended? Where to buy a nursing apron? Or those sort of things about breastfeeding that I needed"*. Clara also confided in her co-workers especially when *"I had difficulties… why my baby is like this and this…"* and usually *"we would share with each other especially with fellow mothers"*. Even when Clara *"felt so sad"* that she did not spend much time with her baby because *"I left early in the morning and sometimes she slept when I got home in the afternoon"*, her *"friends* [co-workers]*"* calmed her down, acknowledging her feelings and Clara *"started to think more positively"*. Clara's stories revealed that she received tangible and intangible support from her co-workers and supervisor such as information and emotional support.

In Gita's experience, she received help from her co-worker when her *"office room was under a renovation"*. Gita then used *"my co-worker's office space"* to pump while sitting *"facing backwards"* as she *"tried not to be seen by somebody else"*. Even though there was no assigned lactation room at her workplace, Gita explained that *"people in my workplace saw pumping or carrying breast milk bag as something normal or common"*, therefore they *"welcomed mother to leave the room"* when she needed to pump milk. In one way, this was considered as supportive because it was normalised and at least she did not hear any negative comments from her colleague. However, it was difficult to set aside the fact that breastfeeding mothers in Gita's workplace, had to create their own safe space

to pump milk at their office and accept these difficult circumstances as something normal or common as well.

Yana was grateful "*alhamdulillah, luckily…*" that in her division, "*all the personnel are in productive age and we're almost at the same age*". Yana thought that "*they are all kind people*" and "*we knew each other's history* [juggling with motherhood and work life]". They understood each other because most of them "*were also in the breastfeeding phase*". Since her workplace was quite far from her home, Yana felt that her co-workers "*could tolerate if sometimes I had to come late when I didn't have something urgent to do*". Knowing that her "*workplace environment was always supportive*", Yana came with an "*awareness*" that she "*wouldn't take advantage by taking time too long* [to pump milk]", which showed that she tried to be responsible with her work.

Since Yana's workplace had a comfortable lactation room in accordance with the government's regulations, they had a *"pumping mother community"*. The members were *"breastfeeding mothers who used the lactation room*" as well as *"the alumni of the lactation room"* even though they were no longer breastfeeding. The community had a *"WhatsApp group"* as a *"media of communication"* for all the members and used the group to *"share information about breastfeeding, child's development and sometimes to organise a market day"*. Yana was *"quite a long-time user of the lactation room"* since her breastfeeding journey *"was extended from her second to third children"* and she *"met different people in the lactation room"*. Accordingly, pumping in the lactation room and meeting fellow breastfeeding mothers, she explained that this was one of the reasons that enabled me to *"keep enthusiastic in pumping"* because she had company and a strong community support in the workplace. Yana's experience of a community of breastfeeding-working-mothers cooperating to support each other shows the value of providing the lactation room space where women can come together and meet each other.

When Yana was on a work trip, sometimes she had to go with her co-workers by car as well. There were times when she *"needed to pump"* which means that she *"had to do it as scheduled"* because she tended to be strict with her pumping schedule. Her co-workers *"could understand"* and if they could not find a place to stop for her, *"I pumped in the car too"* during the work trip. Even when Yana had to *"sit next to a male co-worker"* there was *"no problem if I asked permission to pump"* and Yana could use *"an apron"* to cover her while pumping. Her male co-workers could understand because *"their wives*

used to pump too". Yana recalled that it was also *"the challenge"* and she felt she had no other choice *"well, what else can I do? Otherwise, I had to skip pumping"* which would never be her choice. Yana also shared her story when she was on field duties which required her *"to be outside for more than twelve hours"*. She recalled *"luckily, my co-workers were supportive"* because during the trip they were willing *"to stop by at the restaurant to help me finding ice blocks"*. Yana needed the ice blocks to make her EBM *"chilled"* because as she explained *"my ice gel was no longer cold from being outside for too long"*. Yana was *"grateful (alhamdulillah)"* because *"my co-workers understood me"* which means that they knew Yana's struggle and what they did was interpreted as support for Yana.

Diana also had the same experience as Yana when she was on a *"field duty or monitoring and evaluation work and needed to pump in the car"*. She thought that sometimes it was *"impossible to stop by somewhere"* just to wait for her to pump. Her co-workers *"didn't mind and allowed me"* when Diana *"asked permission"* to pump. Even if she was travel with her *"male co-workers in the car"*, they *"had no problems with that"* and Diana could use *"a nursing cover"* when she pumped. Diana believed that *"there were no difficulties that had no solution"* because when she was surrounded by *"supportive friends, it became not that difficult"* to keep breastfeeding. Moreover, Diana's male supervisor was aware of the importance of breastfeeding and knew that Diana needed to pump during working hours. If Diana asked permission *"excuse me Sir, I have to pump now",* her supervisor would say *"oh yes, please…"*. Sometimes, he even reminded Diana when he saw her working by saying *"Diana, isn't it time for you to pump? Go ahead… then I said… oh yes Sir"*.

In Vivi's experience, working in a kindergarten, "*the majority of the co-workers are female*" and there was "*only one male co-worker".* Since there was no lactation room at her workplace, "*my friends knew that I needed to find a safe place to pump.*" Accordingly, when Vivi was pumping in one of the rooms, her female co-workers would help her, "*ok, don't worry, I'll watch you here*" as if they stood guard so that nobody might come in or interrupt her. Even when there was nobody around to guard Vivi, she could just tell her male co-worker, "*Excuse me Mas, I needed to pump in that room… and he replied, yes please".* Vivi was glad because even though her male co-worker "*was single and not yet married"* Vivi felt that "*he respected me*" and Vivi "*could pump peacefully*". During the

pandemic, Vivi's workplace applied the schedule of "*work from home and work from the office"*. When it came to her schedule to work from her office, she usually *"work for three hours a day from nine to twelve"*. Vivi was allowed to "*take my baby with me*" and she *"used the bed previously for the afterschool program to put down my baby*" since the afterschool program was closed.

Among mothers' stories, Beta was the only one who experienced conflict and discouragement from a female supervisor when she breastfed her first baby. Conversely, when she breastfed her second baby, *"the burden wasn't too heavy"* not only because *"I have many friends* [fellow breastfeeding mothers]*"* but Beta was also *"transferred into another division*". Surprisingly, in her new division, *"the supervisor was male*" who made her wonder *"see… why was it even easier?"* because according to Beta, her male supervisor was more supportive and helpful than her previous female supervisor. Even Beta *"felt touched"* by what her male supervisor did.

> *"I felt how easy it was. He said, "please if you want to do it, if you want to pump, you can adjust the time". It was so easy for me to get permission that time. The head of the division [higher supervisor] was also male, he even said… "do you still need to be absent because your children are still too young?" ... I mean, sometimes it's so funny, isn't it? The male was more… well probably instead of facing a female boss to ask permission, it was easier to ask male bosses sometimes"* (Beta)

Given two different experiences with female and male supervisors, Beta tried to make sense of how that happened and *"talked about it with my friend"*. Together they wondered why it was more difficult to get support from fellow women. Beta and her friends presumed that *"yeah probably for ibu-ibu* [fellow women or mothers] *they have the standard"* based on similar experiences about what they did or not, or which one worked for them. They compared and judged each other and even could judge harshly for those who did things differently. Conversely, the *"bapak-bapak* [men or fathers] *didn't have the standard to judge you"* because they *"didn't experience it so how can I judge you?"*.

From the mothers' stories, despite having the experience of hearing discouraging experiences from people in their workplace, their co-workers and supervisors who were supportive were primarily other women and mothers, some of them with breastfeeding experience. It seemed that there was a mutual support amongst women that showed a sense of empathy, and solidarity because they knew how it felt to be a mother and to have children. Furthermore, through the mothers' stories, I noticed that mothers frequently

expressed their gratitude and appreciation towards everything that had been done by their co-workers and supervisors who did not stand in their way. They perceived a neutral stance as support for them. In the mothers' perspective, they assumed that silence and neutrality meant that they were being 'understood' by their colleagues in their workplaces, and therefore this was seen as showing support for breastfeeding working mothers.

The Family Stories

"I saw my mother and us [Gita and her husband] *as a teamwork, even though sometimes it was hectic, but they knew when something needed to be handled. I think it was very helpful rather than I had to do everything myself*" (Gita)

The story about successful breastfeeding-working-mothers could not be separated from the stories of their families. In the ecological approach employed in this study, the immediate environment is the microsystem where mothers interact and engaged in interpersonal relationship on a daily basis (Kloos et al., 2013). Central to the women's microsystem are the relationships physically located in their home with those they share everyday household life. My reference to 'family' therefore refers to the people who live together in the same household and sometimes this extends beyond the nuclear family. In this study, family includes the husbands and others such as parents, parents-in-law, and aunts since these people are also part of their daily life too. For some participants, a nanny was also part of their household and their everyday lives. From the perspective of this study, all household members are understood as significant others (Chen, 2003; Prezza & Pacilli, 2002). In community psychology, a person's significant others play a vital role in someone's life especially in providing support and being someone who could be counted on when needed (Kloos et al., 2013).

Throughout the analysis process, I found that mothers experienced challenges and struggles from the beginning of their breastfeeding journey and in facing these challenges, the presence of supportive significant others surrounding mothers positively facilitated the mothers' breastfeeding goals and activities. Support from family was perceived as meaningful by the mothers and mothers experienced their families as a source of strength to carry on breastfeeding while working. Family is also a place where the journey to become a breastfeeding mother started. Inside the family, the husband is the first person

who has a close relationship with the mother since he is also the father of the children; hence, the husband's involvement is at the forefront of working mothers' breastfeeding journeys. While support from the family, especially the husband, had been discussed several times in the analysis and discussion chapters, in this section I will provide more detailed focus on the stories of how familial support works for the mothers.

Husband Involvement

When I interviewed the mothers, I heard mothers mention their husbands' involvement starting from their early breastfeeding journey until the time they become breastfeeding-working-mothers. Some mothers also spoke of their husbands' role during the weaning process. However, when discussing the husbands' role or support, mothers recalled how their perception of it was not only related to the physical activities of breastfeeding. Mothers spoke more broadly about their husbands' role in the family and the dynamic relationship between wife and husband as well as cooperating together in managing the household including cooperative parenting. Since the interviews focused on mothers' breastfeeding journeys, accordingly mothers talked about her husbands' support during their breastfeeding phase. I also found that some mothers found it difficult to articulate their experiences when I asked about their husbands' role during the breastfeeding journey. This was probably because talking about support meant that they were not just considering this in a practical way but also how emotional support was experienced by the mothers.

Emotional and practical support

During the interview as well as in the analysis process, I found that sometimes without being asked, mothers mentioned about their husbands several times. In my understanding, this means that the husbands were present and considered as important for the mothers throughout their breastfeeding journey. All mothers felt their husbands' support along their breastfeeding journey as they mentioned *"I'm so grateful that my husband is very supportive"* (Vivi), *"husband support is important"* (Tina), *"of course, husband's role was helpful the most"* (Diana), *"my husband was also supportive"* (Gita), or *"my husband was very supportive since the beginning"* (Beta). Sometimes I also had to asked further such as *"in what way did you feel supported by your husband?"* or *"could you share more about your experience when you felt supported by your husband?"*. However,

when discussing support, mothers' perspectives of what constituted support was diverse amongst each other.

In the previous section, I have discussed some of mothers' experience of husbands' support at their early breastfeeding journey. In this section, I provide a more descriptive stories of participants' experience to show the dynamics relationship among the couples and shed light on mothers' perspective of support. It is also important to acknowledge what kind of support performed by their husbands that matter and helpful throughout mothers' breastfeeding journey.

Reflecting on the mothers' experience, sometimes support was not merely given but was proactively asked for by the mothers. Gita asked her husband *"to cheer me up* (Indonesian: menyemangati) *and to support me"* when she told him that she wanted to breastfeed their son. Gita also explained that *"there was never such comments being said* [that bothering], *he kept supporting, 'yes, it's okay' he said, so yeah, I just kept going, no rejection or else"*. Fira also told her husband that *"it's okay if my milk had not come out yet"* so he would not *"intervene with formula"*. She also emphasised the need to *"tell my husband",* about her wish or plan for breastfeeding.

In Vivi's story, she told her husband "*I want to keep breastfeeding* [even though she returned to work]" and her husband's response was "*yes of course".* Her husband "*didn't really understand about breastfeeding but he was supportive"* because "*whatever was best for me and our children, he would support"*. For Ama, she was *"grateful* (alhamdulilah)" because her husband "*just obeys me* [followed Ama's decision], *obviously he didn't force… if I asked him to buy formula, then he would, but since I didn't ask so that's it* (while chuckling)".

From Vivi, Gita, Ama, and Fira's story, they showed that mothers could speak freely about their choices for breastfeeding and felt comfortable and safe to share their intention for breastfeeding with their husbands and they supported their wives' decision. Accordingly, for some mothers', it seemed that they interpreted that a husband was supportive when they followed wives' decision, did not offer formula, and did not reject or hinder or prohibit breastfeeding. Husband's support also meant they respected and approved the mothers' decision for breastfeeding and did not try to get in their way even if the husband did not know much about breastfeeding.

In my understanding, Vivi, Ama, Gita, and Fira's husbands did not intentionally learn about breastfeeding. They mostly knew about breastfeeding from their wives who tried to find information or learned about breastfeeding from many resources. For example, in Fira's experience, when she *"read something* [related to breastfeeding]*"*, she usually *"shared it with my husband*" and asked him *"please read this"*. Fira realised that sometimes her husband *"was lazy to read something long*" accordingly, Fira liked to share what she learned *"whenever we have a spare time or while eating together"* and her husband would listen to her *"oh... yeah, yeah... okay"* because *"he liked to hear* [her explanation] *rather than reading it by himself"*.

In the previous section, I have also mention that Yana and Beta's husbands were committed to support their wives for breastfeeding since the beginning of their parenthood journey. Recalling Yana's experience, they both tried to *"support each other"* and decided to "*join a lactation class"* so they *"learned together* [about breastfeeding]*"*. Since Yana and her husband had the same understanding and goals of breastfeeding, Yana recalled that *"my husband's support is what helps me survive"* and thought that it became *"easier when we passed through it together"*. Similarly, Beta's husband joined her in a lactation clinic visit, accordingly, her husband became *"aware how important breastfeeding to our children* [health and development]*"* was and it was perceived as support for Beta.

Tina shared the story that "*at first, my husband wasn't really interested*" when she "*asked him to join me in a consultation visit*" to a lactation counsellor. However, when he "*saw my determination*" he became "*more curious*" and learned about breastfeeding too. In Clara's experience, even though her husband did not join any breastfeeding class, she felt "*grateful* (alhamdulillah)" because he was willing to "*find information and learned about breastfeeding*" so he became "*very supportive*". Similarly, even though Diana was the one who joined a "*pregnancy class* [and] *breastfeeding class*", her husband was also involved in "*preparing ourselves* [how to be a parent]" and both of them learned together by "*watching videos on YouTube*". They realised that since they lived together alone, they "*couldn't count on anybody else*" to help them to look after their baby every day.

Reflecting on the mothers' stories, I found that there were varied ways of how husbands became exposed to breastfeeding information such as from their wives or from joining a formal lactation class; then they became supportive. I thought that for the husbands,

supporting their wives, was also part of their commitment to their marriage and cooperation in their family. Regardless of how or where they got the information from, all of them navigated their knowledge to give emotional support as well as turning it into practical support throughout mothers' breastfeeding journey.

From the mothers' stories, I discovered that emotional or practical support worked depending on the situation mothers currently faced. For example, mothers felt emotionally supported when their husband was there for them or listened to them confide whenever they faced challenges. *"I could only confide to my husband until I cried",* said Gita when she thought about her *"struggling journey"*. She wanted to *"achieve two years* [of breastfeeding]*,* while at the same time *"it seemed so heavy"* and it *"frustrated"* her. Gita explained that sometimes *"just to convey my grievance or talk to him, at least part of the burden is gone"*. For Gita, her husband could be a place *"to pour down everything that I felt"*.

Fira also talked about the *"commitment"* which she explained that she and her husband cooperated *"to make it work together"* because *"as long as I still produced milk, I would keep breastfeeding"*. Her husband took part in any way he could, because he knew that Fira was *"determined for breastfeeding"*. Whenever Fira faced *"difficulties, or my supply dropped",* they would *"find the solution together"*. In Diana's experience, she would *"always confide"* in her husband, and he *"gave positive feedback"* that encouraged her.

Vivi told of a story when she just *"attended a breastfeeding talk show event"*. When she got home, she shared with her husband one piece of information she learned that bothered her and *"made me cry"*. She told her husband, *"Am I sinful? Did I commit a sin because I stopped breastfeeding Kakak* (her first daughter) *because I got pregnant? Turned out it was allowed to breastfeed while pregnant"*. Vivi seemed very upset and *"soooo regretful that, oh God, turned out it's possible"*. Even though she *"passed two years"* when she breastfed her first daughter, but she *"weaned her with the half-hearted"* due to another pregnancy. At that time, her husband *"tried to calm me down"*. Vivi recalled how her husband tried to lift her up again and told Vivi, *"no… no… it's okay… it's not like that, you didn't know, you didn't intentionally do that, you just learned it today, it's okay, you've done such a great job with Kakak, even though it was painful, with blisters, but you kept breastfeeding"*. Vivi seemed to feel contented because *"he heartens me, he knew I shouldn't be stressful during the pregnancy"*.

When Vivi told me this story, she still had the expression of disappointment as if she wished she knew that information before she weaned her baby. At that time, I tried to encourage her and told her that I agreed with what her husband said. I also told her how she had done such an amazing thing because she could push through all the challenges, never gave up, and successfully breastfed for more than two years. Since I had the experience of breastfeeding while pregnant, I felt the need to inform her that breastfeeding while pregnant can be done after considering several circumstances such as the mother's health condition, whether it triggered a contraction or caused blood spots. I also told her that it happened with my sister-in-law who had a contraction and blood spotting when she tried to do so, and it was fine to stop breastfeeding for the sake of mother and her baby. Vivi's intense feelings about weaning her baby show how strongly she felt about making the right decisions and the importance of her husband's reassurance that she had not sinned.

At the beginning of the pandemic, Vivi felt "*so stressful*" thinking of "*I had to protect my children*". She knew that "*when a mother felt stressful, it might be affected on the milk flow*". Therefore, "*I go back to my husband again*" as if every time she felt worried or concerned, her husband was her safe "*place to confide*" what was bothering her. Previously Vivi had shared with her husband about "*the benefit of breastfeeding during the pandemic*" which she learned from "*a workshop*" that she joined. Her husband seemed to pay attention to any information Vivi shared with him, and he encouraged her as Vivi explained, "*please, calm your mind, you've learned that right, why you have to be like this, just keep breastfeeding* [their second child], *and for Kakak, we can support her immunity with her* [nutritious] *food and vitamins*". Vivi "*bounced back again*" after her husband's response. In Vivi's experience, she would always "*discuss with my husband*" whenever she had problems and she "*asked his opinion*" to find the solution. She was so proud of her husband as she said, "*my husband is so great* (while showing her thumb and smile widely)" and Vivi was grateful "*alhamdulillah*" for having him.

In Beta experience, she and her husband "*dated for 5 years*" before they got married, so they knew each other very well. She described her husband's support as unique or unusual. He seemed to be *"indifferent"* and what Beta loved from him was *"the way he supported me… how is it called… a logic support?"*. For example, when Beta had problems such as with her supervisor that *"made me go home crying",* she confided in

her husband, and they discussed the incidents. Beta thought that *"the way he used his logical thinking helped me to get back on track"*. Beta also felt that her husband acknowledged her feelings as he told Beta what was helpful for her, *"It's okay, now don't cry too much and let's think about it, what exactly do you want right now"*.

Beta considered what her husband had advised her, "*you have two options; you want to follow what your supervisor told you to stop pumping and give formula or you want to keep breastfeeding. You want formula, ok I'll buy it?*". In Beta's understanding, her husband knew that "*I'm a 'keras kepala' person* (hard-headed: stubborn, have a strong will, persistent)" so "*when I heard he said that, I felt infuriated and told him 'No way!!' Bla bla bla...*". It seemed that Beta's husband tried to challenge Beta on how she might bounce back from the unpleasant incidents and then encouraged her by saying "*okay, now you've made your decision right, let's dry your tears, and strengthen your heart. If you cried too much it will be affected on your milk supply*". Beta felt that her husband tried to "*make me strong*" and "*didn't want to see me get carried away for too long*". For Beta, her husband's challenge was "*sometimes that's what I needed*". She considered that as important and supportive because as Beta said that "*home is a place where I get the strength*" and her husband fed her determination to keep going with her decision.

According to the mothers' experiences, there are various supports undertaken by their husbands. When mothers faced difficulties or struggled with the challenges, their husbands' presence was important for emotional support. For the mothers, a husband is someone she can trust and share everything with. It was very helpful when their husbands listened to their everyday difficulties and triumphs. They lifted them up, gave positive encouragement, comforted them whenever they felt uneasy and became a great partner in discussing and finding solutions whenever they faced problems. It seemed that mothers felt emotionally secure, knowing that their husband was there for them, giving them suggestions and encouragement whenever they needed.

Apart from the emotional support mothers' experienced, their husbands were also involved in activities that directly related to breastfeeding. This practical support was helpful for the mothers. As Fira recalled, *"the most thing that I expected is…to be helped!* (while laughing)". Fira explained that getting help means *"with action, not just cheering up* (Indonesian: menyemangati) *saying 'go! You can do it!', huh! what do you mean by you can do it? like how? There are plenty things to do like sterilising the bottles, preparing*

the ice gels…". When Fira said that, she did not talk only about her husband, but she seemed to appeal to every husband to help his wife by doing real action because mothers need that support.

In Fira's experience, she felt the practical support from her husband was very helpful. *"We cooperated together"*, said Fira. Since she had *"taken a time to pump milk",* her husband would *"help me to prepare the bottle, the ice gels and the cooler bag"*. Fira was *"grateful (alhamdulillah)"* for that. Her husband usually *"helped me to do that in the morning before going to the daycare, while I prepared for our son"*. When they got home from work, he would be the one who *"put the EBM* [that she pumped at work] *into the fridge"* and also *"sterilising the breast pump and the bottles and put it in the bag*". For Fira, dealing with those sorts of things sometimes seemed "*complicated"* especially when she had to do all by herself.

There are many things that Fira's husband did to support her breastfeeding journey. When she felt that her *"supply decreased"* her husband would ask her *"what do you want to eat?"*. She thought that her husband tried to *"make me happy again so my milk would flow smoothly"*. Her husband did not mind to *"spend the money"* to buy her *"favourite food"* or *"anything that I like"* because the most important thing was *"I could breastfeed smoothly"*. He also *"gave massage to my back to make me feel more relaxed"* especially when Fira was overwhelmed with *"a deadline"* and *"tired from work"*.

In Clara's experience, her husband cared for *"everything that I needed for breastfeeding"* and facilitated Clara *"to find all the small things, the equipment, the clothes"* and he would provide it. When their baby was newborn, her husband was *"afraid to carry the baby"*, but he *"would support with facilities and other thing"* such as he *"woke up at night when our baby needed breastfeeding"* and he would *"watch us"*. Since Clara would always go home at lunch time to breastfeed her baby, her husband also *"took time to go home"* and he *"brought me food*" for lunch. It seemed that they cooperated, while Clara *"focused on feeding my baby",* her husband *"provided my lunch* (while smiling)*"*. What her husband did was helpful because Clara did not even have to think about what to eat for lunch since he prepared for her.

Yana's husband showed support by "*doing anything that make me feel calm*". He "*accompanied me to pump, gave me oxytocin massage*" and gave her "*attention even to*

the small things" such as he would "*put the breast pump away after I used it and fulfil what I needed*". Since Yana lived with her parents-in-law when she had her first baby, her husband also acted as a "*bridge of communication*" whenever there was a different opinion about breastfeeding. Her husband "*communicated*" with his parents so that they could respect Yana and her husband's decision to breastfeed.

In Gita's experience, her husband was "*mostly helpful with technical stuff*". When "*I felt so tired, I asked him to help me…* [he] *washed and sterilised the bottle, dried it and put it in the cooler bag*". For Gita, "*it might seem trivial*" but "*it was very helpful*". Gita mostly chose "*not to do direct feeding*" when she was in a public place because sometimes "*the place is not supportive*" for breastfeeding or "*there was no lactation room*". Accordingly, "*before* [they] *went out*", they usually "*shared the task*". She would ask her husband "*to help taking the EBM out of the fridge*" and he "*thawed it, warmed it and put it in the bottle*" while "*waiting for me to get ready*" and "*that was what we commonly do*". Gita's husband was also involved in the weaning process where she chose to be separated from her baby for a few days during weaning. They decided to "*take our son to sleep over at my parents-in-law's house*". Her husband "*looked after our son*" and "*carried him*" when "*he woke up in the middle of the night crying*" demanding breastfeeding.

Among the mothers' stories, only Diana mentioned that her husband got *"paternity leave for three weeks"* and he was *"very helpful"*. He was involved in looking after their newborn such as *"bathing our baby and staying up all night"*. I have also mentioned earlier that Diana's husband was going back and forth to pick up and deliver Diana's EBM for their baby when Diana had to attend the mandatory basic training and education program. Diana appreciated her husband who was willing to do the return journey everyday even though it was *"far you know? From his workplace to my training location, and home was like from the north, went to the east and then to the south, it's like going around Jogja"*. Diana was very *"grateful (alhamdulillah)*" and proud of her husband, *"wow my husband is so… awesome! He's great!* (while smiling happily)". She would *"salute him"* for being very supportive for her.

Her husband was also very supportive when their baby had an indication of a nipple confusion and rejected Diana. Both of them tried to *"find information"* and *"watched YouTube"* to find out how to make their baby breastfeed again. At first Diana was in doubt and asked her husband *"are you sure this is the way? Why does she keep crying?*" but her

husband encouraged her "*yes it's okay, let's keep trying, let's try again*". Diana explained that her husband *"was always there"* and *"the three of us stayed in the room"* when Diana tried to build her bond with their daughter, and she needed to do a skin-to-skin contact. Her husband was the one who *"went out of the room"* whenever *"I wanted to eat"*. He took *"the food and drink and brought it to our room"*. It seemed that Diana's husband looked after her and their daughter very well and made sure Diana could breastfeed their daughter again.

During her breastfeeding journey Diana mentioned that *"the things that I always remembered"* from her husband was when they were *"out and about",* and she told her husband *"It's time to pump"* or she needed to breastfeed. Her husband would *"find a lactation room or a comfortable place where I could breastfeed or pump"*. Even when they "*attended a wedding"* or were *"in public place"*, he would find the place *"here, you can do it here"*. Sometimes Diana also needed to pump *"at home"*, and her husband *"took over and watched our daughter while I pumped"*.

In Vivi's experience, she recalled that her husband showed *"support from the smallest thing"*. Before they went out and about, her husband would remind Vivi, *"don't forget to bring your nursing cover"* and even without Vivi knowing, her husband would *"fold the nursing cover and put it in my bag"* because he knew she could be forgetful. Vivi remembered when she realised *"oh no, I forgot to bring my nursing cover"* and her husband said, *"there you go, it's in your bag already"*. Those *"trivial things"* made Vivi feel *"more enthusiastic and motivated"* to keep on breastfeeding. Vivi also explained when they were in a public place such as *"at the mall"*, her husband usually *"separated himself from me"* and he *"walked around"* and *"learned the situation or surveyed the place* (while chuckling)*"*. He was actually looking to find a convenient place when Vivi needed to breastfeed. By the time Vivi told him, *"I need to breastfeed"* he would lead the way *"let's go there, I'll show you"*. Vivi felt *"soo happy and touched"* by her husband's attention and support for her.

Reflecting on the mothers' stories of support, I learned that mothers were very appreciative towards what their husband did and perceived it as support even though it was just a trivial thing. Moreover, I also noticed that mothers often used the word 'help' when they explained about husbands' support. Presumably, when we talk about breastfeeding, the husbands were seen to be helping because mother or woman were the

one who could breastfeed. ‘Literally’ we can say that breastfeeding is ‘a mother’s (woman’s) job’ because the woman is the one who has breasts that develop during the pregnancy and is physiologically designed to produce milk (lactation) which includes the synthesis, secretion, and ejection of milk (Bistoni & Farhadi, 2015). Accordingly, during the breastfeeding phase, husbands’ support could be seen as ‘helping’ to make it work for their wives. Both emotional and practical support was deemed important and enabling mothers to overcome breastfeeding challenges.

The shared responsibility

Apart from support related to activities of breastfeeding, when discussing support, mothers also talked about the relationship with their husbands in managing their family. This support extended to the relationship as a couple which encompassed cooperative parenting in caring for their children and jointly handling the household chores. However, discussing the household arrangements appeared interconnected as it reflected the couples’ collaborative work managing their homes and for the mothers, this arrangement was also perceived as support that influenced the ease of the mothers’ breastfeeding journey.

In Vivi’s experience, since she has two children, her husband would usually *“step in and handle my oldest”* or *“bath”* her while Vivi was *“tended to or breastfed my youngest”.* Vivi’s husband also negotiated with his workplace to arrange for his working hours to start later than his colleagues as he knew that *“morning activities are always hectic and crucial to start the day”,* especially Vivi’s working hours *“started at seven”*. Since her husband started later than his colleagues, he *“came home later than his colleagues”*. Vivi recalled that *“it was best like that”* so that *“he could help me in the morning”*. She thought *“probably I couldn’t make it”* if she had to juggle by herself such as *“bathe the kids and prepare the breakfast and do it all alone”*. Her husband also *“modified my motorcycle”* so Vivi could *“take our children with me”* whenever she needed because she felt *“calmer if I could take my children wherever I go”*.

Regarding her family arrangement, Vivi was *“so grateful (alhamdulillah)”* because her husband *“is not demanding”* such as *“the house should be clean and neat, or I have to cook”*. In Vivi’s perspective, her husband was *“very understanding”* and it enabled Vivi to *“go slow and enjoy living through”* her life. Her husband reminded Vivi, *“the most*

important thing is our children, no need to bother [with the chores]". Vivi was also *"grateful (alhamdulillah)"* because her husband *"helped with the house chores"* even though *"I've never asked"*. She thought that her husband did that with his *"awareness"* because he knew that *"his wife was busy* (Indonesian: 'repot' or have so many things to do)" and the house chores can be done by *"anyone who has the spare time"*.

Since Tina and her husband work in their own company, they mostly shared the role of managing their family and their work. Both of them were *"committed not to bother our parents"* such as asking them *"to look after our son"* while they were at work. Tina and her husband usually *"backed-up each other"* in looking after their children. For example, her husband would handle their son and *"played with him"* because sometimes as a pharmacist, Tina had a *"patient consultation"* or when she had to *"run errands such as going to the market or doing monthly grocery shopping"*. Regarding the house chores, Tina and her husband usually *"just let it flow"* as they usually shared the task together. According to Tina, her husband *"did not hesitate to help with my domestic work"* and he *"got used to cooking"* as well.

Even though Tina and her husband tried to share the responsibility in their family, their son was *"mostly with me"* because she *"committed not to bottle feed"* their son. There was an incident that happened due to these circumstances. One day Tina was *"giving psychoeducation"* as a community service and it was *"impossible to take my son"*. Her husband convinced her *"It's okay, I'll handle him"* so Tina left without her son. Unfortunately, the event last longer than she thought until *"one of my patients came to me"*, she said *"Tina, your son cried hard looking for milk* [breastfeeding]*"*. Apparently, her patient visited her pharmacy and saw her son would not stop crying and Tina's husband could not calm him down. She voluntarily fetched Tina as the patient told her husband *"Oh, I know where it is* [the community service venue]*"*. Her husband was *"kind of mad at me"* because he found it *"difficult to give EBM"* to their son as he *"didn't get used to it"* while their son did not get used to taking EBM either, so *"he refused it"*.

Diana who lives only with her husband and daughter realised that her *"household matters were a bit neglected"* since both of them were working. There were times when they counted on *"food catering for the daily meal"* and they chose to employ a part time cleaner to *"sweep and mop the floor and clean the house"* because they could not handle it. However, when it comes to parenting, *"it seemed that we have to share fifty-fifty"*. For

example, when Diana *"felt tired at night"* then her husband would *"feed our baby"*. Diana and her husband realised that *"both of us are tired after work"*. Accordingly, when they did not have food catering for that day, they both would easily decide as Diana explained, *"do we want to cook or just buy? If buy food you pay, if I cook you take care of our daughter"*. Looking through her story, I thought that Diana's family was quite flexible, and they did not want to be bothered with small things. They also shared the task of taking their daughter to the daycare and collecting her depending on the time feasibility because Diana and her husband had different working hours. Her husband works from *"8.30 am until 6 pm"* while Diana from *"7.30 am until 4 pm"*, accordingly her husband would usually *"drop her* [to the daycare]*"* and Diana would *"pick her up"* after work.

Ama was grateful *"alhamdulillah"* that her husband would *"help me with my work for sure"* for example he would *"wash his own clothes"* and *"everything that he could do, he would do it himself"*. For Ama, what her husband did was *"one of the supports from my husband"* which was helpful for Ama. In Yana's family they had, *"a nanny stay at our house"* to look after their children and their house. Since Yana sometimes had to go on a work trip, she thought that *"my husband's role was very important"* especially because they have three children. Her husband usually would *"handle our two children* [oldest and middle child]*"* and *"our youngest would be with the nanny"*.

In Clara's family, she and her husband were not really strict in organising their house. Her husband told her, *"It's okay just leave the house like this, it's okay to be a little bit messy"* due to having *"a little child"*. It seemed that her husband did not want Clara to be bothered too much with the house chores because *"we have to be in LDR (long distance relationship/marriage) for the past few months"* since her husband *"worked out of town"* for the weekdays. He would stay at home *"only on the weekend"*. Clara thought that her husband realised that he could not be at home all the time, so he suggested to Clara, *"let's find someone who could help you, so you don't have to do everything by yourself"*. Accordingly, *"my aunt stays with us"* as she helps to look after their child. Even though Clara's husband told her not to bother with tidying up the house, Clara felt that *"I couldn't bear to see the house so messy"*.

In Beta's family, when it comes to *"our children"*, she and her husband agreed that it is a *"shared responsibility"*. Beta explained that *"I'm also working"* which means that she *"has the same workload as my husband"* and in her understanding, for her husband *"I'm*

not then required to carry the role as housewife that much". When discussing about the *"role sharing"* between Beta and her husband, she thought that *"for him, sweeping the floor or doing the house chores is not taboo"*. Beta admitted *"honestly"*, in their household her husband was the one *"who did the cleaning"* such as *"sweeping and mopping the floor"*.

In Beta's perspective there are differences between now and *"in the past"* where *"women stayed at home and were associated with the domestic chores"* but *"it's not us"*. The most important thing in her family was *"at the end everything could run well"* because they both *"earn money* [working] *for the family economy"* and when discussing home arrangements *"we shared the role, do whatever we can do and doesn't have to… Oh, this is a woman's job"*. Looking through Beta's story, I thought that between her and her husband they had a good cooperation and shared the responsibility in managing their household. However, I found the sense of discomfort or possibly a guilty feeling when Beta said, *"sometimes as a wife, I felt like I haven't really… how do I say it, not that much to my husband… I rarely make him a drink, I mean… you know?"*. Her statement seemed contradictory with what she said earlier that managing the house are both the responsibility of the husband and wife. Even though her husband *"didn't mind"*, Beta's doubt shows she was aware of expectations that a wife should provide service to her husband.

According to Fira, *"the biggest contribution that supported my successful breastfeeding experience"* was because of *"my husband's role as he is the father"*. Her husband helped her *"not only with motivating words but through action"*. Fira lives only with her husband and son, accordingly they had to "*cooperate together"* in managing their family. In the morning, they usually shared the tasks as Fira would *"prepare my son's clothes and his meal at the daycare"* and her husband would *"sterilise and prepare the bottle and put it in the bag"*. They would usually *"leave the house together"* and take their son to the daycare first. If her husband *"had to come back late"* then Fira *"collected our son by taxi"*.

Fira pointed out that *"commitment, communication, agreement and sharing the tasks"* were important within the household. Between husband and wife should be a *"mutual decision"* so that they *"won't blame each other if anything goes wrong"*. They both looked after their son together, when Fira was tired but *"my son still not yet sleepy"*, her

husband would *"play with him until he felt sleepy"*. Sometimes he also *"bathed our son"* after he *"came back from work"*. They discussed and had an *"agreement on how to parent our child"* and they wanted their son to be *"close with both of us"*. When they had *"outdoor activities"*, it was usually her husband's job to *"play with his son"* because *"I couldn't follow him around here and there"*. Fira would usually *"read books with him"*.

Regarding the house chores, *"mmm my husband helps me a lot* (while laughing)". Fira felt that *"I mean, how do I say it... I'm ashamed to say it"* because *"I really feel like being freed from domestic chores. I don't have to deal with laundry, cooking... I really don't have to do it so I can focus on breastfeeding, that's what my husband wants"*. In Fira's perspective, when she did not have to do the house chores this was also perceived as support for breastfeeding. I thought that her husband knew that being a breastfeeding-working-mother was very demanding as Fira had to struggle with pumping. Fira appreciated that her husband *"helps a lot in domestic matters"* and she felt that *"he did the chores a lot more than me"* as in her explanation:

> *"We have a washing machine, but my husband was the one who always put the dirty laundry to the machine, take it out, hang it to dry, and bring it to the laundry service to have them ironed. So, I never did the laundry. For cooking, I just do simple cooking and he would wash the dishes too. If I don't have time to cook, we can just order from the delivery service. We never bother with domestic chores. So, whatever it takes to make me less stressed so I can focus with breastfeeding and not be burdened with the house chores*" (Fira)

What her husband did was *"helpful"* so that Fira did not *"feel too stressed"* and *"my milk can come out smoothly"*. Fira recalled that she had *"read about Ayah ASI* (breastfeeding father)*"* and understood that the *"husband's role"* was *"not only during breastfeeding"* but also *"the whole part* [the family and the house]*"*. In her perspective, Ayah ASI means *"the husband who support their wife for breastfeeding, willing to involve as in doing action, and join in doing the chores"*. Fira also emphasized that this *"didn't mean that I'm lazy"* but it was *"sharing* [the tasks]*"*. Since her husband *"had done so many things and helped me so that I can breastfeed"* Fira became more motivated and *"as in return, I have to fight for it, such as pumping routinely"*.

Fira also explained about the perspective in the modern society that, *"Nowadays, some might say women's duties are menstruation, pregnant, giving birth and breastfeeding, other than that is a shared task"*. However, in Fira's story I also found similarity as in Beta and Clara's that there was a sense of discomfort because they did not do what they

thought they were supposed to do. Fira explained *"as a woman sometimes I felt...uuh... why I didn't do this or that? For example, I didn't cook, not cleaning up the house etc. But that's it…my husband automatically did most of the house chores".* The mothers seemed aware that others might have different expectations of their domestic work than their husbands.

From the mothers' stories, I learned that there were broad meanings of husband's support. The mothers perceived their husbands' support through actively performing their roles as husbands and fathers of their children. Husbands were involved and responsible for looking after their children, realizing that this was not solely mothers' responsibility. For the mothers, cooperative parenting and household arrangements were perceived as support that impacted on the success of breastfeeding. Their husbands participated in looking after the children and taking care of their house whether it was asked by the mothers or voluntarily with their awareness that they have equal responsibilities as their wives at home.

Furthermore, when mothers talked about managing the family and their household, their stories showed their understanding that it was a shared responsibility. They recognised that it was not a woman's job, and their husbands seemed to understand that a man doing house chores was also considered normal. However, when telling the stories, I noticed that the word 'help' was commonly used, for example, in Fira's narrative when she said, *"helps a lot in domestic matters",* while Ama referred to her husband's assistance with laundry as *"help me with my work"*. It seemed to emphasise that the domestic work was primarily a woman's work, and the husband was helping.

To understand participants experience, I focused on the language and words being used by participants, especially when making the interpretation. My attention was drawn to the words 'support' and 'help'. As Indonesian, we are familiar with using the word 'support' (Indonesian: dukungan) in our daily conversation, which my participants also mentioned several times, even though it is not an Indonesian term. Additionally, the words 'help' (Indonesian: membantu or bantuan) and 'support' provide similar meanings as (providing) aid or assistance, and are used interchangeably. Hence, understanding the context was important for interpretation. In my comprehension to mothers' experience, 'help' could be possibly understood as 'tangible' actions, while 'support' appeared to be something 'intangible' such as emotional or moral support, hence support has a broader

meaning. As seen in Fira and Ama's narratives, the word 'help' was typically followed by an explanation of particular action. In the broader perspective, any help or assistance, whether tangible or intangible, that might lighten or make mothers' daily lives easier was perceived as support for mothers.

Furthermore, apart from linguistic understanding, the use of the word 'help' seemed to be related to mothers' understanding of the social construction of a woman's role within the family. They realized that managing the household required cooperation, communication and agreement to share the tasks at home. Unfortunately, even though mothers realised it was a shared responsibility, they expressed guilty feelings as they thought they did not perform at home. Their stories suggest that managing domestic affairs is assumed to be a woman's role, and the husband involved means 'helping out'. It is also a common belief in society that women primarily responsible for domestic tasks while men are the breadwinners and focus on public affairs.

Since my research is located in Indonesia and specifically in Yogyakarta, which is attached to Javanese culture, I suggest that this is important to also recognize how gender roles in Indonesia specifically in Javanese culture might shape the mothers' understanding of their role in the family. In the traditional Javanese culture, woman is associated with the domestic private field, involving reproduction and looking after the family as well as preparing food for the table (Kuntjara, 1997). These domestic areas are also known in Javanese as 3Ms which are *Masak* (cooking), *Manak* (having sex and giving birth) and *Macak* (beautifying herself) as values of a woman (Kuntjara, 1997; Munir, 2002; Pirus & Nurahmawati, 2020).

Even in traditional Javanese architectural house construction, there are divisions of areas for men and women. The outdoor areas including courtyard, front and side of the house are used as places for husband's activities while the indoor areas called *mburi omah* (back side of the house) are women's spaces (Ju et al., 2018). These indoor areas include the kitchen where women can cook and an area for doing the laundry, representing a clear gender role division in the family (Ju et al., 2018). Even though the modern house layout no longer applies this arrangement, I remember that my grandfather's house was a traditional house with these areas as it was inherited by his great grandfather.

Apart from the strong Javanese culture influence, Indonesia's past history of New Order regime that was in power for over thirty years possibly influences the embodied perspective of woman's position in the family and society (see appendix 1). The ideology of the New Order includes in *Panca Dharma Wanita* (five duties of women) which positioned woman's role as a loyal companion of their husband, procreate for the nation, educate and guide their children, regulate the household and to be a useful member of society (Wieringa, 1992). Even though this regime has not been in power since 1998, it seemed that the influence is still strongly embedded especially in the women's perspectives to position themselves within the family and society. Accordingly, the mothers in this study who are mostly Javanese, still have the guilty feeling of not performing at home even though all of them are highly educated and have a good career.

Other Family Support

Mothers' breastfeeding experiences could not set aside the role of their family. This was because for some mothers, their family is part of their microsystem and they had interaction with them on a daily basis. Some of the mothers also lived together with their extended family. Their presence was important for the mothers especially when they could provide support which started from the beginning of mothers' breastfeeding journeys.

For example, Ama lives together with her husband, children and mother-in-law, Gita lives with her husband, son, and her mother while Clara lives with her son and aunt. For the past few months Clara's husband would stay with them mostly during the weekend because he worked out of town during the weekdays. Yana used to live with her parents-in-law before she had her own house. Now she lives with her husband, children and the nanny. Tina lives with her husband and son, and she had a relative, who she considered as her own sister, and her daughter staying with them. Tina's mother occasionally came to visit and stayed with her family for a few days. Vivi only lives with her husband and children, yet her mother's presence was important even though she did not live together with them. There were times when Vivi took their children to their mother's, and she looked after them while Vivi was at work. Fira used to live only with her husband and son, but since the pandemic happened and she mostly worked from home, she moved back to her parents' house, and they helped her to look after her son while she worked remotely.

I have also discussed earlier that some mothers asked for support from their family. For example, in Fira's story, she had 'warned' her family that *"I want to breastfeed, don't let anyone tell me or order me to give formula"*. Gita also *"told them* [husband and mother] *that I just want to breastfeed".* From the mothers' stories, I understood that when the mothers had a strong will for breastfeeding and they would try hard to be successful, it was also an opportunity for their family to learn about breastfeeding as well.

Gita was the first woman in her family who succeeded as a breastfeeding working mother. She recalled that *"my sister didn't succeed, she had to supplement with formula"*. Even though her mother knew that Gita's sister did not succeed in breastfeeding, she still supported Gita as she *"didn't give any comments when she saw me sterilising bottles".* Gita explained that her mother also knew that she was struggling with breastfeeding but her mother *"never gave discouraging comments or offering formula".* She appreciated her mother because *"she also learned, and it became our habit"* for example, her mother was used to *"move the EBM from freezer to the chiller"* and to *"warm the milk"*. Gita started to *"take our son to the church since he was two weeks old"*. Before they left the house, her mother understood that Gita chose not to do direct breastfeeding in public, accordingly she *"got used to"* prepare *"two bottles"* to take with them. Her mother would also *"automatically handle my baby and helps me without being asked"*.

In Gita's experience, her mother's support did not only involve in looking after her son. She was *"grateful"* that *"there's my mother who actively helps out, very helpful for me to carry out that role* [as a mother and wife in the family]". Gita felt that her daily activity was *"so tiring"* because she *"spent time for pumping* [and] *pumping is tiring"* and by the time she got home, she still had to *"wash and sterilise the bottle and do so many things"* while she *"needed to take a rest after work"*. However, her circumstances became *"less burdensome"* because *"many chores were done by my mother, so I feel helped".* Gita's mother also did the cooking and sometimes she *"did most of the cleaning and looked after my son"*. Gita felt *"helped"* because *"those roles was being taken over by my mother"*. Gita also told of a story where her *"parents-in-law"* were also helpful during her weaning process. They *"discuss together"* and decided to *"try to sleep separately* [Gita and her son]" by taking her son to her parents-in-law's house. They would *"look after my son during the day when my husband was at work"*. Gita felt grateful that *"I really got a great family support"*.

Similar to Gita, Ama's mother-in-law became learn about breastfeeding from Ama and she was very supportive compared to Ama's mother who always provoked her to give formula to her baby. Her mother-in-law was willing to give EBM to Ama's baby as Ama had informed her how to do so *"please give this one first, you can prepare this and do it like this and this…"*. When Ama came back from work she usually reported to Ama *"we could throw away this one and express a new one* [for the baby]". Her mother-in-law was concerned to give a *"fresh one* [the EBM]*"* to avoid it *"getting stale"*. When Ama breastfed her first baby, she used *"a bottle because I didn't know* [the risk of bottle feeding]*".* With her second baby, Ama asked her *"could you try to use the spoon?",* and even though her mother-in-law seemed bothered and would *"prefer to train him* [Ama's son]*, with a bottle, she finally spoon-fed him"*. Ama also appreciated what her mother-in-law did for her family. When it came to breastfeeding time, she would usually say *"dear, breastfeed your baby first".* She told Ama to *"just leave it"* what she was doing, for example when *"I was cooking"* and *"my baby cried"*. Ama thought that for her mother-in-law *"most importantly, the baby is the first priority"* and Ama *"could finish my task later"* and even sometimes *"my mother-in-law would finish it"*.

In the previous chapter, I have also shared the stories of Vivi and her mother's support. Her mother was also the one that motivated Vivi to breastfeed her baby as she said *"yes, you should be able to complete breastfeeding* [for two years] *because I did that with my four children"*. Her mother was also *"fully breastfed without bottle feeding"* and accordingly Vivi *"discussed with my mother"* that she wanted to try *"not to bottle feed"* her baby as well. Her mother also *"reminded me"* that *"weaning from the bottle could be harder"* than from the breast. Accordingly, her mother also committed *"bismillah, I will try"* to spoon feed her grandchild. Vivi appreciated her mother's struggle to spoon feed her baby because *"at the beginning she kept failing and need to struggle more, many EBM spilt"* but for Vivi *"it's okay"*. Even though her mother could not look after her baby due to Vivi's father's illness, for Vivi, her mother was one of her breastfeeding supporters.

Tina shared her story that she was breastfed by her mother *"only for six months"* and she *"worked as a government employee"*. When Tina was six months old, she got *"diarrhea until I was hospitalized"*. At that time, *"the doctor said it was because my mother's breast milk"* and Tina then *"took formula"*. However, her mother *"breastfed my two younger brothers for almost two years"*. Tina felt that *"I'm not close with my mother"* she thought

that *"probably it was because I was breastfed for less than two years"*. Tina recalled that *"my mother was a worker"* and she thought that *"it was one of the reasons that I have to be with my son"* and she did not want to *"get myself busy with work stuff"*. Looking through Tina's story, I thought that her personal experience with her mother became one of the reasons for her to breastfeed her son. Having her own company where she could take her son to work was possibly a choice, she made to make breastfeeding while working successful and to nurture and develop a close relationship with her son.

Apart from her background story, Tina's intention for breastfeeding opened up a way for her mother to learn about breastfeeding. At first it was difficult to inform her mother because she still *"believed in some of the myths"* about breastfeeding. For example, her mother told her to *"not drink cold water because it can make my milk become cold"* and Tina would say *"do you want me to express it for you?"*. Tina usually tried to counter what her mother's said, *"while joking"* and they would both usually *"laugh together"*. After Tina always patiently explained to her mother about breastfeeding, her mother *"finally followed my wishes, probably because I'm the mother of my baby"*.

Beta, Yana, Clara, Fira and Diana, did not have many stories involving their extended family because they lived separately from them. In Beta's family, *"my husband's parents had passed away"* accordingly she *"never had any difficulties facing the in laws just like other stories that I heard"*. Even though Beta's mother only knew that *"I was okay with formula"* she *"never had any arguments with my mother"* because her mother respected Beta's decision. From the interview, I got the impression that Beta had heard stories of mothers who did not get breastfeeding support either from their own parents or parents-in-law, thankfully that did not happen to her. Similarly, in Diana's experience, she explained that *"the benefits of living separately from my parents and my parents-in-law"* was that *"all of the decisions are in our hands* [Diana and her husband]". There was *"no intervention"* when they wanted to *"decide something"* because they did not have to *"involve many people to discuss"* before they took the decisions.

In Fira's experience, her parents were involved in looking after her son when she moved back to their house due to the pandemic. Her parents became supportive because *"I told them that I want to breastfeed my baby"* and *"not to intervene and give formula"*. For Yana, the presence of the nanny was very helpful in her family because *"I could only count on her"* to look after her children and *"prepare and warm up their food"* when she

was at work. While for Clara, she counted on *"my aunt"* to look after her child and accompanied her everyday while her husband was working out of town.

From the mothers' stories, I noticed that there were various differences regarding the relationship with their families as well as wide range of support. The mothers' family became supportive predominantly because of mothers' effort to inform them about their decision to breastfeed as well as gave them information about breastfeeding. Some mothers perceived support from their family not only related to breastfeeding or looking after their children, but also in taking care of their household. While some others felt the benefit of living separately from their extended family because they could have the independency to decide what works for their families.

Making Sense of Breastfeeding-working-mothers' Experience

"Throughout this research's journey, I often found myself wondering… these mothers faced huge challenges that didn't even make any sense for me to comprehend! I was them… but I couldn't imagine putting myself in their shoes..., would I survive, would I be that strong, just like them? I often had a glimpse that "I'm luckier" than them in a way that I had a flexible working hours, I have my 'people' whom I could count on when I needed, I could bring my baby to work, I've never had to leave my baby for a work trip as I could choose not to… well, in my defence, my career could wait, but not my babies… My experiences were nothing compared to them… I remembered in one of the discussions with my supervisors we wondered… Why women… mothers… had to face such hardship and roller coaster journey for doing something normal, something natural? All we want just to breastfeed our babies! Why do we have to struggle so much?"

(Research diary extract)

Revisiting the mothers' breastfeeding journey, I have full of respect and admiration for the mothers who gave me the opportunity to look into their point of view of their breastfeeding experience. Completing breastfeeding for two years was a long journey, and their experience filled with complexities. In Chapter Four, I explained mothers early breastfeeding journey starting from the childbirth until their preparation before returning to work. It was the stories of approximately three months breastfeeding journey where mothers were still on their maternity leave.

As explained in Chapter Four, those three months were not smooth sailing because their stories predominantly talked about facing non-stop challenges. Even though this is a strength-based study aimed to understand mothers' successful experience and learn from them, their successes were not achieved without pain and could not be separated from

acknowledging their 'bloody struggle' stories. I recalled that most mothers experienced challenges involving physiological pain and psychological hardship especially in their early motherhood journey. Through the lens of an ecological approach the challenge came from many layers; for example, family, society, and the healthcare provider services due to the lack of implementation of government policy regarding the Ten Steps to Successful Breastfeeding. Moreover, at the end of the maternity leave, mothers had to ensure that they were ready to return to work and had all the arrangements set including, childcare, EBM for babies and the necessities important to sustain breastfeeding while working.

Despite the multi layered challenges, within the three months, the mothers were able to build their strength as the foundation to overcome any emerging challenges. Within the ecological model, the relationship within the system is bi-directional where changes in one part of the system can affect other parts and vice versa (Shelton, 2019; Tiedje et al., 2002). Since mothers had learned about breastfeeding from many resources, they navigated their knowledge to seek support, particularly from their husbands and families by sharing her knowledge with them. As a result, their family became aware of the importance of breastfeeding, hence they provided support for the mothers. These stories demonstrate how mothers initiated positive changes in their microsystem to provide support that they could count on throughout their journey. Additionally, mothers also hold on to their knowledge and understanding of their religious faith as justification to stand firm whenever facing breastfeeding challenges. Mothers understanding of their religious faith was also shaped by her ecological system such as family and the society surrounding them.

Furthermore, the mothers' journeys continued as they became breastfeeding-working-mothers for at least twenty-one months for each baby to complete the two-years of breastfeeding. For some mothers, their journey could be prolonged if they have more than one baby. I recalled that mothers experienced a roller coaster journey as the challenges kept emerging along the way and sometimes unpredictably. None of them gave up in the middle and it seemed that the more mothers could overcome or pass through the obstacles, the stronger they became.

Highlighted from mother experiences, challenges came from their workplace; for example, due to lack of facilities for expressing milk or breastfeeding in their workplace as well as unsupportive co-workers or supervisors. This emphasised that there is a gap

between government regulation to support breastfeeding in the workplace with its practical implementation. Moreover, managing their daily activities also present challenges; for example, to be consistent in pumping in the workplace, balancing the workload and the family's need, dealing with work assignments, sudden changes in childcare arrangements, the urged to use formula, as well as dealing with the gender expectation of women's double role in home and work affairs. All of those could be experienced all at once forcing mothers to negotiate and cope flexibly.

Mothers' supportive microsystem in the family level was strengthen through the supportive microsystem that found in the workplace which create a stronger mesosystem for the mothers. For example, when mothers had problems with their workplace, they could always go to their husband and family for support. Additionally, when mothers had problems with their supervisors, they had their husbands and supportive co-workers to back them up. Mothers felt supported by their work colleagues, and from the concessions they received so they could maintain working and breastfeeding. Moreover, some mothers also proactively sought support from their workplace through negotiation with their supervisors to explain their needs and seek a win-win solution for both mothers and the workplace. The work colleagues' support, especially from fellow women, largely determined by the sense of empathy and solidarity among them in the workplace.

The availability of support is important and contributed to the successful breastfeeding journey. Mothers with supportive partners who are responsive and sensitive to the mothers' need tend to have a better and longer breastfeeding outcomes (Abbass-Dick et al., 2019; Rempel et al., 2017). Reflecting on mothers' experiences, even if it was not in practical sense, having someone to confide in was considered as valuable support and this can be found from their husband, other family members, friends or work colleagues. Mothers' found strength from their microsystem. Mothers also tried to find the positivity in the problems they had. The mothers who had support did not struggle alone.

Moreover, besides praising mothers' abilities to bear their bloody struggle combatting the challenges, and their ability to multitask, we must not ignore how they 'suffer' as they 'bleed' along the way. Understanding mothers' experience is an opportunity to valuing what women as a mother do and their struggle to achieve their goals as well as their support system roles. Using an ecological approach to understand mothers experience as well as proposing area of intervention can promote a greater impact on breastfeeding

prevalence (Pico-Fonseca & Betancurth-Loaiza, 2021) because it encompasses changes from individual to societal system as from micro to macro system change.

CHAPTER SIX: ANALYSIS AND DISCUSSION PART 3

The Husbands' Stories: An Introduction

The aim of interviewing husbands was to understand the husbands' perspectives of breastfeeding and their experiences related to it. There were seven husbands interviewed in this study. Recruiting husband participants was challenging. Finding breastfeeding-working-mothers who had breastfed for more than 18 months was not easy: finding the husbands was even more difficult. Thankfully, recruiting participants through the intermediary contacts, involving a breastfeeding-father organisation (AyahASI) and a breastfeeding support organisation (AIMI) was part of the study design to gather participants.

Due to this arrangement, I was able to recruit seven husbands, and they are Amar, Adi, Vino, Hamid, Armin, Damar and Seno. They shared similarities as well as differences regarding their family's situation. Four of them which are Seno, Vino, Armin and Damar had backgrounds closely connected to breastfeeding and lactation counselling. Seno's wife is a lactation counsellor and Vino's wife also a part-time lactation counsellor besides running their own business. Armin worked in a public health centre and one of his duties was to provide education in society regarding health matters, including breastfeeding. His wife worked in health promotion area in a government health office. Moreover, Damar's stories stood out among the husbands' stories because he graduated from medical school even though he did not take the licence as a doctor. His wife is a doctor and both Damar, and his wife are lactation counsellors. It is quite uncommon for a man to be a lactation counsellor. For the four husbands, their backgrounds and experiences influenced how they understood breastfeeding and how a father can take part in the breastfeeding process.

Regarding the employment status, only Amar, Armin and Hamid work as professionals. Amar is a lecturer in a private university, Armin works as a public health centre employee, while Hamid is a police officer. Moreover, Adi, Vino, and Damar are entrepreneurs managing their own businesses, primarily working from home while taking care of their children. When Vino married, his wife was still a university student. As she completed her study, their baby primarily stayed with Vino at home. When Damar had his first child, he was completing his university degree while his wife was on an internship to become a

doctor. Damar did not continue his education to be a doctor and decided to work from home while look after his child. They occasionally needed to go out for business matters. For example, Adi who was also a private music teacher, sometimes teaches music at school a couple of times a week in the afternoon. Moreover, Seno also runs his own business as a building construction consultant, but his office is separated from his house, so he spends most of his time on construction site.

Most of the husbands live in nuclear family and only Adi lived in extended family. Sometimes Adi's mother and older sister assisted him with childcare when he had to take care of his business. Hamid's mother used to live with his family, and she provided help around the house. After her passing, Hamid's niece who lived nearby looked after his children when Hamid and his wife were at work. The husbands who lived in nuclear family mostly employed a nanny or part-time nanny, or domestic assistance to helped them with childcare or managing the house. Only Vino's family occasionally asking the grandparents to look after his children when Vino and his wife had to attend to other things. The presence of help from the extended family, domestic assistance, or nannies was also important to the sustainability of breastfeeding as it was proven that their wives were successful in long-term breastfeeding.

When telling their stories, most of the husbands often used the word '*kita'* and '*kami'* which means we, us, or our/s. I thought that they refer to not only themselves but also their wives as they told the stories of their wives' breastfeeding journey, and the husbands were part of it. I also found out that some of their experiences resonated with the stories told by the breastfeeding-working-mothers. For example, the husbands' stories also told of how mothers struggled as a breastfeeding mother and working woman, as well as the challenges from their surroundings and the gender norms in society that related to wife and husband roles in the family. The conversations with the husbands turned out to not only to discuss breastfeeding but also their experience regarding family arrangements, and about being a husband and father. The husbands' stories began with their experiences of becoming a father for the first time.

Becoming a Father

Before discussing breastfeeding from the husbands' or fathers' perspectives, they told me becoming a father for the first time was an overwhelming experience for them. It involved mixed feelings as they tried to comprehend the joy and happiness as well as the worriedness and being terrified at the same time, they started their fatherhood journey. There were expressions of gratefulness because a child is a God's grace given to them.

For example, in Amar's experience, becoming a father was "*a blessing for me"* because "*not every man is granted to be a father by Allah as well as not every woman is granted to be a mother by Allah"*. Amar accompanied his wife giving birth to their son; he remembered that *"I cried…When I saw his head, I cried… I cried profusely like a man crying"* as he felt *"happy"* but at the same time became concerned when he saw that *"my baby didn't cry"* because *"he choked the amniotic fluid"*. He then *"seriously"* paid attention as *"the doctor handled the situation"*. Afterwards, he realised that "my heart was beeping faster" as if he was nervous and excited that he had become a father.

In Adi's experience, he was so grateful *"alhamdulillah"* and *"happy"*. He thought that *"maybe just like any other dads"* when they became a first-time father. He recalled that *"we were just married"* and *"grateful that we were given* [a baby]*"* because he and his wife *"didn't have to wait for too long"*. Similarly, Armin also explained that he was grateful *"alhamdulillah"* that having children was *"the best gift* [a baby from God]*"*. It was an amazing experience in his life because *"not everybody was granted the gift"*. It seemed that for him, having a child comes with responsibility as he explained *"many people wished to have the gift, but it didn't happen to them yet"* while *"there are also people who are granted the gift, but they are irresponsible"* accordingly, *"we have to respect what God has given to us"* therefore he *"wanted to maximise to be there for them* [his family]*"*.

For Damar, at first, he was *"confused"* when he became a father. He recalled that *"we* [Damar and his wife] *were still in Uni"* and Damar was *"taking a part time job"* while his wife just started *"her residency"* to become a doctor. Damar recalled that to be a father was a *"shocking experience"* especially *"my father was just passed away"* and he and his wife *"didn't plan to have a child that soon"*. He thought that there was not much *"preparation"* as in a formal education that teaches how to be a parent and *"look after*

the children" especially as the journey *"of a family has no ending until we die"*. Damar explained that it made him *"scared to be a father, to be a husband"* because he was *"lack of knowledge"* about fathering and parenting. He realised that *"the solution"* was *"learning and gaining the knowledge"*. Likewise, in becoming a father for the first time Seno admitted that *"honestly"* he seemed to be clueless because *"we were still new, especially with our first child"*. He realised that *"we still had many shortcomings"* and *"we need to learn more"*.

Reflecting on the husbands' stories, I found that the husbands experienced mixed emotions when becoming a father for the first time. It is also noteworthy to highlight how the husbands linked their fatherhood journey with their faith. This can be seen through their expressions of gratitude as they viewed their children as blessings bestowed upon them from God, followed by their concern about taking on the new roles and responsibilities. Moreover, the husbands articulated their experiences differently from the mothers. Husbands mostly talked about their emotional journey, while mothers primarily discussed their physical and psychological experience, given the husband lacked firsthand birthing experience. Subsequently, the husbands' stories transitioned to the stories of their wife's breastfeeding journeys from their perspectives, alongside sharing the stories of their contributions to breastfeeding.

The Beginning of Breastfeeding Journey: Husbands' Perspective and Experiences

The Knowledge on Breastfeeding

According to the husbands' stories, there are various ways that they found out about breastfeeding. Some of them learned from their wives who shared their knowledge with their husbands as well as telling their husbands that they wanted to breastfeed their babies. The husbands' stories also showed their experience of witnessing their wives' and children's breastfeeding journeys. They soon learned the benefit of breastfeeding for their children's growth as well as for their family.

Vino explained that *"my wife's knowledge on breastfeeding was a lot more than me"* and it gave him *"a great insight"*. In his understanding *"a child's sources of energy are through breast milk and affection from parents"*. Since his wife had *"learned about breastfeeding"* both Vino and his wife "*supported each other*" and "*committed*" that their child should "*only take breast milk*" and this continued *"until our second child now"* who

was also breastfed. Vino thought that if he and his wife did not support each other or had the same understanding about fighting for breastfeeding, "*automatically"* they might "*blame each other*" whenever problems emerge.

Hamid recalled that he *"didn't learn"* and *"didn't know much"* about breastfeeding. His wife was the one who *"liked to find information, by browsing, and googling"* and for his wife, breastfeeding *"had to meet the target"* which was *"two years"*. In his understanding his wife insisted that *"it had to be strictly two years"* of breastfeeding. Accordingly, *"I followed her"*, said Hamid. He supported his wife because, *"it's up to my wife… so please…* [if she wanted to breastfeed]*"*. He also learned the benefit of breastfeeding that *"it's good for my child's immunity, the development and they will not easily get sick"*. Breastfeeding was seen as something common in Hamid's family as he knew that *"two of my sisters-in-law also breastfed their baby as targeted"*.

There were husbands who were also willing to learn about parenting or looking after a newborn baby. Amar recalled that he became interested in learning about looking after a baby and parenting because he *"heard the stories from new dads or people who had babies before me"*. He then needed to prepare himself for becoming a father, for example he *"asked my mother and father"* as well as *"people whom I thought had the knowledge"* about taking care of a baby. He started to *"read some literature… especially the pink book*[1]*"* starting from *"around two or three months before the due date"* and he *"asked friends"* about *"how to treat a newborn"*. The book gave Amar information about parenting and breastfeeding. He also learned two things which were *"IMD* (Inisiasi Menyusu Dini or early breastfeeding initiation) *and gave adzan* (Islamic call for prayer that should be said on the right and left ear after the baby was born)".

Amar was grateful *"alhamdulillah"* that *"overall my wife's milk came out smoothly, and abundantly"* as he knew that "*we have the stock in our fridge"*. He also recognised *"the change"* in his wife that she was "*back into her previous shape (smiling)"* because *"she was slim, and a bit fat during the pregnancy, and now back to slim again"*. He perceived it as one of the benefits of breastfeeding on mother's physical change. Amar remembered that he was breastfed for a short period of time *"around six months"* because his mother

[1] The pink book referred to the *"buku KIA (Kesehatan Ibu dan Anak)*" (mother and baby health book). The KIA book contains information about pregnancy, breastfeeding and baby's nutrition as well as record for doctor visits and the baby's health status and immunisation. In the New Zealand context, a similar resource is the Plunket book for babies.

"got pregnant" which made "*the age gap between me and my brother less than two years"*. Accordingly, he "*learned from my parents' experience"* and decided to fulfil breastfeeding his son for two years.

In Damar's experience, even though he and his wife *"didn't plan to have a baby that soon"* they both realised that they had to take *"immediate action*" which led them to *"learn about parenting"* as soon as they *"found out about the pregnancy"*. They bought a book called *"The Baby Book"*. The book *"not only talked about breastfeeding"* but they learned that *"breastfeeding a baby should be prepared"* for before the baby was born. Damar also *"gathered information from their* [the author's] *website*" and he *"printed it out"*. The book and information he had *"convinced us for breastfeeding"* and they *"let them* [their children] *choose when to stop"*. All his children were breastfed for *"more than three years"*. His wife also had experience of doing *"tandem nursing with our first and second baby"*.

For Armin, since he works in a public health sector with education background in *"nutrition"* and his wife worked in *"health promotion"*, I thought that it was easier for him to be exposed to breastfeeding information. He also *"read some literature"* to enhance his knowledge on breastfeeding. He learned about *"breastfeeding theory"* even though he realised that *"I'm not a lactation counsellor"* and he was just *"willing to learn"* because it was important and in line with his *"nutritional science background"*. Listening to Armin's stories, I noticed that he had more than enough knowledge on breastfeeding and shared many details explaining his experience of being on his wife's side throughout her breastfeeding journey.

Adi explained that breastfeeding is important especially from the "*health aspect"*. Even though he *"didn't really understand",* he thought that "*the doctor is definitely the one who understands better"* because they *"suggest breastfeeding until two years"*. Adi was also *"breastfed for two years"* and he learned from *"my mother"* who told him that *"breastfed children usually have a closer relationship with their mother in the future"*. Accordingly, he believed that "*the bond between mother and baby should be built through breastfeeding"*.

Seno recalled that his wife's first breastfeeding journey was not started smoothly because both Seno and his wife were *"lacked* [of] *knowledge"* and they *"gave formula"* for their

baby. Their journey changed when their wife started to "*read a lot and found out about AIMI"* where she *"learned a lot about breastfeeding"*. Seno soon learned from his wife and believed that breastfeeding a baby means *"giving the best for our children"* because *"it is irreplaceable"* and *"it's their rights"*. He also knew one of the benefits of breastfeeding for the mother is *"increasing the percentage of not getting a breast cancer"*.

For him breastfeeding is also *"a bonding process, a way to convey love from mother to their children"*. He quoted a proverb that *"heaven lies beneath a mother's feet"* because he admitted that *"a mother's struggle for their children is extraordinary, the nine months struggle* [of pregnancy] *and breastfeeding for two years is not an easy battle"*. Accordingly, he supported his wife in breastfeeding *"all of them at least for two years"*. Through Seno's experience, I found out how Seno's wife gained her strength through learning from AIMI, and she even became *"a lactation counsellor"*.

Husbands' stories shed light on the fact that most fathers learn about breastfeeding from their wives. These stories also resonated with the mothers' narrative where mothers shared their knowledge with their husbands to gain support. Moreover, some husbands also learned about breastfeeding motivated by their awareness and perhaps feeling nervous that they were soon-to-be fathers, yet they were clueless about parenting. Husbands' knowledge and awareness were also developed as they learned the benefits of breastfeeding, which later became their justification for supporting breastfeeding.

Breastfeeding and Formula Stories: Is it Cheaper? Or More Economical?

The issue of urging to use formula was not only found in the mothers' story. The husbands also shared their experience being in an environment where formula feeding was more popular than breastfeeding. In Damar's experience, their family believed that formula was necessary for the baby. He recalled that *"I was born in '83 and my wife in '86"* where *"people in my generation"* thought that *"if we don't give milk* [formula] *then how will our children's development and intelligence be?"*. That understanding seemed to be *"embedded in our minds"* as he was not convinced on breastfeeding. When Damar shared his story, I also remembered the story of Beta from the mother participant group who was born in the 1980s and said she *"grew up from a generation that idolised formula"*. I could understand that Damar, his wife, Beta and myself came from the same generation where the use of formula was common at that time. Hence, we did not think of breastfeeding.

Damar and his wife heard unwanted comments such as "*you were taking formula too, and you are smart, good at school, you were also a chubby kid, but now your kid isn't getting bigger...*". Damar knew well that his child was fine but *"my parents in law, my parent, the nanny"* felt *"pity for the baby"* because *"the weight"* did not seem as heavy as *"fully formula fed child"*. Moreover, those people also suggested formula because they *"felt pity for my wife"* since she was *"still studying and working"* as an intern and they thought that it might be bothersome if *"she still had to breastfeed"*.

Damar recalled several incidents that *"happened quite often"*. When his baby cried, *"suddenly there was a bottle of formula prepared"*. Damar reacted *"I can strictly forbid"* even though he did not say it straight, but he just *"took my baby and put the formula away"*. Moreover, Damar's main reason that *"motivates"* him to support breastfeeding was because *"it's economical* (laughing)*"* especially realising that he was *"the head of the family"* and as such took on financial responsibilities. He remembered that *"I was a Uni student"* and his wife was in *"her residency"* therefore they had *"so many expenses"* and spending on formula might be very wasteful.

The story of formula also emerged in Vino's experience. In Vino's social context, formula seemed to be a way out *"for mothers who don't want to breastfeed or can't breastfeed"*. Therefore, whenever there is a *"newborn baby",* and mothers are *"busy or don't want to breastfeed"* formula became their *"ultimate solution"*. Even in Vino's family, *"our parents"* believed that too. Knowing that Vino's wife was busy with her study and had to leave her baby, their parents told them *"Come on, just use formula or give water"* and accordingly Vino and his wife had to *"educate and argue with our parents"*. Vino also explained that *"people in our external"* social group commented *"why are you so old-fashioned"* whenever they saw somebody fight for breastfeeding. They perceived formula as *"advanced technology"* but for Vino *"nothing is more sophisticated than Allah's* [God] *made technology"*.

In Seno's experience, he realised that people in their surroundings were *"conventional"* because they associated a *"unsettled or fussy baby"* with *"not enough milk* [breast milk]" and with such pressure, Seno and his wife *"gave formula to our first baby"*. As soon as their wife learned about breastfeeding, their life changed, and Seno came to understand that *"breastfeeding was more practical and less complicated (while smiling)"* because no more need to *"wake up* [at night] to *make milk* [formula]". The more they had the

knowledge, they realised the *"positive outcome"* because when they *"used formula"* their baby got *"diarrhea and was probably allergic"* and as soon as his wife could breastfeed smoothly, the baby was *"freed from that"*.

Reflecting on the husbands' stories, I recognise that some of them faced societal pressure advocating the necessity of using baby formula, as well as negative comments about breastfeeding. This echoed with the mothers' stories whose breastfeeding intentions were often disrupted with the suggestion for formula. When new parents were not knowledgeable enough on breastfeeding, as happened in Seno's family, their chance for breastfeeding might have been taken away from them.

Moreover, breastfeeding in Seno's perspective, was like a "long time investment", especially for his children's health because it provides *"good immunity and* [the baby] *not easily get sick"*. Even when his baby *"got flu or fever, breastfeeding was enough"*. Regardless of the health benefits, he also perceived that *"breastfeeding is very helpful to the family economics because we don't have to buy milk"* which he compared with formula. He imagined, *"How much is the price? …multiply it for a month, a year, it's a lot of money"*. A similar perspective was also shared by Armin, who used the word *"investment"* regarding breastfeeding benefits for his children's future health because *"we rarely used medicine"* and gave only *"breast milk"* whenever his children were sick because *"their bodies were tough"*. Despite the health benefits, *"it's financially very economical"*. When he said economical, I thought that it was because having a healthy child means less cost for medical expense as he said, *"Imagine if children got sick repeatedly? Gladly we didn't experience that"* and *"formula is not needed because we have everything in breast milk"*.

Looking through the husbands' stories, I recognise some husbands agreed with breastfeeding for a variety of reasons, including perceiving it as cost-effective because they did not have to spend money to buy formula. They saw it as beneficial to their family's economic stability since they saw themselves as the family providers and therefore largely responsible for the family finances. For Damar, breastfeeding seemed to make sense for his family due to financial struggles when they had their first baby, and breastfeeding seemed to be low-cost expense for them. Similarly, Armin, as a health worker, also advocated breastfeeding as cheaper and more practical than formula feeding within his community.

Apparently, breastfeeding became attractive when people, especially husbands, compared it to the cost they would have to spend on formula, and eliminating the need for milk preparation and bottle cleaning. Throughout my involvement in the breastfeeding support community, I recalled that 'breastfeeding is cheaper' was also narrated by the AyahASI movement where my husband is involved. I remembered their presentation always showed a calculation of potential savings if their wives were breastfeeding. They mentioned in their published book that breastfeeding for a one year could save money equal to the price of iPad pro 10.5 inch, or to have a family holiday at Legoland Malaysia for two years of breastfeeding (Sudarto et al., 2018). It seemed to be tempting to many families and a good strategy to raise awareness on breastfeeding for the husbands or fathers.

On a larger scale breastfeeding has been proven as economically beneficial such as in healthcare savings globally (Siregar et al., 2018; Walters et al., 2016; Walters et al., 2019; Weimer, 2001). However, I argue that labelling breastfeeding as 'free' or 'cheaper' than buying formula and merely framing it as economically beneficial for the family's financial considerations seems to belittle mothers' struggle. If I had not heard the mothers' stories, I might have interpreted the economic argument differently. Their stories revealed their 'bloody struggle' which demanded significant time and effort and imposed considerable costs to their physical and emotional wellbeing to survive breastfeeding. Mothers need to be extensively supported to breastfeed so that the costs to them are made more manageable. The husbands in this study have shared how they have been involved in learning about breastfeeding in ways that support their wives' breastfeeding journeys, however attractive the economic argument was for them.

It Was Challenging Yet Worth it to Fight For: Armin's Story

Armin's first daughter was born premature because *"my wife had a premature rupture of membranes at 36 weeks of pregnancy"* which led her to *"caesarean delivery"*. Since he knew that breastfeeding was important for a premature baby, *"we both insisted on breastfeeding"*. It was stressful for his wife at the beginning because *"her milk had not come out smoothly"*. Armin finally found a story about a mother who *"adopted a baby boy"* and she *"tried hard to breastfeed and stimulated her breast"* until she *"could breastfeed him"*. The story served to *"strengthen us"* which made them think *"every*

mother could breastfeed" and *"we just needed to figure out"* how to solve his wife's breastfeeding problems.

Previous research has found that breastfeeding a baby without pregnancy or breastfeeding an adoptive child is possible using a method called induced lactation (Fernandes et al., 2022; Hassan et al., 2021). It is important to highlight that Armin tried to gain information that made him supportive of his wife to push through and fight for breastfeeding. They fought hard even though they had to *"involve many milk donors"*. Armin was the one who found the donors, and in doing so he *"learned about the religious provision"* of donor milk before finding the donor. In Islamic teaching, milk sharing can create a kinship between the mother who donates her milk to the recipient baby as well as between her biological breastfed baby with the milk recipient (Ramli et al., 2010; Subudhi & Sriraman, 2021). The relationship makes the children become 'milk siblings' prohibiting them from marrying each other in the future (Subudhi & Sriraman, 2021). Therefore, transparency is important regarding using human donor milk and considering choosing a mother who breastfeeds a baby of the same gender as the recipient.

Armin's premature baby also had difficulties breastfeeding effectively because *"she couldn't suckle well"* and accordingly she had to use *"cup feeder"* to help her take more breast milk. Armin explained how he became involved in feeding his baby, *"I held her head with my hand like this* (while showing the gesture how he did it), *I fed her little by little with cup feeder, sometimes she was impatient and wanted to drink more but every time she was put on her mother's breast she cried again"*. I noticed that Armin also felt his wife's struggle and desperation, thus he always accompanied his wife to support her. He knew that using a cup feeder was important to *"avoid nipple confusion"* because they wanted to be successful in breastfeeding.

Since Armin was knowledgeable in breastfeeding, he knew that the smoothness of breastfeeding could come from *"mother's calmness, sense of belonging of a mother to her child and her happiness"*. Accordingly he *"learned"* how to give *"oxytocin massage"* and for him *"it should be the husband who did it"*. Being in such a tense situation, the massage helped his wife to feel relaxed and helped the release of the hormone oxytocin, which made her milk come out smoothly. He explained that *"I used my thumb like this on her back, and do this* (showing how he massage his wife)*"*. Armin showed how he was very attentive and gentle and seemed to be proud of what he did: *"I*

was the one who did it, while I hugged her and made her feel more relaxed and comfortable", said Armin as he knew that *"her stomach was still hurting"* after the caesarean delivery. Reflecting on Armin's stories, breastfeeding was important for his family and worth fighting for, so he learned how to provide practical and emotional support.

I put a spotlight on Armin's story because his experience resonated with the mothers' stories regarding the experience of an unsmooth childbirth process which followed with physical and psychological struggle to manage breastfeeding. Furthermore, it is interesting for me to highlight that as a husband, Armin showed how he was present, recognise his wife's struggle as both struggle and he did remarkable effort to support his wife to pass through the hardship. In my comprehension, his action was navigated by his knowledge, since he worked in the health sector, he had the privilege to access information and resources that beneficial to overcome breastfeeding challenges.

The Faith

Since all husbands I interviewed were Muslim, I found that their understanding and support for breastfeeding was not only because they had the knowledge of the benefits of breastfeeding or followed his wives' decisions, but their understanding and support was also related to their religious faith. For example, Adi and Amar believed that breastfeeding is *"very important"*. In his understanding, *"it is clear, there's a command on that"* which referred to God's command. Accordingly in his perspective *"as long as there's no obstacles for a mother to breastfeed maximally"* it means that *"she must not be hindered"*. Adi was grateful *"alhamdulillah"* that *"everything was smooth"* for his wife so *"it needs to be accomplished* [to keep on breastfeeding]*"*. Amar also holds on to his belief that *"there's the command in Qur'an"* and *"there was no word mentioning formula"*. In his understanding, breastfeeding should be *"six months fully* [exclusive breastfeeding phase] *until weaning at the age of two"*.

Vino and his wife's commitment for breastfeeding was based on *"our religious value"* that *"breast milk came out from The Creator* [God]*"*. He knew that breastfeeding is *"Allah's command in Qur'an"* which is *"to breastfeed until two years"*, however his interpretation of God's command means *"breastfeeding is mandatory"*. Vino suggested that if breastfeeding *"relied on God's command"*, then mothers or parents will *"always fight for it"* because it is *"definitely good for the child's future"*. Similarly, since Seno

thought that *"breastfeeding is a mother's obligation to her child"*, he usually tried to *"strengthen her* [his wife's] *heart"* by reminding her that *"if we consider this struggle as a part of worshipping, as an obligation, Insya Allah* (with God's willing)*, it will feel light, otherwise whenever facing problems, many people will easily give up and turn into formula"*.

Vino also *"conveyed about this* [breastfeeding in Islam] *to our parents"* and *"it seemed to 'hit' them"* and they came to understand what Vino and his wife were fighting for. Vino believed that breast milk is *"a nutrition, the best vaccine for my child"* accordingly *"we have to fight for it tooth and nail* (Indonesian: diperjuangkan mati-matian)*"*. Moreover, Damar viewed that *"the main principle"* of breastfeeding is *"a form of 'nafkah'* (English: a living or maintenance)*"* for his children. 'Nafkah' is the Indonesian word of *'Nafaqah'*, an Arabic term which means maintenance or sustenance (Bani & Pate, 2015; Jauhari et al., 2023).

In Damar's understanding, giving 'nafkah' means giving *"fortune to the child"* and *"fulfil their needs including in the form of affection"*. He also explained that 'nafkah' includes fulfilling *"physical and psychological"* needs. I thought that fulfilling a child's need for Damar was not only about material fulfilment but also love, and this belief became his source of strength to take the role as a parent. He tried to make sense of days when he had to *"carry my baby the whole day… even until morning"* and questioned himself *"why I could bear it that time?"*. He then realised that it was because he was giving *"nafkah"* to his baby as he showed affection which could make his baby feel calm and comfortable. His wife's breastfeeding journey could also be calmer and more comfortable when he is *"showing affection to* [my] *wife"*.

Throughout the analysis of the husbands' experiences, the word 'nafkah' was mentioned repeatedly among participants. Husbands often referenced 'nafkah' especially when discussing familial responsibilities where they saw themselves as the primary providers because they were the head of the family. Discussing 'nafkah' became important to understand better the husbands' experiences especially through the Islamic perspective shared by this group of participants.

Many Muslim scholars draw upon the Qur'an in *Surah* An Nisa verse 34 when discussing the role of a husband and wife in the family (Abbas & Riaz, 2013; Bani & Pate, 2015;

Nurhadi, 2019). According to the interpretation, a husband is attached with the role as '*qawwamun'* which is understood as the leader, protector, and maintainer of the wife. This role means that the husband is responsible for financial support (Abbas & Riaz, 2013) and for providing the 'nafkah' (maintenance) for his wife's necessities including food, clothing, healthcare, safety and home expenses (Bani & Pate, 2015).

Moreover, as a father, men carry the responsibility of providing 'nafkah' for their children as well as looking after them. In Islam, children have the right to live even when they are a foetus in the womb and fathers are accountable to look after them by providing the 'nafkah' through his wife (Arfat, 2013; Jauhari et al., 2023). This means that fathers should support their wives to carry out the pregnancy safely. After birth, children have rights in the form of material and immaterial support (Jauhari et al., 2023) and the childcare support should be provided by both parents (Musthofa & Syafi'i, 2023). A child has the right to be given 'nafkah' (food, clothing, safety, and other expenses) as well as the rights to live, equality (girls and boys should be treated fairly), inheritance and education (Jauhari et al., 2023). During infancy, children have the right to breastfeeding and fathers are liable to support their wives during this phase as a part of providing 'nafkah' for their child, as mandated in Qur'an Surah Al Baqarah verse 233 (Arfat, 2013; Shaikh & Ahmed, 2006).

With this understanding, given fathers cannot physically breastfeed, they go to considerable effort to support their wives to make sure that the couple has given their children the right to breastfeeding. By supporting their wives for breastfeeding through providing facilities and emotional and tangible support, it showed that the husband had performed their responsibility in providing 'nafkah' to their family. Similar to the mothers' stories, the husbands also found justification through their understanding of their religious faith to support breastfeeding. Moreover, considering the husband's role to provide for the family, the narrative of 'breastfeeding is cheaper' became their concern and rationalisation to support breastfeeding because it is related to the family expenses and it might lead for more saving to the family. Even though it is an economic consideration, in relation to their responsibilities for 'nafkah', it remains a significant consideration for the men.

Understanding Husbands' Support and Involvement Throughout Breastfeeding Journey

Analysing the husbands' stories was as complex as analysing the mothers' stories. While mothers mostly shared their long-term breastfeeding journey, the conversation I had with the husbands developed into broader themes not only about breastfeeding but also their experience and perspective about taking on the roles of husband and father in their household. From my perspective, their support and involvement in breastfeeding could be understood as integral aspects of their role as husband and father. They shared the stories of their wives' breastfeeding journeys, their own experience regarding breastfeeding, and offered insights into the dynamics of their family interactions. When discussing breastfeeding with the husbands, they recognised that maintaining breastfeeding was full of challenges. It was not only their wives who faced the challenges; the husbands also found it challenging to be involved in their family's breastfeeding journey.

Breastfeeding Challenges and Struggle Through Husbands' Perspective

The husbands in this study were the closest people to breastfeeding mothers in their microsystem, hence they witnessed and were present throughout their wives' breastfeeding journeys. Through their stories, I noticed that they were aware of the challenges their wives experienced in their daily life as working mothers; challenges similar to those shared through the mothers' participant group stories. The husbands navigated their knowledge and understanding about breastfeeding to support their wives through these challenges.

In Seno's experience, when his wife was breastfeeding their first baby, they mostly received *"information and input from people in our surrounding"* especially they were still *"lived with our parents"*. His parents gave too many discouraging comments such as *"I used to do like this, not like that"* which put his wife in a *"stressful situation"* and her *"milk supply dropped"*. He realised that it made his wife felt *"less comfortable"* with breastfeeding and caring for their baby due to *"too much intervention"*. Seno thought that his wife's *"right for breastfeeding was taken away"* because they *"gave formula"* to their baby before they finally learned about breastfeeding and stop giving formula to their baby.

Moreover, Seno understood that having five children where his wife was tandem nursing their last three children when I interviewed him was an incredible parenting journey. Their third child was *"almost two years old"* while their fourth and fifth children were *"around six to seven months old twins"* which means his wife was still breastfeeding when she pregnant with the twins. His wife was willing to tandem nurse three children because *"breastfeeding is a child's fortune"* accordingly they *"felt sorry for our child if we had to cut it in the middle*" before the time to wean. Seno observed that *"it wasn't an easy job to breastfeed three children"* as he witnessed situations that *"might be so troublesome",* for example *"one wakes up, all wake up"*. He described how tandem nursing was like:

> *"Sometimes she had to breastfeed both right and left, and when she finished, the older brother woke up, and then she breastfed him. So, she didn't get enough sleep as well".*
> (Seno)

Seno recalled of a time when "*all of them cried at the same time… oh nooo…",* and he said, *"I, who should have been sleeping soundly, woke up too* (while laughing)". He admitted that *"sometimes when I was too tired, I pretend to… mmm… pretend to sleep… hahaha"* because he was *"how can I say? in between conscious and unconscious".* However, if his children's cries did not stop *"I woke up and helped take over one of them"* and he would usually ask his wife to *"breastfeed the older first because he cried the loudest* (laughing)" so he would be *"calmer".*

Amar thought that breastfeeding was *"painful for me"*. He imagined when *"we got scratched in our body… it hurt"*. He seemed to remember when he witnessed how his wife was sometimes in pain when she breastfed their son and he could not imagine if he had to bear it himself. In Amar's experience, he usually *"dropped her* (his wife) *in the morning"* to work and picked her up *"after I finished lecturing or in between my lecturing schedule"*. I was surprised when I asked Amar who looked after his son when his wife was at work. He replied, *"with my wife, she took him* [to work] (smiling)*".* He explained that *"the praying room* [at his wife's workplace] *was transformed into a baby's room".* He was grateful *"alhamdulillah"* that in his perspective *"the school was supportive"* with his wife carrying a baby to work and thought that *"in a school setting, it's more flexible".* Since his wife was always with her baby, she did not need to pump so her son could *"breastfeed directly…fresh* [from the breast]*".*

Amar realised that he had *"other options"* which was to leave his son with *"the grandparents* [Amar's parents-in-law]*"* but they already look after *"my sister-in-law's child"*. Amar did not want to bother them and *"we decided just to take him to school* [with his wife]*"*. However, at school when his wife was teaching then his son would be with *"whoever was available, if the administrative staff was free, she would carry him, or could be with another teacher"*.

Reflecting on Seno and Amar's stories, I appreciated their awareness on their wives' experience as well as their honesty to share their stories with me. While at the same time that they show commitment to breastfeeding, the husbands have told me stories of how they were able to avoid certain parenting responsibilities. This made me think about so many stories of the mothers who had to negotiate their lives to manage the mothering, breastfeeding, and working altogether. Sometimes a mother had to manage it all by herself when she could not count on anybody else to help, even when their husbands were unsupportive of their mothering; for example, in Seno's case he pretended to sleep while his wife juggled with crying babies, and it was Amar's wife who had to take the baby to work. Amar's wife's women co-workers stepped in to help her by looking after their son when she had to teach which is consistent with the stories from the other two groups of participants where there was support amongst women co-workers.

Hamid shared his family's daily juggle particularly for his wife who was breastfeeding their 18 months old daughter and had to commute *"35-40 km"* one way to work because her workplace was slightly out of town. She spent approximately *"1.5 hours"* driving alone leaving the house as early as *"5.30 am"* and returned home *"the soonest is at 3.30 pm or sometimes at 4 pm"*. Meanwhile, Hamid's workplace was *"just around 15 km"* away and he worked from *"8 am"* and came back home *"around 3 pm"*. His story reminded me of Yana's story from the mothers' study who faced similar struggles with commuting distance everyday which consumed nearly half of her working hours. It means there were extra physical strains and potential stress that Yana and Hamid's wife had to bear every day that compounds the physical and emotional costs of breastfeeding.

Hamid also recalled his wife's first breastfeeding journey which lasted only *"for a few months"* due to many challenges such as *"*[their child's] *weight didn't meet the target…It was stuck"*. He remembered when their baby was *"ooh...just two months old"*, his wife had to join the *"training* [basic education and training program for a new government

employee]*"*. The location was in *"Semarang"*, a city over 120 km away, requiring 3 hours driving from Yogyakarta. From Hamid's story, I noticed that his wife persisted in breastfeeding as she took her baby and *"his* [baby's] *grandmother"* along for support during the training. Hamid admitted to some *"friction* (smiling)*"* between him and his wife possibly because of his wife's decision to take the baby. I wonder if he was concerned about his wife and baby's wellbeing given the demanding training schedule that *"began early in the morning as she had to wake up before dawn and finished at 9 pm"*.

Joining the training while breastfeeding seemed to be burdensome for his wife which caused her to *"faint out"* in the training location. Despite having the baby with her, she *"could only meet our baby just for a few hours a day"* due to the strict schedule. Hamid regretted the incident and even though as far as Hamid knew *"she had the milk supply"*, but his wife's *"psychological condition"* was compromised making it difficult to manage breastfeeding. He thought the possibility *"if she just pumped milk and I could go back and forth Semarang-Jogja, which I would, but my wife refused"*. Her determination to *"meet the* [breastfeeding] *target"* and insistence that "[the baby] *should only take breast milk and it must be* [through breastfeeding]*!"* left them in a challenging situation. Hamid remembered it as *"the most struggling experience* (while smiling)*"*.

Hamid's wife's stories resonated with Diana's from the mothers' participant group who attended the same training at a different time. Both insisted they keep breastfeeding their first baby who was very young. Unfortunately, the plan did not work for Hamid's wife. The training location was in another city, and it was stressful for her to manage her activities. For Diana, even though the training location was in the outskirts of the city, it was reachable for her husband to commute to collect the EBM from Diana for their baby every day. Diana was successful in maintaining breastfeeding. The Basic Education and Training program, though mandatory for new government employees, appeared unfriendly and potentially harmful to a breastfeeding mother. Hamid's expression conveyed a mix of appreciation, amazement, concern and worry for his wife's struggle.

Moreover, there were husbands who shared their family's challenging experience during the Covid-19 pandemic such as Hamid and Seno. Hamid expressed his concern when he *"thought she* [his wife] *got Covid"*. His wife showed *"typical Covid symptoms"* in which *"her fever was up and down for ten days!"* even though the *"RAT* [Rapid Antigen Test] *result was negative"*. That moment got him *"headachy… yes the headache struck me here*

(touching his back neck)*"* as he felt the tension like he was going crazy. Hamid expressed how he was so *"worried, what if something bad happened"* to his wife while *"our child is still so little"* and he felt *"my mind goes everywhere"*. At that time, he had to attend the *"night shift"* at work too. In that devastating situation his *"niece"* was willing *"to look after our child"* but again his wife *"refused!"*. She remained adamant *"I must keep breastfeeding… I must!",* especially since *"the doctor had said so* [breastfeeding while having Covid is permittable]*"*. Hamid recalled it was *"one of my precious yet dizziest experiences"*, torn between *"confused and worried"*, unable to say 'no' to his wife who persistently wanted to *"keep breastfeeding"* even though she was unwell.

In Seno's experience, his wife *"tested positive* [for Covid]*"* and then *"seven of us got it all"* and they had to be *"isolated for two weeks"* at home. Seno was grateful that their *"nanny helped us"* by joining them in isolation even though *"she didn't catch it"*. Seno recalled his wife's condition was quite severe as she *"got a low saturation and we had to give oxygen to help her breathe"* yet she persisted to keep breastfeeding. His wife was *"optimistic to give the best"* so she *"kept breastfeeding directly, all three children"*. Seno said *"I really saluted her"* because it was *"really a mother's struggle"*.

Through Seno and Hamid's wives' stories, they showed more examples of how a breastfeeding mother pushed through hard challenges even though they were sick, but they would not give up on breastfeeding. Hamid's wife got encouragement from the doctor that she could keep on breastfeeding while she was sick while Seno's wife was also a lactation counsellor, she knew the same as well. I thought that they both believed that breastfeeding was best for them to boost their children's immunity, and their persistence surpassed their concern for their own health. Moreover, husbands' stories also demonstrate that their wives had to encounter many challenges along their breastfeeding journey physical, psychological and societal challenges involving home and workplace settings.

Husbands' Stories of Practical Support

Discussing husband's practical support during breastfeeding was varied among the husbands. Some of them shared similarities while there were also differences which gave nuanced understandings of what a husband could do regarding breastfeeding. The support also depended on the context of particular situation they faced in their family's daily life. Since the husbands followed their wives' journey along the way, they realised that being

a breastfeeding working mother was not easy. In their understanding, the smoothness of breastfeeding related to mothers' psychological condition; for example, when they were unhappy, stressed and facing high workload, the milk production might decrease. Accordingly, the husbands took practical steps to look after their wives' health and wellbeing during breastfeeding.

Similar to what I found in the mothers' participants group, husband support can be found in the form of practical support. Realising that breastfeeding was challenging, Amar would *"support whatever my wife's need maximally"*. In his perspective, to motivate his wife, he told her that *"this is your ninja way; this has become your way of life* [that a woman should breastfeed]". He tried to be attentive; for example, when his wife was breastfeeding *"while sitting"* then *"I could be the chair"* so she could *"lean on me"*. Amar also took time to reflect and embrace the moment: *"I watched this, 'two humans' in front of me, how could this be so real? How come? I've never thought I could be at this point'.* He seemed to be in awe and deeply moved by the precious experience unfolding before him while he practically supported his wife, like a chair.

Amar also concerned himself with his wife's nutritional intake as he was *"quite strict with the food menu"* so he *"made sure"* that she always had a "*green menu… such as 'katuk'*[2] *leaves, papaya leaves, cassava leaves, water spinach, beans"* or "*anything that might increase her milk's supply"*. He also tried to "*look after her psychological wellbeing, and make sure she was okay"* including having a deep conversation with his wife every time he *"came back from work"*. Amar thought it was important to discuss about *"how she was doing, how our son was doing, was she having any problems that day?"*. In Amar's understanding, when his wife had any problems, *"I have an obligation to think of the solution"* because *"her comfort… at home or anywhere else"* was important for Amar. He also *"bought a car… even though through instalment* (smiling)" just to make sure that *"she and our son feel comfortable"* when they had to go out and about and she *"could breastfeed comfortably and safely* [in the car during the trip] *without having to look left and right"* where people might notice.

Through the husbands' stories, I also found that the way a husband supported his wife was part of their family's daily life, realising they had shared responsibility to look after

[2] In Indonesia Katuk leaf (Sauropus androgynus) is believed to be an important vegetable that could be used as a milk booster. A breastfeeding mother usually consumed Katuk leaf to increase her milk supply.

their family. In Hamid's experience, since his wife left the house early in the morning, he was the one who took their breastfed baby *"to my niece's house around 6.30 am"*. Her niece looked after their baby when Hamid and his wife were at work. Hamid supported his wife for breastfeeding when he *"reminded my wife her pumping equipment and made sure she put it in her car"* before she left. He also understood when his wife came back from work *"usually she's full* [her breasts]" and accordingly he *"gave her a chance not to tend to our children straight away but to take a shower and pump first"*. I noticed that Hamid showed his attentiveness to his wife and their stock of EBM, as he told me that they *"almost ran out of EBM stock and there's only three bottles left* [in the fridge] *this morning"*.

In Vino's experience, supporting his wife for breastfeeding was also part of his role as a husband and father. Within the family, he remarked that a couple should not separate *"this is mother's role or this is father's"* but emphasised how the father should take action because a father should also be the *"the caregiver"* which includes *"able to give EBM to his baby no matter how"* and *"support our wife to keep breastfeeding"*. He remembered the time when his wife breastfed their first daughter while attending her undergraduate degree. She had to participate in a *"KKN* (Indonesian: Kuliah Kerja Nyata)*"*, a mandatory community service program for bachelor degrees in Indonesia which sometimes required overnight stays. His wife *"taught me how to give EBM"* and she was *"strict not to bottle feed but to spoon feed our baby"*.

Spoon feeding was not easy as Vino recalled that he was *"impatient"* but he followed as his wife *"insisted"* he do so. For Vino, it was *"the most impressive experience"* especially during the nighttime when the baby used to be breastfed but *"her mother wasn't there"*. He had to find ways to calm the baby so he *"carried her"* and *"dimmed the light"* and usually took *"thirty minutes to one hour until she fell asleep"* and it was *"really tiring"* for Vino. Vino *"mostly"* spent this time with his daughter and *"only occasionally I entrusted her to her grandma"*.

In Adi's experience, his wife had a fixed working schedule from *"8 am to 5 pm"* and Adi was mostly with his baby because he works from home. It was challenging for him especially in the *"first one – two months"* when he had to learn about *"baby's cry";* whether the baby *"wanted to breastfeed or pee or poo",* as well as to *"carry the baby when he cried"* or when his wife *"was doing something else"*. He also got himself used

to *"washing the cloth diapers"* because *"it shouldn't be the wife who should handle it"*, and *"it's okay, we must be able to do it too"* because *"it's our own child, not our neighbours', so we have to look after them"*. This story was important because in the mothers' participant group, I found that anything their husbands did, including doing the chores, was perceived as support that might ease the mothers' breastfeeding journey.

Moreover, before his wife finished her *"three months"* maternity leave, she taught Adi how to handle the EBM and feed their baby and provided him *"detail notes"* containing instructions for Adi to follow. According to Adi, *"it's not that I don't care"* but because she *"understands more about the technicalities"* so he *"just paid attention"* to her explanation. Adi remembers that initially he was *"a bit panicked"* as he was not used to it while realising that he was *"typical of person who easily got panicked"*. He sought help from his *"sister and mother"* who lived with them to *"warm up the EBM, and many things"* until he gradually became proficient to handle the technicalities such as *"taking the milk out of the fridge, thawing the frozen milk, putting it in the bottle and feeding my baby"* and also *"washing and sterilising the bottle"*. He realised that *"it might not be perfect"* as his wife expected, but he could not rely entirely on his mother and sister because his sister also *"had children"* to attend to.

Adi's stories showed how he was present and attentive as a father and husband. He really knew well his son's habits such as taking the EBM *"around two to three bottles"* a day usually *"before and after taking a nap"*. He recalled when he *"feels kind of sad"* because *"I had poured the milk to the bottle"* but *"my son didn't finish it, he didn't want to* (smiling)*"*. He regretted *"oh noo... the rest had to be thrown away"* and ever since, it became a *"challenge to figure out how much he needed"*. Adi seemed to show an empathy towards his wife because he understood the struggle of pumping, but the milk became wasted. He knew that his wife's office did not have a lactation room and *"she used to pump in the praying room"*.

Adi also shared the challenging moment of weaning his son who was breastfed for more than two years. Weaning means changing habits and it was uncomfortable for a toddler to be separated from the mother's breast because *"he found comfort with his mother"* through breastfeeding. Adi remembered a night when his son *"threw tantrums extraordinarily"* and *"cried uncontrollably"* asking for breastfeeding. Adi's family still

lived in his parents-in-law's house and usually his son would *"easily calm and settle when carried by his grandfather* [Adi's father-in-law]". However, that night was an exception.

Adi finally *"carried him out of the house",* walking around *"through the alley towards the main road"* at "*three o'clock in the morning"* and tried to *"persuade him to calm".* He wandered around for *"fifteen to thirty minutes"* until his son "*finally stop*" crying. His desperate act was done because *"my wife was too overwhelmed and his grandfather couldn't help too".* He shared the story with a smile and laughter that even though he was "*almost losing patience"* but he was relieved it passed, calling it as *"one of my most memorable experiences".*

Since Seno had five children, he thought that *"not everybody has this kind of experience, it's rare"* which made him aware that a *"mother's struggle is truly extraordinary"*. Seno talked about providing emotional support such as *"appreciating and encouraging her"* as well as *"to give her comfort",* and for *"her peace of mind",* he *"would just follow"* what she needed and wanted. For example, *"supporting her nutrition"* because she tandem nursed three children and to *"give her what she liked, what she wanted"*. Seno made a point that *"we* [men] *couldn't* [breastfeed]*... we couldn't replace",* accordingly a *"husband's job is to facilitate so my wife could focus on breastfeeding"* and *"give motivation"* while he focused on *"earning for our living* (Indonesian: mencari nafkah)*"*. In his perspective, *"this moment won't last long, two-three years would pass by"* and it was important to *"remain thinking positively that we give the best for our children"*.

Seno's words made me reflect on the common sayings to encourage breastfeeding: *"two years is not a long time"* or "*our children will not remain children forever; they will grow up"*. I often repeated these phrases to myself as a self-motivation to continue breastfeeding. However, hearing stories of mothers who breastfed through pregnancy and engaged in tandem nursing, like Yana and Beta, and Damar and Seno's wife, and myself, showed that breastfeeding could extend beyond two years. I breastfed continuously for about nine years. At times, I felt that these phrases did not suit us well, creating some kind of illusion and forcing myself to believe it would pass quickly while the reality was tough and tiring. Although the fathers also experience worry and weariness, the practical help they provided to support their wives still needed the reassurance that it would not last forever, even if breastfeeding continued for many years in larger families like Seno's.

Despite the contradiction, all of us who experienced this still held onto these phrases, as we persevered and would not have it any other way.

Not All Men Would Do the Same…

Furthermore, regarding the husbands' support, I would like to highlight Armin and Damar's experience in supporting their wife for breastfeeding. I found it compelling when they both acknowledged that *"not every man would do the same as me"*. Throughout my involvement in breastfeeding support organisations for ten years, the way Armin and Damar could deeply engage in supporting their wives left me astounded. Their stories also reflected their role in their family as they cared for their families, and it was uncommon and often overlooked.

Armin shared many detailed stories of his experience supporting his family. Armin and his wife knew that breastfeeding was very beneficial particularly for their baby's health, whenever their baby got fever, they would *"stay calm and shoot it with breastfeeding, done!"*. He had learned *"from the journals"* that *"baby's saliva that sticked to the mother's nipple will trigger the breast to produce what's the baby's need, the nutrition that baby's need"*. He became *"reassured for breastfeeding"* because the same benefits to a baby's nutrition and immunity probably *"won't happened with formula"*.

His story surprised me as I recalled that it was not a long time ago, I heard the phenomenon of 'baby spit backwash' where a mother's milk adjusts its composition to the baby's need especially during infection in mother and baby. This phenomenon occurs when the baby suckled on the breast causing the tubules' contraction to secrete the milk, along with a small amount of backflow contains baby's oral substances released into the mammary glands (Tomaszewska et al., 2023). The reaction of baby's saliva and breast milk produce reactive oxygen species and growth-promoting nucleotide precursors which create substances that encourage and restrict the growth of early oral and gut bacteria contributing to the development of baby's immunity (Al-Shehri et al., 2015). Research also showed changes in breast milk composition especially in leukocytes level due to the backwash phenomenon (Hassiotou et al., 2013; Tomaszewska et al., 2023) which is crucial for the immune system. Armin's story reflected that his knowledge of breastfeeding's benefits to the baby became a strong foundation that encouraged him to support his wife's breastfeeding journey.

In Armin's perspective, *"husband's support is a must"* especially *"how much they* [husband] *could make their wife comfortable, that's it… the milk will come out abundantly"*. His wife's working hours were *"longer"* than Armin's, he thought, *"she already work, and if the house situation is uncomfortable, well… screwed"*. He seemed to have empathy towards his wife and made the effort that might ease her burden even *"as simple as through a phone call"* to show he cared for her.

As a working mother, his wife *"struggled hard"* breastfeeding their first baby because *"she wasn't typical with abundant supply"* and had to catch up with their baby's need. Armin recalled one of his memories he perceived as a *"funny experience, yet really really draining energy* (laughing)*"*, when he *"received a phone call from home* [from the nanny]" saying *"…we have no more milk', hoooh, I had to go to my wife's office…then she said 'but I only got a half'… I told her half is okay, I'll pick it up!"*. Armin used to take the EBM *"from my wife's office and 'threw' it home"* and he could *"travel two to three times a day",* from his office, to his wife's office, to his home and back to his office again. It took him *"1 to 1.5 hours"* to do the trip. Sometimes he also *"made time to 'breastfeed' her* [the baby] *with cup feeder"* when he got home in the afternoon.

When he did so, he stood with the government regulation to support breastfeeding, especially the *"local government regulation* (Perda ASI)*"*, the regulation issued by the Provincial Government. He used the regulation to justify his action that *"we support the regulation, if a mother couldn't breastfeed then we can sue* [that it is against] *the regulation, so if I couldn't go home to deliver the milk, it's against the regulation too"*. He explained that *"this was for the sake of a* [baby's] *life"*, therefore *"if anybody ever forbids me to do it then they had to deal with the law"*.

His words made me ponder about the regulation regarding breastfeeding support in the workplace. The regulation was focused on the mothers to be given facilities and a chance to breastfeed or pump milk, but not a husband leaving his workplace to pick up EBM from his wife's office and bring it home. At the same time I thought, what about husbands who play a role in enabling and supporting their wives' breastfeeding journey during their working hours? This also reminded me of Fira from the mothers' participant group who struggled with her milk supply, hence she used the courier services to deliver her EBM to her son's daycare straight after she pumped. Armin's experience however was unique and unusual as he took the responsibility to be 'EBM courier' for his family. It seemed he did

not want to add to his wife's workload of working, pumping, and delivering the milk alone and perhaps using the courier service was not feasible for them. To support his wife's breastfeeding, he gained knowledge of the regulations that support breastfeeding mothers and used those regulations to take action himself so that his baby could continue to be breastfeed amidst both parents working

Armin also shared his experience when his wife was *"fast asleep"* and the baby *"woke up"*; he said *"let's say I was the one who breastfed the baby* (smiling)*"*. Armin did not literally breastfeed his baby, but he *"fixed"* his baby's position and put the baby on the *"lying side"* and *"adjusted her* [to his wife's breast]*"* while his wife was *"still asleep"*. I found that my interview with Armin was very insightful because he seemed to embrace his wife's breastfeeding journey like his own. He reflected on his experience and thought that *"if all fathers are required to do that, they don't necessarily want to do that, right? They would choose to sleep"*.

Armin realised that many working mothers *"failed"* in breastfeeding for two years, so *"I have to be different"* as he did not want that to happen in his family. He emphasised, *"there's only one thing that I can't do… breastfeeding"*, and accordingly, during the breastfeeding phase, *"I gave my wife's task just to breastfeeding, and I would cover the rest of it as my responsibility"*. Even when she got home after work, Armin would tell his wife to *"go have some rest"* while Armin would *"handle everything"* and when *"she's ready, she could take over"*. It seemed that Armin realised that his wife's psychological wellbeing, such as feeling relaxed and calm, was very important for the smoothness of breastfeeding for her and for their baby.

Despite the challenges breastfeeding their first baby, the journey with their second baby was *"easier with not many challenges"*. Both Armin and his wife had learned and became *"knowledgeable"* that increasing the milk supply can be achieved if a mother is psychologically *"happy"*. His wife's milk came *"abundantly"* and *"even we could be a donor milk"* for other babies. I found that Armin's story of his wife's breastfeeding journey was very empowering: they transitioned from being the recipient of donor milk to becoming the donor themselves. I noticed how the couple cooperate together which made their breastfeeding journey a joint journey. Armin was involved in every step of the way, practically, physically and emotionally. The way he told the story, his enthusiasm,

expression, and gestures showed that he was relieved, satisfied and proud that they could pass all the hardships together.

In Damar's experience, supporting breastfeeding is part of his role and responsibility as a husband and father in the family. In his understanding towards *"the construct of Islamic religion"* he thought that *"a wife followed her husband's lead"*. Accordingly, he realised that it was important for a husband to *"provide a sense of security and comfort"* to his wife and that includes *"feeling secured during breastfeeding"*. He felt that he had the *"authority"* to protect his wife and manage his family especially when they had to face their extended family who tried to intervene in their decision to breastfeed or how they parent their children. Damar thought that it was one of the reasons to *"decide to live by ourselves"* in a separate place from their parents.

Damar explained that his wife was *"not a typical mother who could stock milk"* and she *"never filled the freezer of one-door fridge"*. There were moments when they *"ran out of stock"* of EBM. Since Damar *"worked fully at home"* he *"got used to taking our baby to breastfeed to her mom"* at the hospital where she was an intern. Doing an internship was a very demanding activity. Damar recalled when his wife was *"very tired after a tough shift, or when she really needed to sleep",* Damar usually *"carried our baby"* and even sometimes *"she* [the baby] *fell asleep lying on my chest"*. Moreover, Damar's family also negotiated with the hospital *"asking permission"* that during his wife's night shift, *"our baby could sleep with her while I could sleep anywhere nearby"*. Damar and his baby would *"go home the next morning while carrying the EBM"* his wife had pumped.

Damar and Armin's experience was similarly uncommon; while Armin ran back and forth to pick up and deliver the EBM from his wife's office for their baby, Damar opted to bring the baby to meet the mother for breastfeeding during a night shift. When doing so, Damar recalled a *"funny moment"* when he took the baby to the hospital for breastfeeding, as he explained:

> *"I ride my electric bike, carrying my baby in the front* [using baby carrier]. *Sometimes she cried on the way to hospital. And that time, I stopped by at the traffic light, she cried soo hard, and there's a woman* (ibu-ibu) *next to me asking… "ooh…where are you gonna take the baby?", "mmm…to the hospital", "ooh, what happened to her? Is she sick?", "no, her mother is in the hospital", "oh noo… what a pity…"… phewwwh hahaha* (laughing)*, actually I was just taking her to breastfeed to her mom… but maybe it was beyond her* [the woman] *imagination for common people to see. She probably*

thought that my wife was sick and we both had to go back and forth to the hospital" (laughing) (Damar)

When I asked how he felt regarding his experience, he reflected that *"we have no other choice... that's our way"*. He admitted that he felt *"embarrassed… but just for a second"* as he did not want to think about it because *"it won't change anything"*. He described the situation as *"it was the power of 'being forced' by situation* (Indonesian: the power of kepepet)*"* that he could pass through it. This is a familiar metaphor to express how someone can do anything beyond their imagination because they do not have any choice, or it is the only choice and the only way to survive is just walk through it.

Damar understood his wife's activities where she might be *"tired or facing stressors from her work environment"* and accordingly his support was important to make sure his wife felt *"secure and comfortable"*. He also tried to be *"a good listener"* and *"give practical support"* whenever his wife would confide in him about her stresses. He seemed to realise that in a stressful situation if *"I gave comments, even the positive one, she could get it wrong"*. Damar explained:

> *"I tend to listen more, nodding, guessed what she actually needed, well maybe gave her a physical touch... it can be different for some people, I knew my wife loves physical touch, so I gave her a little massage. It doesn't have to be a strong massage that make you feel tired... not necessarily... just listened and zip* (while showing the gesture zipping his mouth) *... and practical support…whatever she needed that time, maybe just a water, it could be meaningful. It doesn't have to be so complicated"* (Damar)

Damar's experience was related to the stories relayed by the women in the mothers' participant group. Most of them explained that their husband was a person they could confide in. Being listened to by their husband made them feel supported and might ease their burdens. In my conversation with Damar, I noticed that he tried to make sense of his own experience. He reflected that breastfeeding is a *"joined project"* between husband and wife. He wanted his wife to feel *"safe and supported, and had a partner who would make it work together"*. Moreover, he also realised that *"not every couple had the luxury like us"*. While he knew that *"other mothers had the luxury to stock milk"* he tried to be grateful *"alhamdulillah"* as he thinks positively that it was a luxury that *"my daughter can breastfeed directly"* with support from Damar, who juggled with looking after their daughter at home or taking her to the hospital for breastfeeding. He recalled that *"turns out everything is always good"* no matter any arrangement a family could make. With

their *"second and third child"* his wife had finished her internship so *"she would go home at lunch or we met somewhere"* as their arrangement to keep breastfeeding.

Reflection from Damar and Armin's Experience

Having interviews with Damar and Armin was insightful for me and helped me understand better about husband support for breastfeeding. Damar was a lactation counsellor and it was his wife who encouraged him *"come on you have to join me"* to take the training to be a counsellor because they had experienced the struggle of breastfeeding and realised that breastfeeding was important. As a counsellor he usually works in tandem with his wife. While his wife focuses on *"the wife* [mother]*",* Damar would be *"seeing the father"* because culturally *"the client* [mothers] *felt uncomfortable to be handled by a man"*. He also had experiences as *"invited speaker"* for public audience as well as to the *"officials"*.

When meeting the client or speaking publicly, he usually asks important questions to his audiences: "*why do you want to breastfeed your baby? why do you think it is necessary to breastfeed your baby?"* and particularly for the fathers, *"why should you support your wife to breastfeed the baby?"*. He encourages people to *"find their whys… their goals"* which then could be *"agreed upon with their spouses"* because these goals would be something they could hold on to *"whenever there are problems along the way"*. From my perspective, I thought that when a couple had the commitment together to achieve their breastfeeding goal, it would help them to overcome challenges and to cooperate to make it work. Based on his experience, he reflected that mothers who were successful in breastfeeding *"must've had a strong 'whys', either they know what it was or even they could not describe what it was"*.

I pondered his words as I remembered the mothers' experiences as well as my own experience. What kept the mothers going was a set of 'reasons' that intertwined with one another, strengthening their resolve to achieve their breastfeeding goals. They persisted even if the challenges and struggles did not seem to make sense to overcome. It also got me thinking "how could I do it for nine years straight?". Sometimes I could not explain why did I do it, I just did it, and if I had to breakdown my reasons, it would not be one single reason. In Damar's perspective, this is called the 'whys'.

Damar also explained that in the perspective of a man or husband, why they seemed to be unsupportive towards breastfeeding was because *"they don't know"* or they were *"confused to figure out what the mother face"*. As soon as *"they knew"* or were made aware about breastfeeding and their role, *"their support might be incredible",* and that also happened to *"their grandparents"*. Accordingly, Damar tends to *"give education to them* [man or husband]" to raise the awareness on "*how a husband might involve*" himself in supporting breastfeeding. For the husbands, after they knew their 'whys', it should be followed with 'how' are they going to support their wives.

In Armin's experience, working in the health field gave him a chance to give education in society regarding health and particularly breastfeeding. Through his interaction in the community, he knew that *"people are aware"* of the importance of breastfeeding, but unfortunately *"not all of them would fight hard"* due to being *"not well supported"*. Even for the fathers who *"also knew"* about breastfeeding, *"not all of them are willing to fight for their wives"*. Both Armin and Damar found how the husbands or other family members sometimes were impatient with a crying baby and needed an instant solution *"as long as it made the baby content"* (Armin), or *"they wanted to be practical"* (Damar) which led to giving formula. In my comprehension, the situation put burden on a mother because she might feel left alone when husbands did not engage with his family by supporting his wife. It makes sense to me that in order to gain support from the husband, the husband should find their 'whys' too, so husband and wife would fight together along the same journey.

From Damar and Armin's stories, I noticed that they were aware that how they care for their family sets a high standard for other men to follow because of the challenges and obstacles so many couples face with breastfeeding and providing for the family. Armin realised that when his wife was prioritising breastfeeding, sometimes *"she didn't have time to eat"*, setting aside her own needs so that she could tend to her baby. Accordingly, he sometimes would *"prepare her meal and even I feed her too* (Indonesian: saya suapin juga lho)*"* while she was breastfeeding their baby. He challenged other husbands: *"would you dare to feed your wife?"*. He seemed to doubt that many husbands would be willing to involve themselves so directly and *"serve"* their wives, as this counters societal expectations where wives serve husbands, not vice versa. He explained, *"no need to be ashamed for preparing* [the meal for wife], [husband] *needs to lower his ego* [prestige],

but that's the problem, not all men wanted to, high pride, right? Even so a husband as if he's number one" in the family.

Similarly, Damar realised that *"when a man had to do like I did, I thought it's going to be complicated for some people"*. He recalled that when he *"told them too much of my stories or my experience… they seemed to be bounce backwards"* as they *thought "really? A father had to do that much? Why is it so heavy?"*. Accordingly, Damar changed his strategy by encouraging the father to figure out *"what best they could do? What role can they play"* and *"find their goals"* based on their family's conditions and not to see him as a *"role model"*. Moreover, I found it interesting when he gave a little 'critique' of the AyahASI, which promotes a certain image of breastfeeding father can do through their campaigns and educational programmes. From my understanding, he was concerned if *"to be AyahASI became a demand from the wife for their husband to fulfil"*. Damar seemed to talk about the ideal image that AyahASI built and the implications of this image for getting husbands engaged in support for breastfeeding.

As I remembered in one of their breastfeeding classes, they shared a certain list of what a father can do from the pregnancy and throughout breastfeeding process. I found it satisfying to see how they tried to raised awareness and informed the father how to be involved in the breastfeeding journey. However, Damar seems to suggest that when a mother demands their husband to support them in the ideal image produced through AyahASI, this might cause problems because it might be a context dependent for specific families.

In Damar's case, *"I'm fully at home"* while other fathers might have a different situation that doesn't enable husbands to enact ideal support fully. He reflected that *"all fathers would do the best for their family, but the standard might be different"*. This conversation brought me an insight that there were times when I felt upset with something that my husband did not do or did not always do while I had the expectation of certain things from him. At the same time, I also realised when my husband did not do a certain task, he actually did something else which was also helpful. Now, as I have listened to all the husbands' stories, I found that there are different things different men can do – husband support might look and feel different across different family contexts. As I reflected on the husbands' experiences, it seemed to be important for a couple to discuss and

communicate to align expectations and foster cooperation regarding breastfeeding, especially from the wives' perspective as they were the one with the ability to breastfeed.

The Family Dynamics

From the previous section, I emphasised that husband support for breastfeeding could not be separated from their understanding of undertaking the role of father/husband in the family. Being a husband and a father are two things that cannot be separated as part of their family's arrangement. Their experiences shared similarities as well as diversity. The husbands' stories explained their perspective regarding their role in the family, how they shared responsibility in looking after the family, as well as the challenges they faced when performing those roles. In the mothers' stories, I found that anything performed by husbands that could make mothers calm and content during breastfeeding was perceived as support for breastfeeding. Accordingly, it is important to also put a spotlight on the husbands experiences as husband and father.

The 'Head of the Family'

Taking the role as a husband and father came with responsibilities to their family including their wives, children and their household arrangement. Through their stories, I found similarities regarding how husbands' positioned themselves as the head of the family which was mentioned repeatedly amongst participants. These perspectives were influenced by their religious background which interpreted their role as the leader in the family and responsible for anything that happened in their family.

For example, in Seno's experience, he mentioned that as *"the head of the family"* this means that *"I'm the pilot and my wife is the co-pilot"*. He explained the role division in his family where his main responsibility was *"to provide a 'nafkah'* (living) *as a breadwinner",* while the co-pilot's duty *"her* [wife's] *concern was to parent, domestic, family, related to caring for the children and breastfeeding, their education and the plannings for the children"*. He recalled that they *"agreed to divide the task like that"* since they started their family. Moreover, Amar committed to his wife *"before we got married"* that *"as long as I'm still capable to fulfil our household needs, as much as we can, your job is not going to be the main income for the family"* emphasising that *"let me be the one* [to provide for the family]*"*. Seno and Amar's experiences were examples of

the division of duties in their families, where the husband's main duty as the head of the family was to provide for family economically as the main income earner.

Before going forward, I would like to discuss more regarding a man's position in the family in the Indonesian context particularly in Javanese culture. Besides being influenced by the Islamic perspective on the husband/father's role as the head or leader in the family, this understanding is also influenced by sociocultural and political norms in Indonesia. In Javanese culture, between men and women there seems to be a power inequality. I refer to the Javanese proverb of '*swargo nunut, neroko katut'* which in English translation meaning is woman/wife follow her man/husband to paradise or to hell (Dewi, 2012; Munir, 2002). This suggests that a woman/wife's destiny, whether it leads to heaven or hell, is utterly dependent on a man/husband's actions. Women are expected to be obedient and to serve their husband, sometimes explained by the term '*konco wingking'* which means 'a friend in the back' (Kuntjara, 1997; Munir, 2002), emphasising a woman's role to follow a man's lead and placing responsibility for home duties on women.

Politically, Indonesia has a long history of patriarchal norms which were imposed through the Dutch colonisation (Prianti, 2019), where man has occupied a position of power and dominance, including as decision makers and policy makers, particularly shown in the New Order regime (see appendix 1). Presently, the legacy of colonialism and gender ideology still continues to influence the gender roles within the Indonesian family. This can be seen in the Indonesian Marriage Law No. 1/ year 1974 Chapter VI Concerning Rights and Obligations of Husband and Wife, which was issued during the New Order regime and remains legislatively valid to this day. While Article 31, Paragraph 1 stipulates equal rights and position for both spouses in the household and in the society, Paragraph 3 mentions that 'husband is the head of the family' (Indonesian: kepala keluarga) and 'wife is the housewife/housemaker' (Indonesian: ibu rumah tangga). Article 34 further specifies that a husband is obliged to protect his wife and fulfil her needs while the wife is obliged to manage household affairs.

In the context of this research, this background is important to emphasise because the sociocultural, religious and political history had diverse interpretations amongst Indonesian society. Looking through the challenges faced by breastfeeding mothers, the success of breastfeeding requires cooperation and support from the husband. When the

husband only takes on the role as a breadwinner and sees breastfeeding, childrearing and looking after the home as solely the mothers' responsibility, the burden imposed on the mother can be very much higher, particularly for working mothers. Subsequently, the following section explains how the husbands in this study negotiated between their understanding of gender roles as well as challenging the gender expectations in society where some of the husbands perform non-stereotypical actions to support their wives and family.

Challenging the Gender Role Expectation

Across the breastfeeding-working-mothers participant group and the husbands' participant group, stories resonated regarding their family's arrangements, where husbands actively supported breastfeeding as well as took on household responsibilities. Both groups of participants realised the importance of cooperation between husband and wife to make the household work as a shared responsibility. However, I recalled that the embedded patriarchal framework in Indonesia impacted both on men and women in different ways. This is reflected in the mothers' expressions of guilt when they were unable to perform traditional household duties, such as cooking, cleaning, parenting and serving their husbands, even when their husbands were willing to share these responsibilities.

The husbands I interviewed acknowledged this societal perspective, but they mostly demonstrated that there was nothing wrong with men being involved in household matters. Husbands should be equally involved and cooperate together in managing and looking after their families. Their experiences showed a potential shift in the narrative about gender roles in the family. Their stories offered examples of how a husband could contribute by alleviating some of the pressures faced by breastfeeding-working-mothers who had to multitask between work and home affairs while breastfeeding. However, some husbands seemed to need reassurance to justify their supportive actions and expected a 'yes' answer from me, that I agreed to their perspectives.

In this study, I suggest that the husbands' understanding of their position in the family was influenced by intertwining factors which were their religious faith, and sociocultural and political narratives in Indonesia. While at the same time, they showed their disagreement towards the traditionalist perspective of masculinity which positions man

as superior, dominant, and sees woman's place is at home to serve their husband and family (Hayati et al., 2014).

For example, Vino referred to what is *"mentioned in Qur'an"* that being a father means that he was *"the imam* (leader)*"* in the family, making him *"responsible for whatever happened"* to his family. However, he disagreed with the past narrative which he called *"very wrong"* that "[looking after] *children are the mother's job"* and fathers *"shouldn't think that earning for living or to provide* (Indonesian: memberi nafkah) *for the family is the only obligation"* that a father should do. Vino's experience is one of the examples of a husband who decided *"not to be tied with institution"* for work and chose to have his own business in order to be *"all out"* as a parent and not to have *"a nanny or assistant"*. His previous career required that he *"travelled around Indonesia"* which presumably made him unable to attend to his family.

In Adi's experience, he reflected that *"the era has shifted"* between the past and present regarding the *"stereotype or paradigm"* of the gender roles in *"the culture in Indonesia"*. He recalled that *"in my era… or your era too* (referring to me), *when we were little, we were mostly with our mother"* while nowadays *"many women went to university* [for higher education] *and then started pursuing their career"* which provided different choices regarding career and family. He gave an example: *"some of my friends* [women] *used to work"* but then decided to *"focus on their child and became a housewife while doing business from home"* while there were women who *"still chose to work"* after having a child. I thought that he referred to his family where he supported his wife who already had a career *"before we got married"* while Adi had given up his office career to *"work independently"*. He chose to run his own business from home and became a part time private piano teacher.

From my interview with Armin, I could see his perspective of his relationship with his wife where he showed mutual respect, support and cooperation as well as a shared role in his family. Armin explained:

> *"My wife is an independent person, I mean she's one individual being that has her own independency that separated from us* [him/the husband]*, not part of us. So I don't want her to feel that she was forced to do something against her will. For example, she chose breastfeeding and stopped working. I thought that she might not produce enough milk because her will or passion for work has been cut and might see breastfeeding as a burden. So the important thing is how she could continue to do her activities as her*

wish, which could make her happy and her breastfeeding goals was also achieved. That's the challenge. Don't let her [woman] *just be kept in our* [man's] *cage, that's not good. So whatever you* [referred to his wife] *want, please do it as long as it's good for you and makes you happy, that's it"* (Armin)

At that time, Armin seemed to also find justification of what he did when he pointed at me as he said *"Including you continuing your education right? Having the will to study but then* [husband] *said no... no... don't, then it would be over, right? It would ruin everything"*. What he said was making sense for me. I agreed that this understanding between husband and wife, which also happened in Armin's family, could only be happening through mutual respect, as well as managing an open communication between the couple.

Throughout the conversations with the husbands, I observed how some of them frequently used the words 'I', 'we', 'us' and 'our' interchangeably. In my comprehension, it was as if they were talking about themselves or referring to themselves but at the same time appealing to other fellow husbands or fathers. Their usage suggested that they needed reassurance from others, including myself, to affirm their perspectives. It seemed they were trying to convince themselves as well as seeking validation for their course of action while also setting expectations for fellow husbands, fathers or men to follow suit.

In Damar's perspective, he viewed the relationship between husband and wife in a marriage as a *"partnership"* rather than using the term of *"equality"* in managing the family. He thought that *"humans are independent entities"* which means that *"we will never be equal"* in terms of the tasks involved in sharing roles in the family. He explained that *"the principles of living together"* as husband and wife were to *"understand each other, acceptance, not much protest, and to be more grateful"* and it seemed to happen this way in his family. With those principles, he thought that couples should not *"judge or look down on what each other did"* because they need to cooperate together as they have discussed and agreed based on their own capacities.

Damar's family arrangement was similar to Vino and Adi's family which was not like a mainstream family where the husband had a career outside the house; instead they worked from home. Damar was familiar with the term *"professional housewife* (Indonesian: Ibu rumah tangga profesional)*"* and understood it to acknowledge women who managed their

households outstandingly instead of pursuing a formal career. Damar referred to himself as a *"professional house husband* (Indonesian: bapak rumah tangga profesional)*"*. He dedicated most of his time to being at home to look after his children, more than his wife. Even though they employed a *"part time helper* (domestic assistant)*"* who came to their house *"from morning to late afternoon"*, her role was *"only to help"* and *"the main duty"* to look after the family and the household was *"on us* [Damar and his wife]*"*.

Moreover, the husbands realised that their role in the family was beyond breadwinner. In Adi's perspective, a father should not only be concerned for *"giving material stuff"* but also fulfilling his child's *"psychological and physical needs"*. Accordingly, he suggested that *"fathers should be ready for any circumstances"* and *"not just rely on everything for the wives to handle"*. Moreover, the husbands had similar ideas that father's job was *"dominantly to educate* [their children]*"* (Adi) regarding *"good or bad, right or wrong"* (Adi) and to be *"a good role model"* (Vino) or teach them *"good lessons"* (Seno) for the children to follow. Therefore, Vino set an example that a father should be *"willing to do the dishes, do the laundry, mop and sweep the floor, do the cleaning"*, teaching their children to follow him.

Hamid also wanted to teach valuable lessons to his children: to *"respect and honour their mother"*. Reflecting on his own experience, he realised that *"husband and wife's struggles are different"*. He thought that *"a husband is mostly just a physical struggle* [probably related to his daily work]*",* while a wife's struggle was *"not only physically, but her mind, and also her health"*. He was aware that *"every night she couldn't sleep well"* because sometimes she would *"wake up at 12, at 2 because the baby cried for milk",* while a husband could *"sleep through the night from 9 till dawn"*. Accordingly, it was important for him to *"instil mmm especially to my son"* that he had to *"respect"* and not *"go against his mother"*. *"It's okay if he wants to joke with me",* said Hamid but he was teaching his son that it was not okay to trouble his wife.

As a father, Armin wanted to be present for his children as he expected that it *"would be forever remembered"* by them. He used to *"bathe my daughters while my wife rarely did that"*. With his education background in nutrition, he took charge in *"preparing my daughters MPASI*[3] *until they were two years old"* and called it as his *"responsibility"*. I

[3] MPASI stands for Makanan Pendamping Air Susu Ibu, which means good quality complementary food given to baby, starting from the age of 6 months to 24 months.

thought that a man cooking was not something extraordinary, but it became unusual when a father *"handles the cooking"* of baby's food, which he did every morning starting *"at 4 am"*. In Armin's family, he *"didn't mind"* to cook and he had *"no problem"* in *"backing up all the household matters"*. He also *"didn't demand anything, food to be provided, or this and that, I don't need it"* because the most important thing for him was *"my children's needs are fulfilled"*. He remarked that if *"a husband does that* [demand to be served by his wife] *means he is a spoiled boy"* because a husband should *"understand his women"*, not demand from them.

In Hamid's family, he reflected that the husband-and-wife relationship should emphasise *"helping each other"* as he acknowledged that *"she* (his wife) *had helped us to earn for a living too"*. Hamid's story showed that his wife was also involved as an income earner for their family, and as a husband *"we should help with the work that needed to be done at home.. so we do it"*. Hamid acknowledged his wife's contribution to the provider role, and felt it was right to share the more domestic role with his wife.

Since Hamid and his wife are both working, looking after the house was *"cooperative work"* such as doing *"the dishes, laundry, sweep and mop the floor"*. In his perspective, *"It doesn't have to be wife's job, right?* (a rhetorical question)", because he *"felt sorry for my wife if she had to do everything"* by herself. For him it was not necessary to *"differentiate whether this is husband's duty or wife's duty"* because in his family *"the work that supposed to be done by the wife was carried out by the husband... well that's me"*. Hamid's perspective was quite interesting. On one side he appealed for the shared responsibilities at home; on the other side, the understandings of traditional gender roles were still embedded in his interpretation of sharing the household work.

The persistence of traditional gender roles was clear through Hamid's storytelling: *"I'm not completely like any other husband whose wife are not working, which they're housewives* (smiling)*"* because for him, having a housewife means *"everything was prepared"* for the husband. He realised that *"my wife's workplace is far"* therefore *"she couldn't… you know… couldn't serve me… but it's okay, no problem"*. Accordingly, *"I didn't give her… what's that… a responsibility that breakfast should be available in the morning, no… it doesn't have to be like that"*. He thought he could *"just buy or cook by myself"* and *"the important thing was that our first child had something for breakfast"*.

He learned that *"no need to be ashamed* (laughing) [for a husband to] *wash the dishes because that's how it is…"* in his family. After his wife left the house in the morning, *"then I became the mother"*, said Hamid and then he usually *"cleaned up the house and took care of my youngest"* before taking her to his niece's house. When I heard his explanation, it seemed clear that he still had the expectation regarding a wife's role in his family, but also tried to find justification to accept the shared responsibility as a role of value that he was willing and able to take on.

Similar expressions were also shared by Armin, even though most of his stories showed quite the opposite of a traditional man's role. He shared a story when his wife needed to go on *"a field event at night"* and when his wife was not around, he explained *"it could happen that I became the mother at home"* as he found himself taken the role of looking after their children and fed them. The phrase of 'I became the mother' conveyed by Hamid and Armin tickled me, as I caught a glimpse of recognition that, despite willingness to take on parenting and household responsibilities, the husbands still understood these responsibilities through traditional gender roles: 'it should have been mother's job'. Presumably, they did not even realise what they meant, as it seemed to be common understanding that they took over their wife's role and seemed to be proud for doing the things that 'normally' conducted by woman, becoming comfortable doing 'women's work' but still categorising it as 'women's work' rather than shared responsibilities within a family.

Moreover, Hamid's mother used to live with his family, and he used to count on her to help around the house, as he explained, "*when my mother was still with us, automatically everything like the floor was clean, no need to do the dishes, plates were clean"*. Since his mother *"passed away in 2019"* it seemed that he had no other choice but "*become independent*" in doing everything. Reflecting on Hamid's story, I remembered what Damar said regarding "*the power of being forced* [by the situation]". It seemed that Hamid had learned the hard way to be involved in looking after his household because he had no other options. I wondered how it would it be if his wife's workplace was not far from home? Would he change his perspective?

The Challenges of Challenging Society's Narrative

From the interviews with the husbands, I appreciated them for letting me see through their perspective of their life experiences being a husband and father. I had the opportunity to

comprehend how they lived their roles and managed their families. Even though they were not the one who breastfed their babies, their stories shed light on the challenges they experienced. They had to learn and adjust themselves for taking on the responsibilities in their families, as well as facing the societal perspective that considered their actions as unconventional.

For instance, some husbands encountered societal challenges whenever people saw them involved in the activities typically associated with woman/mother, such as looking after their children. These challenges came from other people as well as from themselves. In Adi's experience, he found it *"challenging"* that he *"must know all those little things that I should bring"* whenever he went out only with his son, which were sometimes already *"prepared"* by his wife. He usually carried the *"breast milk bag, food pack, blanket and so many things"*. He was aware of what people like his *"neighbours"* who *"saw me"* might think about him because it was unusual to see a man doing what he did.

He could not actually confirm what the society thought about him or *"whether they talked about me behind my back"*, but he was pretty self-conscious that people might think it was *"awkward"* or might ask *"why you* [a father] *have to carry those things?"*. Adi explained that he *"had no problems with that"* because it was *"my son's needs"*. However, he reflected that *"the stereotype"* in society is that *"children were usually with their mother"* and some people *"questioned"* whenever they saw a little child only with his/her father without their mother because *"culturally, people didn't get used to or are unfamiliar"*. He remembered when he and his son travelled by a taxi, the driver asked him, "*ooh…mom doesn't join you*?" as if the driver was surprised seeing them. Adi recalled that it was the question that was *"mostly asked"* to him. He would just simply reply: *"no, his mom is at her office, and my office is at home* (while laughing)*"*.

Though Adi tends to *"ignore* (Indonesian: *cuek*) *and take it easy* (Indonesian: santai aja)*"* with what people thought about him, he understood that his wife was the one who felt *"disturbed and pretty much thought about it"*. Adi tried to understand what his wife might feel *"perhaps embarrassed or what…"* with the situation. Accordingly, he had to convince his wife not to think too deeply about it as he said, "*It's okay, just let go of what people said, we are the ones who walk through this, so how's that a problem?"*. Adi was assured that he would not care of *"what people said"* and for him it was *"just a grapevine* (Indonesian: cuma selentingan) *and why should we care?"*. From Adi's story, I thought

that his wife might feel that she was an inconvenience because she thought about other people's judgement. She probably felt guilty that she was supposed to do what Adi did as a primary caregiver, but instead, she was the one who had to work outside the house while Adi spent more time with their son.

In the previous section I have explained Armin's stories of support and involvement in looking after his family. It seemed that he had a full awareness of taking the role as a husband and father and showed how he was being responsible. However, similar to Adi's experience, Armin was pretty conscious about what people thought of him when they saw him carrying a breast milk bag. He recalled that *"people along the way were looking at me"* because maybe it seemed odd to see *"a man with 'scary' look, a field man, carrying a pink breast milk bag which looked girlish"* and he thought that *"it's funny, huh* (while laughing)*?".* Similar to Adi's response, Armin also *"wouldn't think about it too much"* because for him *"most importantly my daughter was not crying"* and he could deliver the EBM for his daughter.

As well as Damar's experience with the woman who saw him carrying his baby while riding an electric bicycle, there was another incident involving ibu-ibu (adult woman/mother) when he was alone with his baby at home. He lived in a *"rented house"* in the neighbourhood where *"the distance between houses was very close".* He recalled a moment when *"my baby cried"* and suddenly "*the ibu-ibu* [female neighbours] *came to our house",* as probably his baby was so loud that the neighbours could hear and they knew that "*the baby was only with her dad".* The 'ibu-ibu' told Damar *"let me carry her for you"* as they offered their help to Damar.

Being in such situation, Damar had to defend himself *"excuse me ma'am this is my baby* … (laughing). *I will not abandon her, or abuse her or what… No… I'm her father, even if she cried, let her cry with me and let her calm with me".* Learning from the husbands' stories, it occurred to me that when a man tries to be involved in childcare or play his role as a husband or father, society still sees it as something rare. They doubted a man's capability to take the role as a father and it seems from their stories that the husbands also struggled with this perspective from society.

Besides being doubted by his neighbours, Damar's wife had doubted him as well. He recalled that his wife *"got baby blues"* after she gave birth to their first baby because she

"expected to be surrounded by her parents" which might have provided help and support during the postpartum period. However, as *"the head of the family"* he made the decision for his family to *"live separately"* from their parents to *"have the freedom to decide"* anything for his family as well as *"avoiding intervention"* from their extended family especially regarding *"breastfeeding"*. At that time his wife *"didn't tell me what happened until we had our second baby",* as they improved their communication with the birth of their second baby. His wife was *"worried"* and doubted Damar as she told Damar "*I didn't believe that you could replace the comfort and security the same way I got from my parents... I was afraid…"*. At the end she was *"surprised"* because he *"could prove"* that she was wrong.

Damar showed that he provided *"what we called as practical support"* which he learned from *"the training to be lactation counsellor"*. What Damar did was *"prepared the traditional herbal medicine* (believed to hasten a mother's recovery), *washed her 'jarik'* (traditional fabric that was exposed to postpartum blood), *put the traditional cream to her stomach and put on the 'stagen'* (traditional corset)". This was practiced in Javanese culture, usually by the mother of the woman who just gave birth or another female in the family who helped the mother. While for Damar, *"it wasn't her mother, or my mother, but me…*". Afterwards, "*her baby blues gradually decreased, and she trusted me"* as his wife said *"turned out you could prove yourself* (smiling)".

Making Sense of the Husbands' Experience

Throughout the analysis process, I found that presenting the husbands' stories was as complicated as the mothers' stories. It was not easy to simply classify their experience based on several themes due to their complexity. I highlighted that the conversation was widened beyond breastfeeding discussions. It is important to understand that there were intertwining factors that shaped husband's perspective regarding breastfeeding, as well as transforming their understanding into acts of support.

Reflecting on the husbands' stories, there are several ideas worthy to put into a spotlight. Through the husbands' stories, I found insight by witnessing their wives' tough journey struggling for breastfeeding through the husbands' perspective. Some of the stories I found so familiar, as they resonated with the mothers' experiences as well as my own. All

husbands showed their presence throughout their wives' breastfeeding journey. When discussing about challenges they displayed profound understanding how breastfeeding was challenging for their wife. The husbands seemed to experience that as well. Their stories included challenges of the childbirth experience, difficulties with breastfeeding, challenges from their own family such as dealing with unwanted comments, issues regarding formula, as well as their wives' experiences of managing breastfeeding while working.

The husbands' stories were complex, intertwining stories about support for breastfeeding; how a husband becomes involved in looking after their household; and sharing of responsibilities in the family. Asking husbands to share their stories of supporting breastfeeding mothers opened up a wide-ranging discussion of responsibilities and roles, exploring a range of ways husbands support breastfeeding, their wives and their children. This resonated with the mothers' stories where they also shared a variety of stories about what their husbands did for them that was supportive and helpful for them while they were breastfeeding.

Moreover, the sociocultural, religious and political history of the gender roles in Indonesia, which placed woman as predominantly associated with home and family affairs, present even more challenges for the husband to counter those gender narratives. Previous research found that the patriarchal norm in Indonesia might influence why the husband was not aware their support matters during breastfeeding: because they thought that housework and childcare was woman's duties (Agil et al., 2019). However, the husbands' stories in this study showed that those understandings could change even though some of them seemed to struggle to set aside the influence of the traditional gender roles even as they challenged them. This showed that most of the husbands' stories follow the image of a typical egalitarian husband who believes that even though they hold on to their religious belief regarding man's position in the family, they knew that cooperation and shared responsibilities in the household was necessary in a marriage (Hayati et al., 2014).

Regarding breastfeeding support, husband involvement was deemed to matter when increasing breastfeeding prevalence (Baldwin et al., 2021; Durmazoğlu et al., 2021; Johnson & Slauson-Blevins, 2022) especially for working mothers (Tsai, 2014). In my study, the mothers confirmed the need of their husbands' support, and this is also

confirmed by the husbands who showed that their involvement helped breastfeeding-working-mothers to achieve long-term breastfeeding goals.

Furthermore, through the husbands' experience, I noticed how some of them at the beginning were unaware about how they might be involved in successful breastfeeding. This showed that sometimes the husbands or fathers were left out of the breastfeeding education program (Agil et al., 2019). In my study, most of the husbands were encouraged to learn about breastfeeding through their wives. In the context of Indonesia, I suggest that breastfeeding education and campaign should be improved and reach out not only to women but also to men, while also considering the cultural background which is still influenced by the patriarchal norm.

Recalling Damar and Armin's experience, I found their stories were enlightening because it is important to also involve men to encourage other men to raise awareness of breastfeeding and how fathers can best support mothers to breastfeed. I also acknowledge how the AyahASI as a breastfeeding father support movement had tried to take part in promoting breastfeeding for the fathers. Despite earlier studies emphasising the importance of husband support on breastfeeding, this study shed light and gave more nuance on how husbands could take part in breastfeeding. The way the husbands support breastfeeding resonated with the mothers' experiences regarding husband support which includes significant practical and emotional support.

CHAPTER SEVEN: ANALYSIS AND DISCUSSION PART 4

Introduction to the Workplace Stories: Co-workers and Supervisor's Perspective

The aim of interviewing the co-workers/supervisor of breastfeeding-working-mothers was to explore the workplace's perspective towards breastfeeding in the workplace through the experiences. Seven co-workers named Farid, Deva, Selly, Tata, Vena, Indi and Mira and one supervisor named Ifa were interviewed individually. All of them worked in various areas. Farid and Selly worked as lecturers in a government university; Deva is a private employee; Tata and Vena work as teachers in a private primary school; Indi is a government employee; Mira is an administrative staff member of a government university; and Ifa is a principal of a private primary school.

All of them are married except for Deva. Among participants who were married, at the time of the interview, Selly and Tata had no children, while Vena was seven months pregnant with her first baby. Indi, Mira and Ifa were mothers and had previous breastfeeding experience. Indi was a breastfeeding mother when I interviewed her but she was excluded from the criteria of breastfeeding-working-mothers participant group because her baby was only nine months old at that time. Farid was the only man in this group and his wife had just recently given birth to their first child when I interviewed him.

Farid and Selly work in the same workplace. They got information about this research from my intermediary contacts who contacted them separately and individually, and they were interested in participating in my research. Farid and Selly were interviewed separately. At that time I thought it was important to involve Farid because he was the only male participant in this group, and I would like to know more from the perspective of a male co-worker regarding breastfeeding in the workplace.

Through their stories, I discovered that all participants personally supported breastfeeding and were involved in supporting their co-workers who were breastfeeding mothers to various extents. Their stories somewhat resonated with the breastfeeding-working-mothers' stories in the first group of participants regarding their breastfeeding experience and challenges, their workplace facilities and the support from their co-workers and supervisors. Moreover, from the analysis, I found out about their personal perspective towards breastfeeding, workplace and government policy regarding breastfeeding in the

workplace, the form of support, and the breastfeeding-working-mothers' struggle for breastfeeding. Following my participants' stories, I used the term 'co-worker', 'colleague' and 'friend' interchangeably because most of the participants referred their co-workers as 'my friend/s'. The term 'work colleagues' is occasionally used to refer to co-workers and supervisor altogether.

Workplace Facilities, Policies and Concessions

According to the co-workers'/supervisor's stories, the breastfeeding mothers in their workplaces mostly pumped or expressed milk at their workplaces during working hours regardless of the availability of a convenient lactation room. These stories are similar to the stories in the other two groups of participants in this study. Among those workplaces, only Indi's workplace provided an appropriate lactation room in accordance with government standards since she works in a government office. This resonated with the stories of breastfeeding-working-mothers participant group because the mothers who worked in a government office had designated lactation rooms for them to used such as in Yana, Diana, and Clara's workplaces.

Indi's office was located in a government office complex where there were *"I think two lactation rooms separated in different buildings"* that could be used by everyone who needed them, including *"people from outside* [for public use]*"*. Apparently, none of the lactation rooms were in the same building where Indi worked. Whenever the breastfeeding mother needed to pump, they had to *"walk to the nearest building"* that had a lactation room. The room was equipped with facilities including *"couch, sink, refrigerator with freezer, clean water access, drinking water, air conditioner, and a diaper changing table"* while the room *"fits for about five people"*.

Even though there were lactation rooms in her workplace, the pumping journey was not always easy because it took *"ten minutes of walking return"* from her office's building to the lactation room's building. Accordingly, one of Indi's co-workers *"used the archive room"* to pump milk whenever she was *"busy"* rather than walking to the lactation room. Indi also followed what her co-worker did whenever she was busy and had not enough time to go to the lactation room. They *"asked permission"* to use the archive room and *"locked it from the inside"*. From Indi's story I wondered that it could be bothersome whenever a mother had to walk to the lactation room and they still had to prepare their

pumping equipment, pump milk, clean it up and walk back to their own office building. Indi's stories showed that even though a lactation room was available, it was not always accessible or helpful for the working mothers especially when the location was not easily reachable.

Farid, Selly and Mira worked in government universities. Mira explained that in her department *"there is a room to pump"*. The room was formerly used as the *"international affairs office"* and it was *"the dean"* who *"suggested to have the* [lactation] *room"*. Mira remembered that *"he asked us to cleaned up the room"* to give a space *"for pumping"* and *"he provided the fridge as well"* even though *"it's for shared use"* which means that it was not specific to store breast milk and anybody could use the fridge space too. According to Mira, *"there was no written sign"* to show that it was a lactation room but inside the room there were facilities such as *"couch and tables left in the room"* by the previous user that could be used by the mothers who were pumping. From Mira's story, she thought the room's location was quite strategic because *"it's close to the toilet"* and it would make it easier for the mother if *"they need to wash* [hands or pumping equipment]*"*.

Farid and Selly, who worked in the same office, mostly shared similar stories especially when they regarding the facilities and situation in their workplace. While their office provided a lactation room for breastfeeding or pumping, in Farid's perspective, the location was *"un-strategic*" to be accessed by the breastfeeding mothers and thought that *"the breastfeeding mothers seemed to be reluctant to go to the lactation room"*. Farid's expression showed as if he tried to put himself in the mothers' shoes and understood that the room's location might be inconvenient for the mothers, as he explained:

> *"Our office's space is in the second floor while it is in the third floor where there are many classrooms and laboratories…, but the lactation room is there. Despite the location is far, and had to go up to the third floor even so it's in the corner side. The mother might be afraid of having to be there alone"* (Farid)

When Farid and Selly were new employees, their workplace was *"in the process"* (Farid) of making a lactation room. Like Mira's story, it was *"the dean who initiated the lactation room"* (Selly) because he was aware that *"there are needs of the new young lecturers who recently had babies"* (Farid) to have a lactation room provided in their office. Unfortunately, *"as far as I knew no one has ever wanted to use it"*, said Farid; even other

co-workers asked the mothers: *"why don't you try to use the lactation room?"*. Selly thought it was *"unfortunate*" that the lactation room *"can't be functioning optimally"*.

Farid suggested that *"it wasn't right to put the lactation room on the third floor"* thinking of the mothers had to walk there back and forth, they might be *"panting, so tired"* especially if they had to do it *"in between teaching schedule"* (Selly), might be time consuming as well. Accordingly, instead of using the lactation room, the mothers *"would rather choose to pump in our office room"*. Farid once checked on the lactation room and he described it as *"just an empty room, using the space near the stair"* with the size *"around 2x5 meters"* and inside the room he saw *"small mattress and chair"*. He recalled that the room was *"somewhat problematic"* for the breastfeeding mothers because *"there was no aircon, only a fan"*.

I noticed that Farid could feel the discomfort if the mothers used the room as he explained, *"it has a big window"* and even though there was a *"curtain"*, when the *"sun shining so bright, the room felt so hot"*. Farid's story was confirmed by Selly as she also shared the stories when one of her co-workers took her baby to work and she *"accompanied my friend to breastfeed in that room"*. She remembered that *"the baby felt so hot, the room was so hot, air circulation was bad"* while she expected that *"breastfeeding mother need to feel comfortable when they breastfeed or pump milk"*.

Regarding the facilities, Selly explained that there was *"a fridge to store EBM"* but the location room was in *"the administrative staff room"* not in the lecturers' space. The fridge was *"for a shared use of the whole faculty"* which means that it was not only for storing breast milk. Selly remembered that one of her co-workers who was pumping had to ask Selly's help *"to check ... whether there was a space in the freezer"* that could be used to put her EBM.

Tata, Vena and Ifa worked in private primary schools. Vena saw her co-worker who was breastfeeding usually pumped milk in any room that was available such as *"in the classroom or laboratory",* since there was no assigned lactation room available. As Vena noticed, when *"the door was locked"* it means that *"she* [her co-worker] *was pumping inside"*. In Tata's workplace, the breastfeeding mothers used the *"school's clinic room for female students"* to pump milk. It was the *"facility provided by the school"*. Tata described that the clinic was *"partitioned into two spaces"*: one space was equipped with *"fridge, bed and aircon, that's for the teacher who needed to pump",* while the other space

was *"for the clinic's bed"*. Moreover, the school gave concession for breastfeeding mothers; for example, *"gave time to pump at work"* and *"permission to go home to breastfeed"* or *"to deliver the EBM home"*.

In Tata's school there are *"two teachers for one classroom"* where they would *"take turns in teaching depending on their subjects"*, which seemed beneficial for the school to keep the learning and teaching process running well especially whenever one of them was breastfeeding. In Tata's experience, the teachers would usually *"discussed their plans before the semester begins"*. She recalled that they would *"back up each other"* not only when one of them *"needed to pump milk"* but also when they had to *"take a leave for certain reason"*. In Tata's experience, the *"working partner understood that their partner was still breastfeeding",* while the breastfeeding mothers were usually also *"being responsible"* that they *"wouldn't take time to pump for too long"*.

Ifa has been a school principal for *"five years"* and during that period, there were *"more than ten to twenty"* school staff who were breastfeeding. Most of the staff were *"mothers or young women who recently got married";* around *"70% were female staff"* with ages *"under thirties"*. She explained that *"the foundation"* who owns the school would *"support breastfeeding for two years"* in accordance with Islamic teaching, as the school was also an Islamic school. Similar to Tata's story, the school *"has no specific lactation room"* but they gave a space for the mothers who needed to pump to use one of the rooms in the *"school's clinic for female students"*. They also provided a *"double-door refrigerator"* to store milk and *"gave concessions"* for the mothers *"to go home"* especially if they *"lived nearby"* the school when they needed to breastfeed their babies.

Among all participants of the three groups stories regarding breastfeeding support in the workplace, I found Ifa's workplace support was fascinating. As the school principal, she explained her institution's breastfeeding support policy more comprehensively than other participants in this group. Although Ifa *"didn't understand the detail"* of government regulation or policy, she thought that *"our foundation had applied it* [the policy to support breastfeeding for working mothers] *before the government regulation existed"*. The reasons of the school support for breastfeeding was because *"we lift up the 'sunnah'* (from the Arabic word which means following the Prophet's way)*",* and *"we're in education field",* therefore they have *"expectation that our children get nutrition from breastfeeding",* and based on the *"research"*, breastfeeding will make the children *"grow optimally and better than us"*.

Moreover, the school also has the *"SOP* (Standard Operation Procedure) *from the foundation"* where the school's representative would usually have *"visited the mother"* at least *"two weeks"* before her maternity leave finished. Besides visiting the mothers and their babies, they also wanted to discuss the mothers' readiness to return to work. They gathered information from the mothers by asking them: *"are you going to work half day or full day? How many days in a week would you go to work, just few days or full? What kind of work would you take? Where will you put your children? With whom?"*. From Ifa's explanation, I found that from the school's perspective, they wanted to align a mother's plan with the school's agenda, as she explained: *"we need the detailed information so that it would not disturb the teaching and learning process at school"*.

Similar to Tata's school, Ifa's school also had *"two teachers"* to handle one classroom. There were *"three parallel classes"* which made *"six teachers for each grade"*. This circumstance enabled negotiating the teaching schedule when there were breastfeeding mothers in the teaching team who needed a flexible schedule. As the school principal, Ifa would *"discuss with the curriculum team"* how would they *"plot the schedule"* and *"decide what kind of duty these mothers could take"*. If the breastfeeding mothers requested to lessen their working hours, there would be a consequence such as *"her salary was also reduced"* depending on *"their work"*. According to Ifa, *"most of them"* decided to work full time from *"6.45 am until 3.30 pm"*.

Ifa emphasised that the *"teamwork cooperation between the teachers"* was to accommodate the mothers' *"to keep breastfeeding well*" and be *"able to manage their schedule"* as well as *"to keep fulfilling the students' rights to learn"* at school. The arrangement seemed to work well between the teachers because they *"backed-up each other's work"* when the breastfeeding mothers needed to pump or return home to breastfeed their babies. In my understanding, the school's policy seemed fair as they aimed to find mutually beneficial arrangement and solution for both the mothers and the school, ensuring the teaching and learning process could proceed smoothly. Moreover, when there was a work trip or field study, Ifa explained that the school would *"involve the breastfeeding mother"* if the location was not far away such as in *"Solo or Semarang* (cities near to Yogyakarta)*"* and sometimes *"they could bring their children"*. Conversely, if the work trip was in the farther away cities *"we didn't involve the breastfeeding mothers"* because *"we are concerned about their children"*.

In Deva's experience, she thought that her workplace *"did not seem to care"* nor support breastfeeding for working mothers compared to other participants' workplaces. She worked in a hotel and there was no lactation room available neither for employee nor public (hotel guest) use. At that time, Deva had two breastfeeding co-workers in her department, and they pumped in *"female locker room"* or sometimes *"hiding under their desk"* whenever available. The locker room was in the *"mezzanine floor"* while the office was in the *"second floor"* so the breastfeeding mother had to *"go down a half floor by stairs"*. Deva described the room as an *"L shaped room…it's not big enough"* where there were *"tens of lockers for the staff"* and *"in the corner there's a praying area next to the toilet and shower"*.

In Deva's perspective, the room was inappropriate for pumping because *"it is a place for many people, to change clothes, used the toilet"* and her co-workers would usually use the *"praying area while sitting on the mat when there's no one praying"*. According to Deva, the mat where her friend sat was *"too close to the toilet… less than two meters"* and *"it's so unhygienic at all"*. Deva thought that *"like it or not, she* [her co-workers] *had to do it there"* because *"there's no other choice"* Deva said this with a concerned and annoyed tone.

Moreover, there was *"no fridge"* that could be used by her friends either in the locker room or in their office room. Accordingly, her friends would keep their EBMs in *"her breastfeeding bag"* or used the fridge that *"that belongs to another department"* as Deva recalled *"they were cooperative and allowed the mother to use their fridge"*. Even though Deva's workplace facilities did not support breastfeeding, they still gave concession for new mothers, for example, *"not to work overtime or not to join events held in the evening"* and if they had to, they could *"go home early around 7 or 8 pm"*.

From the co-workers' and supervisor stories, most of their workplaces had a similar policy regarding maternity leave for three months in line with the government's guidelines. Most of them allow for one month's leave before the due date and two months after the due date. In Deva and Ifa's workplace, they also applied for three months of maternity leave, but they gave flexibility to the mothers to decide when they would take the leave *"as long as it's three months"* (Ifa) for the total duration. Unfortunately, it did not happen in Vena's workplace. The school's policy only gives maternity leave *"for 40 days"* but they gave a concession for the mother who returned to work to finish working earlier than other

school staff. The normal working hours usually start from *"6.15 am until 3 pm"*, but the mother who just gave birth *"could go home at 12 noon until their baby is six months old"*.

Reflecting on the stories of breastfeeding-working-mother participants, I recalled that some mothers faced challenges recovering from childbirth. I feel concerned that the quick return to work within just forty days, stocking milk for the babies, could be particularly stressful especially when their bodies might not have fully recovered. Moreover, the stories of workplace facilities, policies, and concessions resonated with the stories the breastfeeding-working-mothers participants relayed; for example, the government office provided the facilities as per regulations. The education-based workplaces, such as schools and universities, support mainly involved allowing time to pump or express milk, and permitting mothers to use any room in their office if lactation rooms were not present. Even if some workplaces had designated lactation rooms, unfortunately they were often not easily accessible for the mothers, such as in Indi and Farid and Selly's workplace.

The Workplace Stories

Listening to the co-workers' and supervisor's stories were quite heart-warming for me. I could understand the workplaces' stories through the lens of people surrounding breastfeeding-working-mothers. I found out that the co-workers and supervisor had witnessed the struggles and challenges faced by breastfeeding mothers in the workplace. They noticed the mothers had to take a break two or three times during working hours to pump milk, and sometimes they had to delay their pumping schedule because of crowded work-spaces. Their stories also showed that participants paid attention to their co-workers who were breastfeeding, cared for them and gave support in any way they could.

Recognising the Challenge of Pumping or Expressing Milk in the Workplace

Since Indi was also a breastfeeding mother she usually *"went together to the nursing room"* with her co-workers who needed to pump as well. There were *"three people including [her]"* who were breastfeeding at that time and Indi usually met other breastfeeding mothers *"from different department"* at the lactation room. They pump at least twice a day at *"around 11 am and 3 or 4 pm"*. Indi shared the challenges faced by breastfeeding mothers in her workplace; for example, they *"couldn't pump optimally"* because *"there were days when we had a high workload or needed to work overtime"*

which made them feet *"tired"* or when they were *"in a rush"* because there was a *"sudden meeting order"*. Sometimes the mothers *"delayed their pumping schedule"* because *"the meeting finished late"* and they had to *"rush to the lactation room"* to pump. Indi explained that whenever the pumping schedule was inconsistent like *"missed"* from the targeted time, it could *"reduce the milk quantity"* the mother could produce.

In Mira's workplace, she noticed that the breastfeeding mothers had no specific time to pump because *"it depends on their free time"*. Some of them did it in the afternoon *"while they had lunch in the lactation room"* or *"adjusting"* to their office's agenda such as *"pumping before having a meeting or after"*. Similarly, Tata usually saw the breastfeeding mothers pump milk twice a day around *"9.30 am and at the lunchtime around 11.30am"*.

When Farid and Selly were new lecturers, they were put in an ample working space fit for *"fifteen people"* (Farid). All of them were new lecturers and there were *"three breastfeeding mothers"* (Selly) at that time. Since the designated lactation room was not easily accessible for the mothers, Farid explained that *"there was a space in the corner that functioned as praying area"* and he noticed that *"the breastfeeding mother would go to that corner when they needed to pump"*. Sometimes they also *"borrowed our friend's desk which was in the corner side"* (Selly) to pump milk. The breastfeeding mothers usually ask permission or notify anybody in the room like saying, *"excuse me guys, I'm going to the corner* (Indonesian: mojok)*"* (Farid), which seemed like a code that they were going to pump there.

Farid's stories showed an example of a male co-workers' perspective regarding breastfeeding or pumping in the workplace. In his experience, he thought that *"we, the male lecturers were supporting each other too"*. Farid noticed, the mothers *"had their own way to be unseen"* such as *"wearing 'mukena'* (Muslim women praying outfit)*"* to cover them when they were pumping in the room. Farid and other male co-workers found there were *"no problems if there was someone pumping in that corner"* because seeing women doing so *"is not something taboo"*. In Farid's perspective, *"we are all of an average marriageable age"* and *"almost all of them had babies, including me"*. It seemed that there was a solidarity among both female and male co-workers because they shared similar experiences as parents with babies and breastfeeding.

In Selly's perspective, pumping in an open space where there were many people meant *"lack of privacy"*. Even though there was a mother who *"seemed fine"* in doing so, others were *"felt awkward and uncomfortable"* because *"she needed privacy but there was no other choice"* and *"asking the male co-workers to leave the room seemed impossible"*. While Farid promoted the idea that pumping is not taboo, Selly's perspective suggested that privacy would be more comfortable for the women. Selly appreciated the male co-workers who *"kept focusing on their work, stay quiet and not interrupted them"* as they *"knew how to behave that make the mothers not to feel uncomfortable"*. Mira also relayed a story of one of her co-workers who felt uncomfortable to pump in her office space even though the other co-workers *"would understand"*. Mira's co-worker *"felt inconvenient"* because *"the sound* [of the breast pump] *sounded loud"* and she told Mira that *"their* [the male co-workers] *mind might go everywhere"*. Mira also wondered that *"maybe a man would think differently"* whenever they heard breast pump machine sound.

Mira's expression seemed to imply that I would understand 'thinking differently' as involving an unspoken taboo, and most likely referred to people who sexualised breastfeeding which made them feel uncomfortable. This story reminded me of Gita's experience from the breastfeeding-working-mothers group. She felt so conscious and stayed alert whenever she was pumping because she was worried that somebody might become curious and break in if they knew she was pumping inside her office room. Somehow, I could feel deeply what they felt because I knew exactly the sense of being very alert, and worried, and tensioned, and unsafe, and trying to keep relaxed because we still needed to pump milk, despite the lack of privacy. I remembered it as one of the stressful moments that breastfeeding-working-mothers had to endure, yet we passed through it.

Since participants interacted with the breastfeeding mothers in daily work life, they paid attention to what the mothers did in maintaining breastfeeding. Mira told of a story of how her friend *"sent it* [the EBM] *home"* via *"G* [courier service]*"* and her friend's *"husband"* sent back *"empty bottles"* for her friend to continue pumping because they had to *"work overtime until evening"*. This also happened in Ifa's workplace. She sometimes saw *"on the second break* [lunchtime]*"* one of the breastfeeding mothers' *"nanny or husband collected her EBM from our school"* and took it home. Likewise, some of the mothers in Farid's office also *"sent the milk home using the G's services"*.

Farid thought that *"maybe they couldn't wait the whole day"* so her friend would send it home *"around 12 noon"*. Tata also saw her co-worker leave the office to *"go home to deliver EBM"* by herself.

Those stories made me wonder whether the breastfeeding mothers in participants' workplaces had to catch up with the milk stock for their babies as it also happened in Fira's experience (from the mothers' group) where she sometimes had to send her EBM using a courier service to her son's daycare to meet her son's need. Reflecting on the participants' stories I thought that the breastfeeding mothers showed their commitment to give breast milk to their baby even though it was not through a direct feeding. Sending the EBM home was part of finding ways to sustain breastfeeding. Even if they could not go home to breastfeed directly or send the milk home themselves, using the courier service enabled them to do so. I understood that there were also cooperation and support involving the husbands and the nanny who spent time to collect the EBM from the mothers while they were at work. These stories resonated with Armin's experience from the husband participant group who decided to be the one who juggled in between his working hours to collect EBM from his wife's office.

When Working and Looking After the Babies Blend Together

Most participants in this group shared the stories where there were times when the breastfeeding mothers had to bring their babies to work. Tata often saw her co-workers bring their baby into work and it was *"allowed"* by the school, especially *"outside of working hours"* such as in *"Saturday school staff meetings… the coffee morning"*. Tata's school applied five days of school for the students but on Saturday they had a meeting for the staff *"from 7.30 to 12 noon"*. Sometimes the mothers would be *"breastfeeding while joining the meeting"* and there were *"no problems with that"*. Tata thought that *"the male teachers also understood"* because *"they also had little children"*.

In Tata's perspective, her workplace has a *"very close sense of family connection"*; she described the relationship between colleagues as a big family who understood and supported each other. During the pandemic *"all schools closed for the students",* but not for the teachers, so *"many teachers took their children to work"* while they continued to *"teach online from school"*. I could imagine the situation during the pandemic, where schools and daycares closed but the teachers still needed to go to work so they had to work while they looked after the children at the same time. Tata seemed to be pleased to

work in such a working environment, as she regretted that in her previous workplace *"the school's staff were not allowed to take their children to school"* and if somebody did that, they got *"criticised by the other staff"*.

Ifa also had the same experience where she *"often"* saw the teachers take their *"babies"* to work *"due to certain cases";* for example, when *"the daycare closed, and nobody was available to look after the babies"*. Moreover, when the school had a *"work meeting* (Indonesian: Rapat Kerja/Raker) *once in every semester"*, which was held outside the school area. The breastfeeding mothers were allowed *"to bring their babies"* and the school would provide *"the rooms for the mother"* as the meeting usually needed *"overnight stays"*.

In Farid and Selly's experiences, they both witnessed *"moments when my friend brought her baby to the office, and she breastfed her baby there"* (Selly). As Farid noticed, his co-worker took her baby to work usually *"on a meeting"*. He recalled that *"people were enthusiastic"* and responded by saying "*ooh baby…you're so cute..."* whenever there was a baby at the office. It was considered as *"an entertainment* (while laughing)*"* because everybody seems to love babies. This also happened in Mira's workplace whenever there were co-workers took their baby or older children to work, *"people got excited"* and they typically wanted to *"carry the baby"*. According to Farid, the workplace seemed to be welcoming as they *"had no problems"* when the employees bring their children in; he saw *"some of them took the older children such as in a kindergarten age"* to work. In Mira's workplace, people understood if any of the university staff had to take their baby or older children to work it was usually because *"the nanny was on a leave, or no one was available to look after their children"*.

Selly shared a story of when her co-worker's *"husband came to our office"*. She recalled that her co-worker had *"two children"* and *"they were both unwell"*. In that situation, the children *"wanted to be close by her mother"* and accordingly her husband *"joined her to come to the office"* and *"carried around the younger one nearby the mother",* meanwhile the mother *"still had to give lectures"*. Understanding Selly's stories, I found her friend's story showed how a mother is bound with many responsibilities and had to multitask most of the time. I appreciated her husband's supportive act even though, according to Selly, he was *"also working"*, but he adjusted himself to meet his wife and children's need. Even if her friend's husband was there, he could not replace breastfeeding, and it seemed that the sick baby could not just take the EBM. When the baby needed to be held in the

mother's arms, co-workers support made it possible. Moreover, participants stories showed how the co-workers tolerated mothers' circumstances.

Providing Support: The Empathy and Solidarity Among Work Colleagues

From the participants' stories, I found that all of them personally supported breastfeeding in the workplace as workers or work colleagues. This demonstrated that despite challenges with inadequate facilities for mothers to breastfeed comfortably in their workplaces, there is community support within workplaces that came from co-workers and supervisor who understood the demands and importance of breastfeeding. Their stories shed light the workplace dynamics of the daily interactions among work colleagues which demonstrated the support, solidarity and friendship with breastfeeding mothers. I heard participants frequently use phrases such as *"they understand"* or *"there was no problems"* whenever explaining their workplace situation or perspective regarding breastfeeding in the workplace, as well as showing supportive action towards the mothers. In my comprehension, this indicated the level of tolerance and acceptance that breastfeeding mothers had additional responsibilities on top of their job description despite the absence of written policies supporting breastfeeding.

Most of participants' stories showed that their fellow co-workers or employees were not bothered that their co-workers who were breastfeeding had certain needs in the workplace to maintain breastfeeding. For example, in Indi's workplace the employees *"got used"* to seeing breastfeeding-working-mothers and they *"understood that it is a mother's obligation to fulfil her children's needs* [for breastfeeding]*",* therefore breastfeeding *"is not something taboo"* for them. Indi recalled that *"we never got hindered"* whenever mothers took time to pump, in her perspective, she considered this as a *"form of support"*. The co-workers never *"spilled negative comments"* and *"made it easier for us to breastfeed our children"*. Indi also *"talked to her supervisor"* if she needed to pump and her male supervisor said, *"that's okay"*. Indi thought that her workplace was very supportive possibly because *"the majority were mothers who had children"* and accordingly they *"understood how it feels"* to be a breastfeeding mother. Sometimes the female co-workers *"reminded us… should you pump now?"* and they *"gave us snacks* (laughing)*"* which Indi thought as *"very welcoming"* to working mothers who were breastfeeding.

Similarly in Mira's workplace, she explained that *"everybody understood"* having co-workers who were breastfeeding, and they have *"no problems"* if the mothers needed concessions, for example for pumping. From the perspective of fellow female co-workers Mira said that *"they were all experienced with it",* while for the male co-workers according to Mira *"they have wives, and some of them are working too"*; the working environments were supportive and showed acceptance towards breastfeeding mothers.

Listening to participants' stories brought me the understanding that there was sense of empathy even from the male co-workers towards the breastfeeding mothers in their workplace because they knew that it was challenging for them. Since Selly was in the same office space with the breastfeeding mothers, she *"automatically interacted and saw firsthand"* the mothers' daily activities at the office. Selly explained that *"as a friend, I knew the challenges"* which she recognised as *"balancing the... mmm… responsibility to give lectures, marking students' assignment, and administrative work"* while at the same time *"had the commitment for their child who needed their mom"* as well as *"looking after herself physically and psychologically"*. She reflected on herself that *"even for us who don't have children sometimes we are overwhelmed"* with the workload and she thought for mothers who had babies *"it's double challenges and double responsibilities"*.

In Ifa's story, her empathy towards the breastfeeding mothers possibly came through because she is also a woman and mother who understands a mother's struggles. Ifa was aware that mothers in her workplace had concerns such as *"feeling worried that they couldn't continue breastfeeding"* when they returned to work. She realised that *"breastfeeding is not easy"* especially when the mothers had to be away from their babies, and mothers might also be struggling to be *"feeding the baby with a bottle",* while some of the children *"had to be spoon fed"*. She observed that the earliest days of returning to work were challenging for the breastfeeding-working-mothers, as she explained *"sometimes it wasn't as smooth as they expected"* and she noticed that *"some of them were shedding tears* (Indonesian: berderai-derai air mata) *while some enjoyed"*.

From the analysis, I found that participants also lent their ears to listening to the breastfeeding mothers confiding about their experiences and struggles, and it made them understand what the breastfeeding-working-mothers were going through. I also found that there were women-to-women supportive conversations among fellow female employees where they had empathy towards each other, shared similar stories, gave solutions and

encouragement whenever facing problems, as well as learning from each other's experiences.

Selly shared her experience of listening to the breastfeeding mothers confide that *"she was tired and lacked sleep"*. Her friend even *"disclosed it in front of everybody"* that she actually *"prefered to work at home but her husband asked her to work due to her family's economic needs"*. At that time *"we all listened to her"* and *"offered anything that we could do to help her"*. Selly remembered that after her friend confided what she felt, she *"looked more enjoying"*.

Mira knew well that breastfeeding while working was challenging for mothers as she recognised that *"two or three mothers felt that their milk was a little bit stuck* [could not produce milk smoothly]*"* and she thought that *"probably they are in stress"*. From Mira's stories, I noticed how she felt for her co-workers who were breastfeeding and that not all of them could maintain breastfeeding smoothly. Mira was also a mother of three children who had breastfeeding experience, and she was considered as 'senior' compared to the new mothers in her workplace. She often got asked to *"share my experience"* that might help her co-workers' breastfeeding problems. Mira shared a story demonstrating how she was helpful and supportive with mothers who asked her advice: *"they asked me… why my milk is drying up while my baby is not yet one year old"*. Mira responded and gave a suggestion based on her knowledge and experience.

She also heard the story that *"the nanny"* who looked after her friend's baby was *"in and out"* and her friend could not *"find a right person"* which was bothersome to her peace of mind and made *"her milk stuck"*. There was also a mother who had to *"top up* [with formula]*"* because even though *"she tried hard to pump"*, the EBM stock was *"not enough"* for her baby. Her friend told her that since her baby was *"four months"* her milk *"wasn't going to come out much"* and her friend's *"mother"* who looked after her baby at home often *"rang her"* saying that *"her baby kept crying needing more milk"*.

Through listening to Mira's stories, I could also pay attention to and understand the challenges faced by her friend, and it reminded me of Beta's story from the mother participant group. Beta talked about *"the longest three months"* of her life which began from the day she returned to work until her daughter started to have solid food at six months old. If Mira's friend returned to work when her baby was aged around two to three months, it means that she was in a crucial stage of breastfeeding, which was the exclusive

breastfeeding phase. In my comprehension, the struggle to manage working and stocking milk seemed to be difficult for her friend and that she could not succeed the way Beta did and had to turn to formula. Her stories also resonated with other breastfeeding-working-mothers experiences of challenges and struggles.

In Ifa's experience, she heard the mothers' struggling with experiences such as *"the baby kept crying or the milk did not come out smoothly"* and even the mothers *"thought about giving up and turn into formula"*. Ifa also realised that the mothers who *"did not succeeded in breastfeeding"* were unsuccessful because *"their family was not so supportive"*. I am aware that this story also emerged in the other two groups of participants, highlighting that family support was important. Some of the older generation trusted formula compared to breastfeeding. Ifa also mentioned when the baby was looked after by their *"mother or the mother-in-law* (the grandmothers of the baby)*"* the mother was usually *"mixed feeding, breast milk topped up with formula"* because the grandmothers *"suggested it"* to the mothers. The mothers who put the baby *"to the daycare, tend to be more successful in breastfeeding"* where the daycare seemed to support mothers' choice of feeding.

Since Ifa was *"considered as the elder* (Indonesian: sebagai yang dituakan)*"* at school, she felt responsible *"to find the solution"* for the mothers. There was a *"mentoring meeting"* which was usually held *"once a week"* and the purpose was *"to strengthen the mothers"* because the breastfeeding mothers had a *"different burden"* compared to non-breastfeeding mothers. They would *"discuss together"* and *"the school's mission was to help solving their problems"* so that the mothers *"could breastfeed smoothly, minimum for two years or if not, more than a year"*. As a result, most of the school's staff breastfed for *"16 months or 20 months"* and Ifa thought that *"it's reasonable enough"*. The mothers who *"succeeded"* in breastfeeding according to Ifa *"had a thick ear* (Indonesian: tebal telinga)*"* (while smiling). Ifa used the metaphor of 'thick ear' to express when somebody would not bother, care or listen to negativity from what people say to them. In this context, the mothers *"remain patient and strong"* even though they listened to *"unempathetic comments"*.

Ifa explained that between the fellow women or mothers in her workplace usually *"supporting"* and *"strengthening each other"* because they understood that *"the future generation is in our children's hand",* accordingly *"we would give the best as much as we could through breastfeeding"*. Among the participants' stories, I thought that Ifa's

workplace was the only workplace in this study who had a well-structured support for breastfeeding mothers. Her stories showed how the workplace was really looking after the breastfeeding mother and created a supportive community within the workplace throughout mothers' breastfeeding journeys.

Moreover, another form of support that I found among the co-workers was in Ifa's workplace. There was a tradition among the mothers that they usually *"passed on their pumping equipment to each other"*, such as *"the ice box or bag"* when they were no longer needed. Even Ifa also used one of her co-worker's equipment as she explained, *"it was used by Ms. D, and then Ms. L, and then me"*. Moreover, in Mira's workplace, she knew one of the co-workers gave the breastfeeding mothers *"Katu leaves, because she grew it in her garden"*. Her friend brought the leaves to the office and asked the breastfeeding mothers to *"take it for free"*. Tata also shared her experience when she helped the *"school's nurse"* by *"stand by* [at the nurse station]*"* because the nurse needed to pump. These are all stories of female co-workers supporting and caring for each other.

Not Every Mother is 'Lucky Enough': The Concern of Support Availability for Women in the Workplace

When I analysed the participants' stories, I found many stories resonated with the other two groups of participants. From the mothers' group's stories, I have explained that the mothers often expressed that they were 'lucky' whenever breastfeeding in the workplace was made easy or being in a supportive environment, throughout their breastfeeding journey. I felt for the mothers who had to face many challenges and barriers and that they were 'unlucky' to be surrounded by an unsupportive environment. Support for breastfeeding seemed to be unequally experienced by breastfeeding mothers.

The co-workers' stories that I highlighted from Selly, Deva and Vena in this section added the complexities of breastfeeding mothers' experiences in the workplace. Dealing with the physical vulnerability, workplace policy, conflict with the supervisor, or surrounded by non-pro breastfeeding co-workers reflected the 'unlucky stories' of breastfeeding mothers through the lens of their co-workers. However, their stories also showed that there was always somebody who would help the breastfeeding mothers to keep breastfeeding.

Selly's experience of supporting her co-worker who was breastfeeding stood out to me. The stories reflected the complex challenges of a breastfeeding mother's experience who apparently had 'extra' vulnerability on top of her role as a breastfeeding-working-mother. One of Selly's co-workers who had just given birth experienced a complication because she had a history of *"hypertension and heart problems",* and her baby was *"born premature"*. Accordingly, when the maternity leave finished, *"about 1.5 months after giving birth"*, she had not fully recovered as Selly explained *"she couldn't do activities outside yet"*. In Selly's workplace, taking three months maternity leave could be arranged with flexibility; for example, starting closer to the due date so the mother might have *"a longer leave after giving birth"* (as long as this was still within three months). Her friend could not do that due to her health condition and she needed to take leave *"earlier"* which meant shortened leave after she gave birth.

Her friend tried to *"propose for a concession"* as she felt incapable to re-start teaching. Unfortunately, the only solution was *"to find another lecturer who would want to cover"* her course. Selly found out that it seemed to be the 'tradition' that the lecturer should *"find somebody to back them up"* when they could not teach, as it also *"happened then with the seniors"*. Her friend had a *"medical letter from the doctor"* but it was not helpful to get *"extra leave or grant dispensation"* from the department. Moreover, they *"could not have an assistant"* to teach because of *"our rank* (Indonesian: kepangkatan)*"* as 'juniors' in the workplace. Considering her friend's situation, Selly decided to help her to *"cover her course for half semester"* while the course was officially still *"under my friend's name"*.

When I asked Selly how she decided to help her friend, she explained *"if somebody close to us experiences that, aren't our consciences really moved to help?"*. Even though it was not Selly's major course, it *"intersected with my course"*. It was not easy because *"of course it's doubled the responsibility",* which Selly recalled: *"I was supposed to have four classes and it became two times double"* and she took about *"two-three weeks"* to get adjusted with the situation. Selly realised that her friend was *"really struggling"* as they often talked through *"chat message"* and her friend told her that *"the chat was helpful to unwind the burden"*. Her friend's struggle made Selly *"try to at least enjoy covering her class"* and she explained *"that's the least I could do up to that point which I guess was pretty significant for her"*.

During the interview, I found that Selly also took time to reflect on her experience. She expected that *"the department should've helped to find the solution"* because of her friend's *"special condition"*. She thought, *"what if something unexpected happened?"* due to her friend's health vulnerability if she *"had to push it"* to return to work if no one could cover her course. She also perceived the situation as *"a threat"* and *"warned"* her as she explained *"personally, since I am a woman and had not been pregnant, I couldn't imagine* [that] *you have to find somebody to cover* [the course] *if you're not ready to teach"* and Selly seemed terrified when she said that. However, Selly also tried to see the brighter side by helping her friend that *"maybe in the future I don't know whether I might need help as well"* and it was also *"an opportunity for me to learn more"* by teaching her friend's course. She was also *"aware"* that *"sometimes we need to help or support our friends* [with vulnerability] *because who knows maybe my family might also need help from other people and sometimes the one who could help was not the family but people in their surrounding such as friends, or neighbours… that's what I thought"*. My heart felt warm when I heard Selly say that and it showed her kindness, empathy and compassion towards others.

Deva shared her unfortunate workplace experience, especially concerning her co-worker who was breastfeeding. There were two breastfeeding mothers in Deva's division; one of them was the secretary of the General Manager (GM). Deva was *"pretty close"* with the GM's secretary. According to Deva, the *"Ibu GM didn't seem to like when the secretary went missing when she needed her"* though the secretary *"was pumping at that time"*. The GM was female who also had children. Deva and her other co-workers usually *"helped to cover up"* for her friend and lied to the GM by saying *"oh she is going to the purchasing department…or… she's going to the FO* (Front Office)*"* so that the GM *"knew that she was working"*. Deva also explained that the other breastfeeding mother was treated differently, and she thought that this was *"maybe because she didn't work directly under the GM",* while the secretary *"had to follow the GM anywhere she goes"*.

Deva said that she actually *"didn't know the regulation in Indonesia"* and whether employers *"should have given the mother time to pump"* as part of the regulation at work. She recalled that the company gave a *"one-hour lunch break"* in the afternoon and *"probably my friend took more than one hour"* as during that time she *"took a rest, had lunch, pray and continued with pumping"*. From Deva's explanation, I could imagine that

one-hour probably was hardly enough especially since the secretary's office room, the locker room and *"the pantry"* where workers had lunch were all on different floors.

The GM also *"reprimanded my friend"* and told her *"it should be done in an hour"*. Deva felt for her friend and understood that *"maybe she struggled with her supply so she needed a longer time to pump"*. There was a time when Deva witnessed the GM directly tell off the secretary in front of many people in the office as she explained, *"if I'm not mistaken it was on a morning briefing which was attended by every head of division"*. The GM said, *"everyone has a baby, [friend's name]. We used to look after our baby too…"* and in Deva's interpretation, it was as if the GM told the secretary that *"you don't have to be so overdramatic, that she didn't do like what my friend does"*. Deva knew that her friend was *"so sad"* and thought that it was rude, *"just how dare she say that"*, said Deva. Deva's story reminded me of Beta from the breastfeeding mothers' group who also had an unsupportive female supervisor. I found the story quite similar where Beta's female supervisor also thought what Beta did was *"too much"* and again it seemed that a generation gap lead to different understanding of breastfeeding mothers' needs. In this case, do women judge other women for doing something differently?

Accordingly, Deva and the other co-workers tried to *"help her"* as she explained that during the lunch break usually, "*my friend would go straight to pumping in the locker room, I went downstairs for lunch and after I finished I would pack a lunch for her and brought it upstairs to the locker so she could pump and had lunch in the locker within an hour*". Deva showed how a co-worker took the effort to help her friend in a conflicting situation. Deva also shared the story that *"we were all supportive, and a very solid team"* because they would *"cover-up and protect each other"* and *"it's just the boss…"* who seemed to be the problem. There was *"only one male co-worker"* in Deva's division and he *"sat in the corner"* which was *"quite hidden from the GM's sight when she entered the room"*. He offered the mothers his space to use as he said *"if you want to pump, you can use this space, just let me know and I'll go out"*. Whenever the GM was not in her room, the mothers would "*pump under his desk while he left the room"*.

I have explained in the previous section that fellow female co-workers usually had empathy towards the breastfeeding mother as they tried to put themselves in the breastfeeding mother's situation. Even though Deva was the only unmarried and had no personal experience of breastfeeding, she could understand her friend's struggle as she

expressed, *"I feel sorry for her and it would be so sad if she wasn't allowed* [to pump] *while it was her needs"*. According to Deva, the secretary had tried to *"talk to the HR* (Human Resources) *department"*, but unfortunately *"the HR manager blamed her for not being able to manage her time"*. Moreover, from Deva's stories I recognised the strength the breastfeeding mother had because her friend remained adamant; as Deva said, *"my friend wouldn't care* (Indonesian: bodo amat)*, just whatever, didn't mind if she got scolded as long as 'I can breastfeed my baby'"*. What her friend said reminded me of the breastfeeding-working-mothers' stories, where they said that they did not care for whatever happened, whatever the consequence, because they have determination to keep breastfeeding.

Realising that her workplace did not support women who are mothers to work, Deva even reflected that *"if later I want to breastfeed for two years in the future, probably I might change jobs or just stay home temporarily"* because she wondered, *"what if there's no supportive friend* [at work?]". Deva felt pessimistic that her workplace would care to provide a lactation room as she said *"we don't even have a health station for us to take a rest when we felt unwell at work"* and if that happened the employee would just *"lie down in the locker room"*.

Moreover, from Deva's stories, I notice that there was also reasons behind the supportive teamwork. She explained that having a supervisor who would *"try to pick up someone's mistake if she didn't like them"* meant Deva and her other colleagues *"had no better way but to support each other"*. She argued that *"if my friend* (the secretary) *got fired, we would be the one in trouble"* because the other colleagues would *"have to take over and handle her work"*. Accordingly, *"as a co-worker"* Deva would rather *"back-up and protect each other"* in terms of *"the work"* and *"our friend's good name"*. Even when the secretary was on her maternity leave, her work was *"handed over"* to Deva. From Deva's story, I thought that the co-workers tried to keep the workload balance among themselves. However, the secretary finally decided to resign not long after she had her second baby because *"she wanted to focus on looking after her children"*.

Vena's experience regarding breastfeeding in the workplace was quite different to other participants' experiences. Since she was pregnant and started to learn about breastfeeding, she was concerned because some of her co-workers thought *"pumping seemed to be bothersome"*. There were two breastfeeding mothers in Vena's workplace when I

interviewed her. One was still pumping routinely, and the other did not do it anymore and when Vena asked her, she said *"I've stopped in six months"* then she *"topped up with formula"*. Her friend also told Vena that *"it's too much of a hassle…they'll bite, it hurts"* and most mothers usually *"gave formula when they were away"* from the baby and *"sometimes breastfed before the baby sleeping"*.

Most of the female co-workers still thought *"why don't you just top-up with formula?"*. They thought *"pumping equipment"* is considered *"expensive*", so *"they'd rather buy formula instead"*. Vena explained that *"I don't think I've seen the support… mm I mean giving encouragement or else"* to the breastfeeding mother. Vena's story also reminded me of participants' stories from the other two groups where there were people who thought that taking formula was necessary for the babies. Even Vena heard from one of the mothers that she used formula because *"the midwife said so"* especially when *"they have problems with their milk supply, or their baby hardly gains weight"*. Vena's stories resonated with the mothers' stories where apparently, we still hear the story that not all health workers are supportive towards breastfeeding.

The Male Co-worker Experience

Farid is the only male in this group of participants. When I interviewed him, I was curious to see a man's perspective on breastfeeding in the workplace directly from the man. I remembered from the breastfeeding-working-mothers group that some of them mentioned how they never had any bad experiences related to male co-workers or supervisors in their workplace. Instead, some of the conflicts were related to female co-workers and supervisors. Some participants in this group had also mentioned that there was no problems or conflict involving male co-workers and this was relayed by Farid too.

In the interview, I found that he tried to reflect on how his perspective is possibly shaped by his realisation that he was sharing a similar experience with breastfeeding working mothers, as his wife was also breastfeeding their *"four months-old baby"*. In his own understanding, *"it has become an obligation"* for a mother to breastfeed their baby, accordingly when *"the mother had to work"* he thought that *"breastfeeding or pumping is not a problem"* to be done in the workplace. Farid was also aware that *"breastfeeding could build and increase child's immunity system"*. Even he has also experienced

supportive conversation where he once shared his concern to other mothers whenever *"my wife's milk supply was low, and something else"* and the breastfeeding mothers *"would share.. oh, you can give her this, Farid, or you can give this supplement"*.

Farid also recognised that a *"major challenge"* is faced by breastfeeding mothers, when they are *"leaving the child to work, managing time to look after the young one as well as work stuff or academic activity"* and needing to *"finding time to pump"* at work. He reflected on *"if I experienced it myself",* imagining that if he had to work *"from morning until evening and at home still had to take care of the child, and the child often get fussy or cranky, and still breastfeed them…phewwhh… that's such an amazing challenge"*.

Since breastfeeding mothers were in the same office space with him, he paid attention to what happened to them. He also overheard the mothers confiding in one another; for example, one of the mother's *"difficulties in finding the daycare or a babysitter",* while she was also *"in a long-distance marriage with her husband"*. With that kind of situation, his co-worker sometimes *"asked permission not to join the meetings or certain activities"* because *"nobody's available to look after her baby or when the baby was sick"*. He also noticed another mother who had *"a toddler and a baby"* arrived at the office *"looked a bit messy"* and she would usually *"put on the make-up and fix her hijab at the office"* and Farid thought that *"she probably didn't have time to do it at home"*.

Farid's stories also reflect that there were dynamics in responding to situations where the breastfeeding mothers had limitations regarding work tasks. There were stories of how support worked among the co-workers *"it's more like giving moral support"* by *"cheering them up, encouraging them or giving motivating words",* as well as *"taking turns to handle or back-up their work"* especially when *"we were in a teamwork"* situation. At the same time, Farid also heard *"people who were complaining behind them"* even though they *"kept helping them"*. Farid also understood that his workplace has *"rules or regulations that we should obey"* but *"we have our consciences"* to understand that *"the mothers had to breastfeed their baby and maybe put their child to top priority"*. Accordingly, the co-workers *"could not be too strict with the rules"* and should be *"flexible to support, back-up or re-arrange the work"*.

Feeling Inspired

Through the analysis, I noticed that some participants expressed their thoughts and feelings towards breastfeeding mothers' journeys as they told their stories. In Selly's stories, I saw that she supports breastfeeding because she remembered when she was *"in high school"* she saw *"my older sister's breastfeeding journey and looked after her child"*. In her perspective, breastfeeding is seen as *"an intimate connection"* of mother and baby as it was *"not only giving milk"* but also *"a way to deliver the affection, a process of nurturing, a process of growing to be a loving mother who accompanies her child's growth and development"* and she thought that it had *"a deep meaning to whoever was going through it"*. I found that this perspective led her to became caring towards breastfeeding mothers even though *"I'm not a mother yet"*.

Selly expressed that she *"felt amazed... honestly, fascinated"* watching her sister who has *"three children"* as she *"looked after the children, breastfed them, accompany her children"*. She thought that *"it wasn't an easy job, wasn't an easy process"*. She learned that it required *"determination, sincerity, patience, consistency"* and *"support from people in her surroundings"*. She realised that support could help a mother to *"enjoy her life, feel comfortable and not under pressure"*. Selly also felt amazed witnessing her co-worker who was breastfeeding dealing with the challenges, for example *"managing responsibility at home and work"*.

Tata had similar stories to Selly. She was newly married and had no children yet. She *"felt amazed"* looking at her colleagues who were breastfeeding-working-mothers. She thought that breastfeeding was *"an incredible journey"* and she was *"so proud of my co-workers"* because of their *"struggle"* to fulfil breastfeeding *"for two years"*. She often saw the breastfeeding mothers *"pumping together"* at work. According to Tata's impression, she *"loves to see"* them *"enjoying"* their activity while *"laughing and joking"* with each other as if *"there's no burden"*. Even though she *"had not experience it* (breastfeeding)*",* she admired her co-workers' *"enthusiasm in pumping"* because they wanted to give their *"children's right to be breastfed"* and it made her *"felt enthusiastic"* as well.

In Deva's experience, even though she had not married or had children herself, she knew that a mother would *"fight for breastfeeding"* because it is *"the best nutrition"* for baby

while *"formula could make the children fat because of the sugar"*. She knew it because she *"heard from the mothers' conversations"* and *"learned from my cousin"*. Deva *"used to live"* with her cousin who had *"two children"* so she witnessed how her cousin *"looked after her children"*. She thought that *"hopefully I would be more prepared in the future"* as she expected that one day she might have children as well and she had already started learning about motherhood.

I found the participants' stories to be heart-warming because even though they had witnessed how breastfeeding-working-mothers struggle with breastfeeding and working, they still tried to look at the brighter side. They appreciated and admired the mothers' journeys, and it drew their attention to learn more and prepare themselves for when it comes to their turn to experience it in the future. They could learn from their co-workers' breastfeeding journeys in their workplaces.

Hear My Story Too

Even though this chapter focuses on the stories from the co-workers and supervisor regarding breastfeeding in the workplace, I could not ignore personal experiences relayed by some participants. They told their own stories that also matter within the context of breastfeeding-working-mothers. Indi and Mira had previous breastfeeding experience, and Indi was breastfeeding her second baby at the time of the interview. When I interviewed her, Vena was seven months pregnant, and she was concerned that she would soon be a breastfeeding-working-mother.

From Indi's stories, I found out that she could not breastfeed her first child for two years while she worked in her previous workplace which was in one of the *"state-owned companies* (Indonesian: Badan Usaha Milik Negara/BUMN)*"* that had no lactation room. She explained that she and her fellow breastfeeding co-worker had to pump *"in the pantry"*. They would *"asked the* [male] *janitors to leave the room"* because it was also the room for the janitors *"to have a rest"*. The janitors were cooperative as they *"left the room"* to give a chance for the mothers to pump.

Indi's previous work demanded that she go on work trips, so *"I left my baby so often and my baby got a nipple confusion and refused me"*. She then *"resigned and moved to Jogja"*

and at that time she still gave EBM to her baby. Indi explained that it was hard maintaining breastfeeding without direct feeding as she explained, *"looking after my baby while pumping was a bit difficult, sometimes when my baby asked for milk, I hadn't finished pumping until my baby got angry and cried"*. I could imagine what Indi went through as it seemed to be frustrating for her and her baby. Pumping without direct feeding might reduce the milk supply and maybe she could not stock the EBM and had to rush pumping every time, while the baby probably needed the milk but it was not ready yet. She breastfed until the baby was *"1.5 years old"*.

Indi planned to breastfeed her second baby *"for two years"* and she pumped routinely *"four to five times"* a day to *"keep the* [milk] *quantity"*. She also became a milk donor to babies who needed milk as she explained, *"twice a month, there are somebody took my EBM"* and she did it also because *"the freezer was full"*. Her story also resonated with the mothers' stories regarding donating milk or accepting donor milk which showed women-to-women support in breastfeeding. Indi also shared the challenges she faced in breastfeeding her second baby. She experienced the dilemma of having to choose between pumping first or eating her lunch which she remembered with laughter, *"the pumping schedule was at 11, usually we already felt hungry, pumping while hungry was complicated and difficult, later after pumping we were too starving that made us shake"*.

Indi's stories showed that different workplaces might have different dynamics in providing an environment that enabled women to sustain breastfeeding. The supportive environment notably contributed to a better breastfeeding outcome for Indi. Even though her first breastfeeding experience was not as she expected, she drew strength and determination to ensure a more successful breastfeeding journey, especially being in a supportive workplace with supportive co-workers.

In my interview with Mira, I found that she took the time to reflect on her experience. She started working in the university *"before I got married"* and she had *"three breastfeeding experiences"* while she worked there. When telling her stories, she compared past and current workplace situations where *"there was no lactation room... no fridge"*. She shared her breastfeeding struggle: she *"used the bathroom"* to pump because *"there's no place* (smiling)*"* and she could not pump in her office room because there was *"one male co-worker"* and it felt *"inconvenient because of the sound"*, referring to the noise she made if she had to pump milk in her office room and feeling uncomfortable if

her male co-worker heard it. She remembered a dilemma when *"the breasts were full"* and it was *"so painful if it's not got out immediately",* meanwhile she was *"in the middle of the meeting"* and felt *"uncomfortable* [to ask permission] *to go out"*. Moreover, she had the experience when she applied for maternity leave *"a month before* [the due date]*"* but *"the boss did not sign it*" until it was *"a week before"* because the office was *"on a high workload"*.

Mira also told a story when she had to join the Basic Education and Training for a new government employee which was held out of town for *"ten days"*. She could not leave the location during the training. It happened in *"2008"* when Mira breastfed her *"second baby aged 11 months old"*. She had tried to ask for *"a postponement"* to join it at another time but she *"wasn't allowed"* and the organiser *"suggested to take my baby".* Through her story, I found that taking her baby was not as easy as it seemed, because she had to take somebody to look after her baby and had to *"rent for my own accommodation".* It seemed that the organiser did not cover for that expense. Unfortunately, she had to face that *"my husband did not want to join me"* considering *"his work and how about our first child?"*. She tried to ask *"my mom,* [but] *she didn't want to",* and even *"the nanny"* also refused her request.

"Finally, with a heavy heart", said Mira, she left her baby home. I thought that it was so unfortunate for her and her baby to be separated that way. Since she could not breastfeed her baby in the training location, she *"got fever after few days"* due to *"breast engorgement"*. She *"met the doctor"* and got a dispensation to *"take a rest and not to join the training for two sessions"*. She *"called* [her] *husband"* and found out that *"my baby got fever too"* and she thought that *"probably she looked for the milk"*. However, since Mira still wanted to breastfeed her baby, as soon as she returned home, she *"opened my breasts"* for her baby only to found out that *"my baby looked away, refused me".* Mira showed her disappointment as she explained, *"ever since that time, he/she didn't want to be breastfeed… and my milk dried… I soooooo regret it, but how should it be? I've asked for postponement and replacement by somebody else, but they didn't allow me…".* Although Mira smiled as she told me this story, her expression was also very sad.

Listening to Mira's stories was really heart-breaking for me. Even after twelve years had passed by, she could remember the sadness and how she regretted that moment she had to leave her baby and stop breastfeeding. I could feel her disappointment and wonder how

difficult it can be for breastfeeding mothers if they do not get the support they really need. The Basic Education and Training was the same training joined by Diana from the breastfeeding-working-mothers participant group and Hamid's wife from the husbands participant group, even though the trainings happened in different years. Diana was probably 'lucky enough' to have all the support she needed, and at that time, for her, the training location was not out of town. Diana's baby also refused her, possibly due to nursing strike or nipple confusion. Thankfully, with the support from her husband she successfully did re-lactation and continued breastfeeding for more than two years. While for Hamid's wife, even though she took her baby together with the grandmother, she was not successful with re-lactation because fitting in the training schedule and breastfeeding was too hard for her and even made her faint.

Furthermore, I also highlighted Vena's experience who was seven months pregnant and still searching for information about breastfeeding before she gave birth. Despite talking about her perspective as a co-worker of breastfeeding mothers and her workplace environment, she also showed her concern about what might happen with her breastfeeding journey. I have explained in the earlier section that her workplace only applied 40 days of maternity leave, which concerns her.

Moreover, she also worried about how formula feeding was more popular among other employees. As a soon-to-be mother, she once had conversations with her fellow female co-workers and she *"asked them to share their experience"*. They understood about exclusive breastfeeding for six months, but when Vena asked *"so what happened after six months"* and they replied *"of course formula… bla...bla...bla…"*. Vena also asked them *"oh, so why not two years? You know we should do it for two years minimum… well at least"*. She asked this possibly because Vena is Muslim and so are her co-workers and they work in an Islamic school and in her understanding a mother should breastfeed her baby for two years as it is encouraged in Islam. Vena did not expect their answers, as they said, *"well later it's gonna be complicated like this.. and this…"*. When Vena told them *"confidently"* that *"I'm intended to breastfeed for two years",* instead of getting support, their reply was even more upsetting: *"well later, when you leave your baby to work, your breast milk will decrease and hardly come out, only a little, and something else…"*.

Vena had a discouraging experience even before she started breastfeeding and sometimes it made her *"pessimistic… but I tried to be optimistic"*. She also shared her worry about

how she will return to work after giving birth and wanting to breastfeed. The school did not have a lactation room, but she knows that a *"mother needs to be comfortable when pumping"* and if she had to do it in any room available *"what if somebody suddenly knocks on the door... oh so panic"*. Compared to Tata and Ifa's school that had two teachers to handle each classroom, Vena's school applied one teacher for one classroom. She wondered *"how is it like to pump"* and thought that she could not just leave the students because *"they would ask, where's Ms. Vena?"* and she *"can't imagine what it will be like"*.

As well as her concern with her workplace, she also shared that *"there was also a debate in my family"* regarding the use of formula. She was questioned, *"so after you have your baby, you're gonna take the formula right?",* knowing that she was a working mother. Some of her family such as her *"aunt"* told her *"what if the milk is not enough? because baby boys needed more...".* Vena seemed to be irritated and shouted, *"Come on, the boy is not even born yet!",* but she did not seem to dare to say it in front of her family, as she explained, *"I'm just auto-crying... so sad"*. Vena's story showed (again and again) examples that the challenges for breastfeeding might come from the people surrounding the mother. A mother is in a vulnerable position to easily fail on her breastfeeding journey because society normalised that it was fine not to breastfeed.

Vena's expression showed how she felt worried when telling the story. At the end of the interview, I acknowledge her feelings and offered her space to ask any questions regarding breastfeeding, especially since I had the experience of being a breastfeeding-working-mother. By the time I wrote my thesis, Vena reached out to me and told me that she was grateful to participate in my research. She was breastfeeding her 16-month-old son while managing working as a primary school teacher. A few months later she contacted me again via chat message to let me know that she gratefully passed her two years of breastfeeding. I got her written consent to share this story in my thesis even though it was not part of the interview.

My heart felt so warm and proud of her when I heard the story. She had to face her family who doubted her decision, but she remained standing firm. I felt so amazed by her as she told me that she also donated her milk to her neighbour's baby. Her neighbour usually took 80 bags of Vena's EBM stock every two weeks. Her family became supportive, and she also had her 'breastfriend' who supported her journey.

Vena also sent me a photo of the view of her desk in the classroom showing a breast pump on the table. She told me that she got used to pumping while waiting for the students as they were working on their tasks, and she used the electric breast pump so she could multitask. Her students, as it turned out, could understand that breastfeeding and pumping milk was normal, and she even discussed what she was doing with her students. People in her workplace also got used to seeing her walking around the school with a nursing cover hanging on her neck. Her family became aware about breastfeeding and set her as an example of successful breastfeeding. In her neighbourhood, her baby was the first baby of a working mother who was fully breastfed. She told me, *"I'm so proud of my body for being able to pass through all of this"*.

From Indi, Mira and Vena's stories, I learned that similar stories of struggle kept coming up through the three different groups of participants, from different perspectives. I acknowledge that telling their personal experiences which was not only as co-workers matters because they were relating to the breastfeeding-working-mothers' issues, even though in this study they were not interviewed as a person who experienced breastfeeding themselves. Uplifting their stories gave more nuance about the issues around breastfeeding, even for those who had not yet directly experienced breastfeeding as a working mother, such as in Vena's experience. It seemed that they wanted their stories to be heard, and I gave them a safe space to confide to me. Amplifying their voices became necessary for me to show that I heard them and appreciated their courage to trust and share their stories with me. Listening and understanding their stories was also part of embracing the ethics of caring for my participants.

Making Sense of the Workplace Stories

At the beginning of this study, the purpose of interviewing the participants in this co-worker group was to understand the workplace perspective; the dynamics and supports for breastfeeding in the workplace through the lens of co-workers/supervisors. However, the co-workers/supervisors' stories also reflect the breastfeeding-working-mother's life where they faced with challenges and struggles to maintain breastfeeding.

The participants' stories demonstrated the wide range of dynamics in workplace situations, which is consistent with the stories shared by the other two groups of

participants. In particular, the workplaces who provided facilities to support breastfeeding were mostly government offices. According to the Ministry of Health's Decree No. 872/menkes/XI/2006 on Criteria and Facilities of Nursing Room, there are standards of the facilities that should be provided in the workplace. The room's size must be at least 2 x 1.5 metres, and up to 3.5 x 5 metres, with white/light blue/light yellow wall colour and should be a closed area with curtains and door that can be locked. The rooms should ideally be equipped with a sofa or chair for the mother to breastfeed or sit for counselling, a changing table, a sink with clean water, a breastfeeding information poster, a baby cot/bed, a refrigerator, a notebook to record the room's user, room ID, and management staff and cleaning staff. There should not be any poster or product associated with formulas in the room.

Moreover, according to the Ministry of Health Regulation No. 15 Year 2013 article 9, the lactation room should be a separate room or could be part of the health facilities in the workplace. According to this regulation, Ifa and Tata's workplace met the requirements because they had a specific room for pumping in the school's health clinic. However, it was unclear whether the schools provided the lactation room in the school's clinic based on the regulation or merely because it was a space that already existed.

The later government's document above also explained more detail regarding the requirements for lactation facilities, including both hot and cold-water dispensers, an air conditioner or fan, room partition or nursing apron for privacy, breastfeeding counselling kit, bottle or breast pump steriliser, rubbish bin, ice pack, and added that the chair should have a back rest. The ministerial decree and regulation also suggested that there should be a person in charge of the room, like a trained lactation counsellor and it became the workplace management's responsibility to provide such a counsellor. As well as providing the facilities that support breastfeeding, the workplace should also allow flexible working hours and opportunity for breastfeeding or to express milk during working hours. The government regulation seems to have showed the government's concern for enabling breastfeeding. Furthermore, based on the Government Regulation No. 33 Year 2013 article 35 and supported by Ministry of Health Regulation No. 15 Year 2013, article 3 paragraph 2, it became mandatory for every workplace to support exclusive breastfeeding and to have an internal written policy to show commitment to support the success of an exclusive breastfeeding program.

From the descriptions in the participants' stories, the facilities they had in their workplace were still far from ideal and the implementation of the regulation is weak. Only in the governments' own workplace was the government regulation more fully implemented. Some of the workplaces had no infrastructure or facilities to support breastfeeding mothers in the workplace at all. It seemed that the existing regulations did not bind the workplace to follow the regulations, as there was no strict sanction for the workplace if they did not comply with the regulations. Previous studies found that breastfeeding facilities in the workplace were crucial to maintaining breastfeeding, and the lack of facilities to pump/express milk provide a huge challenge for breastfeeding-working-mothers, that contribute to breastfeeding discontinuation or the use of formula (Febrianingtyas et al., 2019; Jiravisitkul et al., 2022; Paramashanti et al., 2023).

According to the experience of participants in co-worker/supervisor group, there were stories where exclusive breastfeeding and breastfeeding for two years could not be achieved due to complexities of the working-while-breastfeeding struggle, including their employment status, as in Mira's co-worker's experience. Even if mothers succeeded in maintaining breastfeeding, we could not set aside how the mothers struggle to survive workplace challenges, such as in Deva's co-worker's experiences who faced conflict with her supervisor as well as lack of facilities to support breastfeeding.

Moreover, as I looked further to the government's document involving government regulation and ministerial regulation, the focus was to protect and promote a successful exclusive breastfeeding program. However, I asked myself a question: *"how about after six months of exclusive breastfeeding?"*. Was the breastfeeding mother still entitled to flexible working hours and given chance for breastfeeding or pumping in the workplace? Referring to the Government Regulation No. 33 Year 2013, the focus is on the support and protection of giving exclusive breastfeeding which include protection in the workplace for working mother. Even though the regulation also advocating breastfeeding for two years as part of the best feeding pattern for a child, I found that the regulation and any other government regulation had inadequately addressed the protection or support for two years breastfeeding in the workplace. The interpretation of the regulation became ambiguous, which concerned me, because many working mothers aimed to complete breastfeeding for two years. This made me wonder whether pumping or breastfeeding during working hours still considered as legal and protected by the regulation.

In this study, as co-workers and a supervisor, participants were all aware of their workplace situation, such as whether or not the facilities existed to support breastfeeding mother. They all witnessed breastfeeding mothers' daily juggle in their workplace and some of them were emotionally involved in understanding the mothers' experiences. Realising that breastfeeding for working mothers was challenging, all of them showed that they support their co-workers who were breastfeeding through tangible, supportive actions towards them. Especially in the workplaces that had no lactation room or had an inaccessible or below standard lactation room, co-workers seemed to become more actively involved in supporting the mothers. Moreover, Ifa's workplace stories should be put in a spotlight: her workplace showed their commitment to supporting mothers for breastfeeding. This support of course cannot be separated from Ifa's important role as the school principal. She stepped in to make sure of the win-win solution for the school and the mother.

When I tried to understand participants' experiences regarding support for breastfeeding mothers, I reflected again on the mothers' experiences in the first group of participants showing that they considered themselves supported when there was understanding and acceptance of what the mothers did in the workplace. As long as the breastfeeding mothers were allowed to do what they needed to do to sustain breastfeeding and did not receive negative comments, they saw their workplace as supportive. The support from the co-workers strengthened breastfeeding-working-mothers as co-worker support was seen as something that mothers can count on, especially when the workplace facilities and policy was not on their side.

From the participants' stories, it is noticeable that some of them were unaware of the government regulation, as well as being unaware whether their workplace had written policy to support breastfeeding in the workplace. All of them had positive perspectives towards breastfeeding based on their personal values, knowledge and experience. Fellow mothers, some whom are Muslim, were aware of breastfeeding being encouraged in Islam for two years, and they had knowledge and breastfeeding experience themselves. While for co-workers who had no children, such as in Tata, Selly and Deva's experience, they had at least known somebody close in their lives who was breastfeeding, and they had learned from their experience. Their stories showed that people did not have to have experience as a parent or of breastfeeding to be supportive towards breastfeeding mothers.

As the only male in this group, Farid understood the mothers' experience because his wife was breastfeeding their baby.

Participants' stories demonstrated that support from work colleagues in the workplace came from their personal understandings of breastfeeding, where all of them could relate to somebody's breastfeeding journey in their lives. I suggest that this was where the empathy, solidarity and support came from. This perspective and understanding shaped how community support was formed in the workplace for breastfeeding, and they were all part of breastfeeding mothers' microsystems. As work colleagues, the way they supported breastfeeding was also mesmerising. When the breastfeeding mothers were surrounded by their work colleagues who showed support, understanding, and compassion, mothers seemed to have a more positive affect in the workplace, which might lead to a better breastfeeding outcome as previously found (Gabriel et al., 2020).

Furthermore, similar to the other two groups of participants, the story of strength also emerged in this group. Through the participants perspective, I acknowledge the mothers' experience of determination in combatting breastfeeding challenges as a working mother. Their stories brought inspiration to other women, which was consistent with the mothers from the first participant group's stories, where there are mothers who felt encouraged to start and maintain breastfeeding because of witnessing another mother's journey.

CHAPTER 8: CONCLUSION

Revisiting the Journey

Recalling to the beginning of this study, my starting point came from my experience of struggle in sustaining breastfeeding as a working mother. Being involved in a breastfeeding support organisation made me realise that I was not alone experiencing this complex issue. Many mothers either discontinued breastfeeding or breastfed for a short period because of the demanding and burdensome nature of balancing breastfeeding with employment commitment. Subsequently, I met and heard many mothers who managed to achieve the recommended two-years of breastfeeding despite facing significant hardships and challenges throughout the journey. Their successful experience was hard-won.

As explained in the first and second chapters, I focused on the stories of strength and empowerment experienced by the breastfeeding-working-mothers to overcome any obstacles. The mothers sought and gained support from their immediate environment, particularly within their microsystem, involving their husbands and workplaces. Motivated by these insights, I embarked on the research for my PhD project.

This research aimed to analyse and better understand the lived experience of breastfeeding-working-mothers who successfully maintain long-term breastfeeding. While mothers' experiences were the main focus of this research, I also included perspectives from husbands and the co-workers/supervisor who were closely connected to the mothers in their daily lives. I proposed that it is crucial to explore these additional perspectives to understand deeper how support might be provided for the mothers as well as to gain insights into the daily dynamic experiences from their perspectives as husbands and co-workers/supervisors. Accordingly, I employed IPA as a methodology for this research, seeking to understand life experiences from the perspective of the people who experience the phenomenon first-hand. Focusing on the idiographic approach (Larkin & Thompson, 2012; Smith et al., 2009), this methodology allowed me to dive deep into participants' lifeworld to understand how participants made sense of their experiences. Conducting this research could produce knowledge on how challenges could be overcome, and how successful breastfeeding can be achieved for breastfeeding-working-mothers.

Revisiting the analysis journey, I found every experience has its own uniqueness, while at the same time there were stories of similarities across participant narratives. As this research was most concerned with amplifying mothers' voices, we can generate collective voices of mothers' accounts to produce knowledge by learning from mothers' experiences by gaining understandings of the diversities between their stories as much as their similarities.

The Methodology Reflection

Conducting my PhD research amidst the Covid-19 pandemic presented challenges, as elaborated in Chapter Three. I was unable to travel to Indonesia for in-person meetings with my participants. Therefore, I made several adjustments while remaining committed to adhering to IPA guidelines. These adjustments covered various aspects particularly the commitment to the research ethics and procedures including the sample selection which was small-homogenous and purposively selected in accordance with IPA protocols (Brocki & Wearden, 2006; Reid et al., 2005; Smith et al., 2009).

To overcome geographical barriers, I used the synchronous online interviews via Zoom as the platform is user-friendly for Indonesians especially, during the pandemic. This method facilitated the long-distance communication with participants, allowing for face-to-face interaction to follow and probe the conversation. Furthermore, it enabled me to be present, showed empathy and sensitivity to participants' expressions and gestures through providing direct responses in real-time (Smith & Eatough, 2012). Despite unavoidable yet manageable technical problems with the internet connection, all interviews went smoothly. Since participants had the opportunity to review and edit their interview transcript, some missing words due to unclear recordings was clarified in this process.

When making these adjustments, ensuring that this research project met ethical research practices became my critical focus since breastfeeding considered as sensitive issues involving women's bodily experiences. Involving a proxy interviewer with a credible background as explained in Chapter Three was helpful as an extension of my presence to take care of participants' wellbeing, assisting in informed consent signing, and ensuring that the interview arrangements meeting the convenience, safety and comfort for all

participants. In the pandemic situation, conducting online interviews was also helpful to assure participants' safety since they could choose their own secure for interviews.

In Chapter One, I discussed my dual positionality as both insider and outsider as I shared similar experiences with the mothers I was interviewing, coupled with my personal connection to breastfeeding as a working mother. This dual position I occupy strengthened the research by enabling participant recruitment through intermediary contacts in my social network and the breastfeeding support organisation with which I am involved. Transparency about my background to my participants fostered trust and rapport with participant to share their lived experience with me.

I found the most challenging part of this research was the analysis process knowing that there were guidelines but not a strict prescription for how it should be conducted (Pietkiewicz & Smith, 2014; Smith et al., 2009) and previous researchers have performed IPA variedly because flexibility is acceptable within the approach (Brocki & Wearden, 2006). IPA's strength lies in its multilayer interpretation which transitions from descriptive to interpretative, emphasising an iterative approach and the hermeneutic circle (Smith, 2004).

Reflecting on my research journey, I found the supervision meetings and peer review process within my supervisors' research group was important to navigate the challenges and complexities of doing this research, especially during the analysis and making interpretations. The process enhanced the good quality and rigour of research (Biggerstaff & Thompson, 2008; Smith et al., 2009), demonstrating the triangulation through collaborative interpretation as part of the hermeneutic circle to achieve trustworthy, coherence and plausible results (Biggerstaff & Thompson, 2008; Larkin & Thompson, 2012).

Moreover, I found doing reflexivity and writing my research diary was crucial throughout this research journey. This enabled me to keep track, be sensitive and fully aware of anything that happened in the journey. Including my reflexive perspective in this dissertation is part of providing transparency to enhance the credibility of the study since my position was fluid as insider and outsider (Berger, 2015; Goldspink & Engward, 2019). My dual positionality facilitated immersion in making sense of participants'

experience from both insider and outsider perspectives, enriching the interpretative process through the dialogue with relevant literature.

However, there are still limitations from this study. For example, participants in this study primarily lived in urban areas and came from middle-class social status which might enable them to access various resources of support easier than mothers in less privileged circumstances. Even though the findings of a qualitative study might not be generalisable, the knowledge from this research might be transferable to other mothers' circumstances while also considered improving multi-layered support for breastfeeding mothers.

Understanding the mothers' experiences was filled with complexities which made presenting the writing up process another challenge to overcome. As I recognised the diversity in participants' experiences, sometimes being descriptive was also important as most of participants' experiences were based in specific contexts. Since IPA enabled freedom and a creative process in presenting the study findings, I chose to use the narrative style, without having to categorise experiences into themes, as it was difficult to do their stories justice if simplified into certain themes without explaining the whole context. In this last chapter, it is time to pull the threads together of what has been found in this research. This is also a collaborative work of me and my participants to produce knowledge and promote a better change to enable mothers to sustain breastfeeding as well as encouraging mothers' ecological system to support breastfeeding.

Understanding Breastfeeding-working-mothers' Experiences Within the Community Psychology Perspective

To summarise what had been found in this study, I recall that this study aimed to analyse and better understand the life experience of breastfeeding-working-mothers on their day-to-day lives involving the husbands and co-workers/supervisors as part of mothers' microsystem. There are three research questions that guide me to address the aims of this study and became the guidelines for the interview schedule for each group of participants to hear their stories to understand their experiences. They were:

- How do breastfeeding-working-mothers understand the importance of breastfeeding? How do breastfeeding-working-mothers manage the roles of breastfeeding and working? How do breastfeeding working-mothers make sense of the particular

challenges and psychological issues they face? What kind of breastfeeding support do mothers experience and expect? How do they cope with existing problems?

- How do fathers understand the importance of breastfeeding and their role in breastfeeding? How do fathers make sense of the particular challenges and psychological issues that breastfeeding working-mothers experience? How do fathers understand the challenges they experience while supporting their wives to breastfeed while working? How do they help their wives manage the roles of breastfeeding and working?
- How do co-workers and supervisors understand the importance of sustaining breastfeeding for their colleagues? How do they make sense of the challenges facing breastfeeding-working-mothers? How do co-workers and supervisors make sense of the need for sustainability of breastfeeding in the workplace? How do they understand government regulation applied in the workplace?

In summary, all participants in this study understood that breastfeeding is vital for babies due to physiological and psychological benefit. They also acknowledged that as working mothers, to succeed in breastfeeding even more challenging, full of struggle and was not easily achieved. After developing a deeper understanding of breastfeeding-working-mothers' experiences, I was astounded to discover that some of their struggles went beyond my own experiences, expectations and imagination. A mother's breastfeeding journey was filled with constant challenges, for some starting with the childbirth experience, where childbirth did not go as expected due to complications that disturbed attempts at breastfeeding. All mothers conveyed that their first breastfeeding experience was not easy, describing it using the metaphor 'bloody struggle' to express the pain and discomfort they felt. Mothers' bloody struggle was not limited to physical pain; some mothers also recognised having psychological hardship as first-time mothers.

Despite the physical and psychological discomfort, the mothers were aware of the challenges that could emerge in many layers such as family, society, workplace and policy. Working closely with breastfeeding issues made me realise that discussing breastfeeding is not merely an individual and biological issue. Hence, I used a community psychology-informed ecological framework as a starting point to explain that the success or failure in breastfeeding involved many parties surrounding the mothers because as an individual we cannot be separated from our social context. Within the ecological

framework, I focused my analysis on the dynamic relationships at the microsystem level, which refers to the environment or setting where an individual has direct interaction and is embedded in patterns of activities, roles, and interpersonal relationships with other people in the same setting(s) (Bronfenbrenner, 1979). This involved (but was not only limited to) the husbands and/or other family members in the home setting and the co-workers/supervisors in the workplace setting.

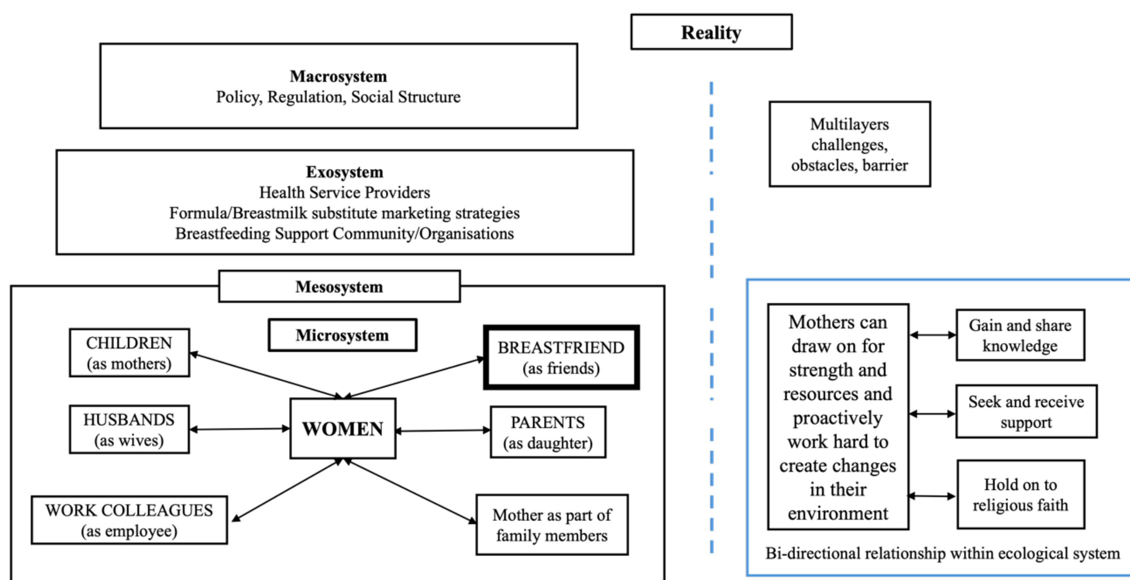


Figure 4. The Mothers' Ecological System

As explained in Chapter Two, Figure 1 showed the expectation of how microsystem to macrosystem provide support and protection that enabled breastfeeding for working mothers. However, the reality which mothers experienced showed that the system did not work well in providing support for breastfeeding as illustrated with the dotted blue line in Figure 4. Across three group of participants, I found resonating stories where breastfeeding mothers faced multilayered, socio-cultural, structural and systemic challenges. The challenges present through micro to macrosystem levels where there is interconnection that has influence between each system and the individual within the systems and the settings. As the analysis unfolded, I identified that some mothers and husbands lived with their extended family such as the grandparents, siblings, and aunts as well as nannies or domestic assistants. The involvement of the daycare in mothers' lives can also be included in the mothers' microsystem as well as other settings where mothers were involved directly in social networks.

There were challenges that came from people within the mothers' microsystems who were not aware the importance and benefits of breastfeeding and urged mothers to use formula. The perspective of using formula as something normal had become a collective understanding, influencing every level of the mothers' social ecologies. Suggestions for formulas for babies even emerged across three groups of participants' stories. The extensive marketing strategy and violation against the WHO code of formula marketing in Indonesia had caused breastfeeding to become unpopular and to be a solution for breastfeeding problems (Globalization Monitor et al., 2017; Hidayana et al., 2017).

While there are government regulations that regulate the marketing of BMS products, the implementation of these regulations is still lacking. For instance, Vivi and Ama, were even suggested formula by their healthcare providers, demonstrating that healthcare providers in the mothers' exosystem level also present challenges. By written regulation, healthcare providers should provide support in terms of breastfeeding education, assisting mothers with breastfeeding and playing an important role in increasing breastfeeding levels. Unfortunately, mothers' stories demonstrated some unpleasant experiences with healthcare providers who did not provide support the way mothers expected and needed.

Furthermore, the challenges involving mothers' exosystem and macrosystem can also be found in the workplace context. There was a gap between government regulations that support breastfeeding in the workplace and their practical implementation. Mothers' stories demonstrated that some of their workplaces still had not prioritised provided lactation rooms, possibly because of a lack of resources. For example, providing a lactation room that meets the government standards is costly. In addition, there may not be resources for workplaces to write internal policies that support breastfeeding mothers.

Even if the facilities are available, many were not in accordance with the government standards. Most facilities appeared to be merely a token effort by the institution to meet the requirements, but substandard efforts fail to guarantee the well-being of the mothers who use the rooms as the rooms may not feel safe and secure for pumping or breastfeeding in the workplace. It was another challenge some mothers had to face when they needed to pump milk for their baby.

Generally, it was the government-based workplaces that mostly complied with the government regulations. Only Ifa's story detailed one private institution that had a policy

to support breastfeeding and provided that support. After completing approximately three months of maternity leave, the mothers had to maintain breastfeeding for at least another twenty-one months to complete the recommended of two-years of breastfeeding. Maintaining breastfeeding over this length of time was difficult for mothers who worked in a setting that did not support breastfeeding in accordance with government regulations. The dynamic challenges the mothers had to face in their daily work life were further presented in Chapter Five, emphasising that mothers had to find ways to overcome the emerging and sometimes unpredictable challenges throughout their breastfeeding journey.

Apart from the mothers' stories, the challenges faced by the mothers are also acknowledged in the husbands' and co-workers/supervisor's stories. The husbands were present for their wives' breastfeeding journeys and witnessed their struggles. Even though they could not biologically breastfeed, they felt what their wives felt. Some of their stories resonated with the mothers' stories regarding the challenges in first-time breastfeeding experiences as well as daily struggles as working mothers. Furthermore, in husbands' perspectives, they also found it challenging in performing the role as husband and father in their family, while simultaneously supporting their wives because of the traditional gender norms in society. Their experiences also showed how they negotiated and countered the gender narratives that dictated their traditional roles as they tried to engage more and be present in their family. By sharing the husbands' stories, we can promote and give examples of what men can contribute in supporting mothers and the family and the impacts of such support on the family's wellbeing.

The co-workers/supervisors also recognised that managing breastfeeding and working was a highly demanding activity, especially when adequate facilities in the workplace were lacking. To conclude, this study highlights the significant gap in systemic support for breastfeeding mothers. Therefore, we need a comprehensive and systemic change that reach out from macro to micro level to better support breastfeeding for working mothers.

Despite the experience of challenges and hardships, all mothers were successful to maintain a long-term breastfeeding goal which showed that the mothers found the strength that enabled them to face any obstacles, sometimes helped to do so through the support of their husbands and the co-workers/supervisors.

The Stories of Strength

Despite the obstacles and challenges the mothers face, some mothers successfully maintain breastfeeding, and it became the concern of this study which was to learn how mothers acquired strength that helped them to push through against all odds. I have tried to explore factors that helped mothers to build strength by looking through the mothers' perspective and understanding about breastfeeding as a place to begin. I found that mothers' knowledge of breastfeeding was one of the sources of strength where mothers found it helpful in navigating challenges and reassured them that they were doing the right thing. They knew breastfeeding was important due to various reasons such as health and psychological benefits for mother and baby, as well as following their religious faith. Figure 4 describes the dynamics in the mothers' micro and mesosystems highlighted through the research project which showed the relationships, supports, challenges and complexities between mothers and the people in their microsystems.

Mothers gain knowledge from many resources within their micro and macrosystems. Interestingly, only Vivi mentioned that she was inspired by her mother and followed her mothers' path for breastfeeding. Except for Vivi, a mother's stance for breastfeeding was mostly not influenced by people in their microsystem in the home and family settings. Some participants reported that breastfeeding was not 'the norm' in their family. Mothers' stories showed that most of their knowledge on breastfeeding came from their 'breastfriend' in their social networks. Mothers learned from their breastfriend and became connected to breastfeeding support providers through them. The breastfriends were the people that mothers could count on whenever facing breastfeeding challenges.

Learning about mothers' backgrounds, they all had a higher education degree; they held at least a bachelor's degree, while some held a master's degree. I suggest that this gave the mothers the privilege to access information on breastfeeding through the internet and social media, as well as being surrounded by knowledgeable people in their social network (the breastfriends and work colleagues with similar experience). These also showed in the exosystem level, where there are breastfeeding support organisations who use the internet to provide information and where there are other mothers who share their breastfeeding journey on their social media. The internet connected mothers to them. I recalled that even the mothers could learn or be inspired by another mother's

breastfeeding journey without knowing them personally. Despite some mothers having a discouraging experience involving healthcare providers, some mothers experienced support from them as well which was helpful in overcoming their breastfeeding problems. The mothers were also financially capable to afford supporting equipment for pumping or expressing milk and they stored it in appropriate place.

Moreover, recognising the importance of breastfeeding, mothers became motivated and persisted with breastfeeding, and this was strengthened by the availability of support. Unfortunately, support was not merely given or provided to the mothers and being supported was not equally experienced. Since mothers had learned both from other mothers' experiences and their own experiences when facing breastfeeding challenges, they recognised that support was essential. In this study, I highlight the reality that mothers navigated their knowledge to proactively seek support. 'We' recognised that support from our significant others was important for us to survive the journey emphasising that microsystems are vital to the motherhood journey.

Moreoover, my research also emphasised the bi-directional relationship within the ecological, where changes in any part of the system might promote changes in other systems and this is illustrated in the blue box in Figure 4. When mothers insisted on breastfeeding but were surrounded by people in their microsystem who were uninformed about breastfeeding, mothers made the change by informing and sharing their knowledge with their husbands, families or colleagues in the workplace and asking for support from them. With sufficient support mothers became empowered, hence they influenced their surroundings in their families and workplaces, increasing awareness of the importance of breastfeeding and breast milk for infants.

Furthermore, for some mothers, the meaning of support was not always in a practical sense. It was the perceived support that mattered, even minimally. For instance, the acceptance from their husbands or other family members, as 'nobody says no' or hindered or questioned their intention for breastfeeding, was considered as support. The husbands also showed that they had strategies to perform support for their wives and their family realising that their roles are important. Learning from their experiences and sharing the responsibility in the family, acknowledges that both parents can be involved in managing their household including parenting and looking after the house and the family. In a broader context, the fathers who faced questions and concerns from others when they

were seen to be caring for their children and sharing the responsibility in their household provided role models for change that were visible to their communities. This challenged the societal norm where looking after children and the household is solely mothers' role.

Their stories showed evidence of the bi-directional interrelationship within mothers' ecological systems that might influence the provision of support in diverse ways. The supportive relationship within the family became one of the sources of strength that enabled mothers to sustain breastfeeding. This story is also confirmed by the husbands participant group, where most of them learned about and supported breastfeeding because of their wives.

In the workplace settings, mothers experience both challenges and support. Since the government policy that supports breastfeeding was not well implemented, it is, again, mothers' perception of support that can be highlighted in this study. For example, a lactation room that was below standard or in school settings where mothers were allowed to use any room available to pump milk or breastfeed was still perceived as support by the mothers even though the spaces were not ideal or fit for purpose. Moreover, mothers' experiences of support were mostly at the individual level through supportive relationships among work colleagues. This support was largely driven by individual understanding, empathy and solidarity. Even when conflict was present, for example from unsupportive supervisors or co-workers, the mothers stood firm by counting on support from their husbands/families and their supportive co-workers/supervisors.

Furthermore, I came to understand that in the context of breastfeeding-working-mothers, across ecological systems, each system presents challenges for the mothers. While support exists in each system, the mothers' microsystem predominantly strengthens the mothers. It seemed like mothers built their fortress involving their significant others at the family level and social networks as well as their work colleagues as allies to help mothers passing through the challenges of breastfeeding while working.

Women to Women Support: The Stories of Empowerment

Through this study, I also want to highlight that the experience of being supported and successful in overcoming challenges to survive breastfeeding made mothers become more

empowered and helped to navigate their experiences to promote changes. Mothers also learned from other mothers' experiences, giving them motivation, courage and strength to combat the challenges. Mothers' empowering stories can be seen for example in Beta's experience who fought for the establishment of a lactation room in her workplace. She showed her empathy and solidarity that she did not want her co-workers to experience her struggle with pumping. Some mothers such as Diana from the mothers' group, Armin's wife from the husbands' group and Indi and Vena from the co-workers/supervisor group even became milk donors for other babies in need. Since they had their breastfriend, they transitioned to be breastfriend to other mothers. Even if they had experienced unsuccessful breastfeeding, they could manage to support other women as it happened in Mira's story from the co-workers group.

These empowering stories among mothers resonated with the history of the women's movement in Indonesia. It was a bottom-up movement initiated by women. No matter how times have changed, the struggle of Indonesian women remains, and women continue to raise their voices to promote a better change. I recalled that the establishment of the non-governmental breastfeeding support organisation I joined was a bottom-up movement emerging from the founder's experience of difficulties in breastfeeding. She then involved other mothers in her social networks to help other mothers in need, even though it was voluntary work. Their movement somehow reached out to me, who was clueless about breastfeeding as I joined their breastfeeding class and became informed and motivated to breastfeed. Afterwards, initiated with other mothers whom I met in the breastfeeding class, together we established the organisation branch based in our city.

Since I found supportive and empowering experiences through my interactions with other empowered women, I felt inspired to advocate this issue with the expectation that I might be part of promoting a better change. Align with the community psychology approach, I was encouraged to amplify their voices: the voices of struggle fighting for their rights, the courage to stand their ground knowing that they were doing what was right, and their persistency to give the best for their children for the sake of the future generation.

"Each time a woman stands up for herself, without knowing it possibly, without claiming, she stands up for all women"

-Maya Angelou-

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APPENDIX 1. Manuscript Draft

DRC 16

STATEMENT OF CONTRIBUTION
DOCTORATE WITH PUBLICATIONS/MANUSCRIPTS

We, the candidate and the candidate's Primary Supervisor, certify that all co-authors have consented to their work being included in the thesis and they have accepted the candidate's contribution as indicated below in the *Statement of Originality*.

Name of candidate:	Nurfitria Swastiningsih
Name/title of Primary Supervisor:	Prof Mandy Morgan
In which chapter is the manuscript /published work:	

Please select one of the following three options:

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Candidate's Signature:	[signature]
Date:	29 April 2024
Primary Supervisor's Signature:	Mandy Morgan (Digitally signed by Mandy Morgan; Date: 2024.04.29 10:41:12 +12'00')
Date:	29 April 2024

This form should appear at the end of each thesis chapter/section/appendix submitted as a manuscript/ publication or collected as an appendix at the end of the thesis.

GRS Version 5 – 13 December 2019
DRC 19/09/10

WOMEN'S JOURNEY IN INDONESIAN HISTORY

When I lived at my parent's house, once a month at around 4pm, I always heard a group of women singing. I did not know the name of the song, but I recognised they always sang it at the beginning of a meeting. The meeting took place in a community hall in my neighbourhood, located across from my parent's house, and it was a meeting of the Pemberdayaan Kesejahteraan Keluarga (family welfare empowerment) or PKK movement. The meeting was attended by women in the neighbourhood. They gathered to talked to each other, to learn about government socialisation programs, watch cooking demonstrations and sometimes, kitchenware promotions.

Years later, after I had married, and moved out from my parent's house, I received an invitation to attend the local PKK meeting in my new neighbourhood. As a newcomer, I decided that attending would be a great way to acquaint myself with my neighbours, especially the women in the community. The attendees were always women and before the meeting began, one of the members handed us a piece of paper containing the lyrics of 'PKK March' song. We started the meeting by singing our national anthem, "Indonesia Raya" followed by the PKK march. At that time, I thought, "Oh… so this is the song that I used to hear long time ago". The lyrics say:

"Let's all Indonesian people to build immediately
Building a prosperous family with PKK
Understand and practice Pancasila for the nation
Living together with cooperation, prosperous in food and clothing
A peaceful and healthy home
Management within the household… tidy and beautiful
Educate the children to have the nation's personality, skilled and healthy
Develop cooperatives, preserve the environment and surroundings
Safe and happy, family planning. Long live PKK!"

My impression of the lyrics was that women should participate in the development of the nation. Our roles are important, predominantly in the family which are managing the household, to educate our children, ensuring family's health and wellbeing, while also taking care of the environment through participation in PKK. In summary, women should be involved in at least two areas: the family and society as expected by the state. Looking through the lyrics, I realised that it did not explicitly mention for women but for all Indonesians. Yet throughout my life, I have always been aware that PKK is associated with women. The meetings are always organised and attended by women, which all of them are wives, mothers or grandmothers.

Interestingly, this organisation is under government supervision as our activities are monitored by the government. Through my involvement, I became aware that the administrators must take minutes meeting result and report to the local government

authorities of our activities. Moreover, the government usually socialised their program or information through our meetings. Since PKK is described as an empowerment program, through thinking about the lyrics of their song, I started to wonder, does ‘empowerment’ truly reflect the position of women in Indonesia? I became interested in the stories of Indonesian women and how such an organisation may have evolved; hence I began this journey of following the history of local women’s movements.

I soon found that discussing women’s journeys through history in Indonesia cannot be separated from the history of Indonesia itself. Indonesia has a long history as a nation under the rule of European countries, especially the Dutch, and the Japanese. The women’s movement in Indonesia began during the colonial era and is still developing to this date. As a movement, women gathered to promote their interests as they did in other nations globally. According to (Martyn, 2005), the term ‘women’s movement’ is defined as female-membership groups and includes individual women who seek to represent women’s interests. These interests include practical and strategic gender issues, as well as nationalist, class, ideological, religious, and other identity issues. They have women-centred objectives and are involved in articulating women’s demands, documenting women’s conditions, and endeavouring to make changes to society that are beneficial for women. The movements in Indonesia met this definition, historically.

Through this article, we invite you to accompany us on the journey through the history of women’s movements in Indonesia through which women have endeavoured to find a place within themselves within society to effect change. By following these journeys, we emphasise women’s concerns in Indonesia historically to the present day, highlighting areas where women’s organisations have sought justice and equality and to amplify their voices. Our history of the movement specifically focuses on Java island because Java was, and still is, the most densely populated, the centre of political life, the most developed and colonised area, and consequently where Indonesian feminism was born and developed (Locher-Scholten, 2000). Java was also the place where Indonesia subsequently proclaimed its independence. We’ve also included the following timeline as a guide to refer to as we go along, as an acknowledgement of the complexity of Indonesian history, starting from the 1700s.

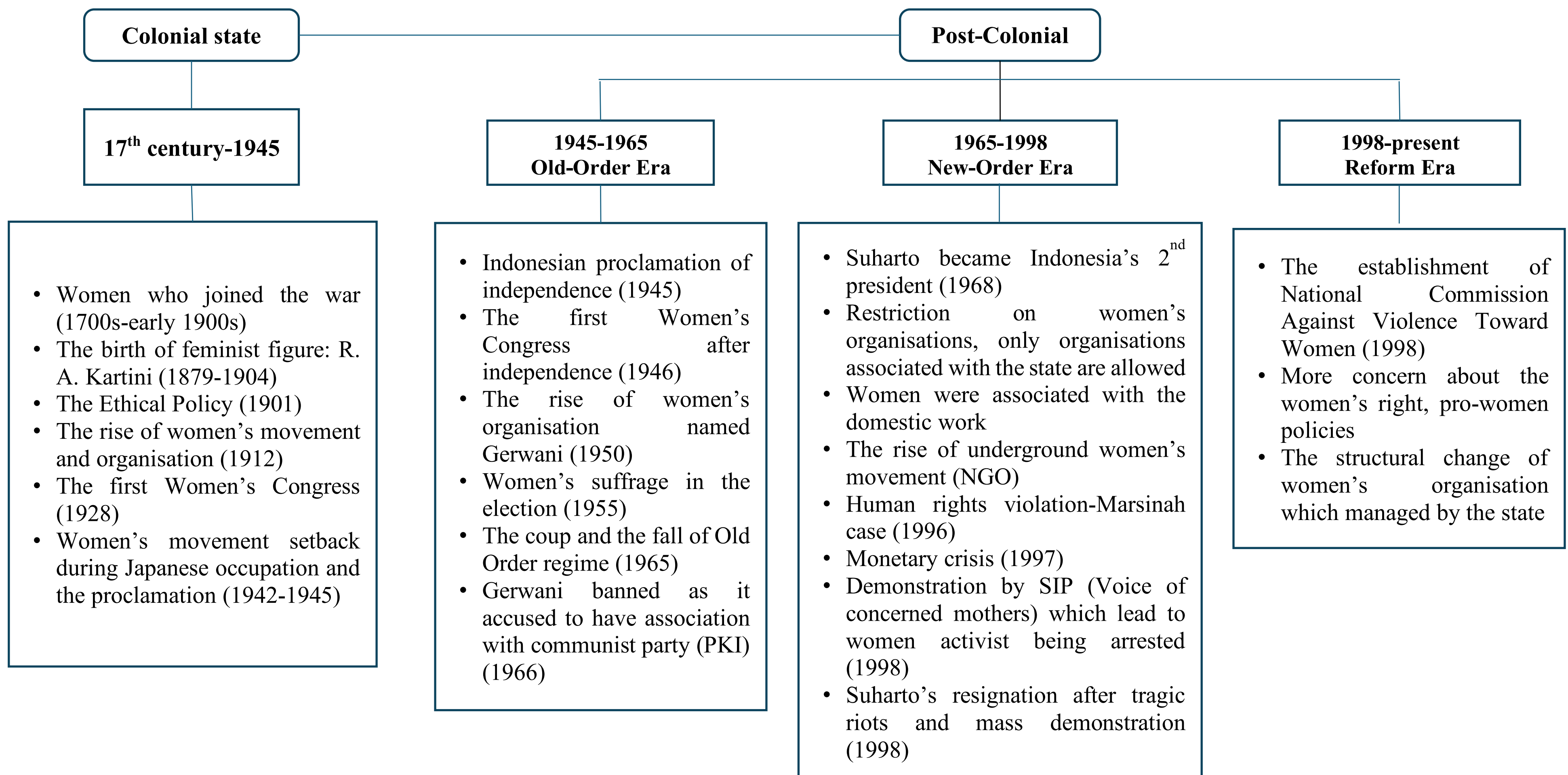

Figure 1. Timeline of women's journey in Indonesia

The Colonial State

Women Who Joined The War

Throughout the history of Indonesia especially during 17th-19th centuries, European nations such as the Dutch and British invaded Indonesia as a result of global revolution in the western world (Doel, 2010). The invasion aimed to explore the natural resources which led to the birth of the colony of the Dutch East Indies (former name of Indonesia) settled by the Dutch. This situation resulted in the emergence of the resistance movement with the example, in Java, of the well-known as the Java War (1825-1830), led by Prince Diponegoro, a Javanese Prince. During this time, there were many women involved in fighting against the Dutch. Some of them included Raden Ayu Ageng Serang (1753-1828) who was an advisor of Prince Diponegoro; and Roro Gusik in Central Java; Cut Nyak Dien (1850-1908) and Cut Meutia (1870-1910) who were active in Aceh's military campaigns; the daughter of Pangeran Surjansjah in Kalimantan; Martha Tiahahu in Maluku; and Emmy Saelan in South Sulawesi (Martyn, 2005; S. E. Wieringa, 2010). Due to their dedication, all of them are known as national heroines. They joined the war, fought and rebelled against the Dutch, using weapons. In addition to the story of the heroism of women who took part in the battlefield, a woman was born in Java who had thoughts that surpassed other women in her era. Her name was Raden Ajeng Kartini, an Indonesian priyayi (royal nobility) and through her stories, she has been acknowledged as initiating the beginning of Indonesian feminism.

Kartini, The First Feminist Figure

Raden Ajeng Kartini was born in 1879 and died in 1904 at the age of 25 due to complications in childbirth (Locher-Scholten, 2000; Siswanti, 2009). 'Raden Ajeng' is a peerage for Javanese women. She is known as the pioneer who brought the issue of rights for Indigenous Indonesian women to public notice (Siswanti, 2009). She fought for women's education, promotion of monogamy, and re-evaluation of Javanese indigenous culture (Locher-Scholten, 2000). Her focus was to uplift the Indonesian voice, especially women's voices and increase their knowledge through education. After her death, the women's movement in Indonesia remained focused on these social issues during the colonial state and the post-colonial state.

Kartini came from an aristocratic family in Java (Coté, 2014; Siswanti, 2009). Her father, named Raden Mas Sosroningrat, was a Regency Chief of Jepara, a city in Central Java. Kartini's mother, MA Ngasirah, was her father's first wife but not the most important one. As the Regency Chief of Jepara, he had to marry a member of the nobility according to colonial regulation. Since polygamy was common practice at that time, he then married Raden Ajeng Moerjam, a direct descendent of the Raja (King) of Madura, to lift his status because his first wife was not of sufficiently high nobility.

During her childhood, Kartini was given the opportunity to study at a local Dutch Primary School with her brothers and sisters. It was a highly unusual opportunity for Javanese girls to get an education. According to (Locher-Scholten, 2000), at the beginning of the colonial state, education was only available for elite indigenous Indonesians (Javanese),

especially men. Moreover, many Javanese elites preferred to send their sons to school and not their daughters (Siswanti, 2009). While the elite indigenous Indonesian women still had the opportunity for education, poorer women commonly worked in the agricultural or farming area or else they became household servants for the Dutch or elite Indonesian families, focusing on the house and domestic-related activities. Employment for these women was a necessity for economic reasons, primarily to meet the everyday needs of their families. In contrast, European women served their families by staying at home and not doing paid work. For these women, not working showed their life's prosperity. Fortunately for Kartini, due to her father's status and the strong intellectual tradition in her family, her father had a progressive view toward education.

Kartini was in school until she was 12 years old which means she got the opportunity to participate in activities outside the house until that age, before being secluded at home as she reached puberty. Based on Javanese nobility traditions, after a girl reached her puberty, she was not allowed to leave her parent's house, and had to live strictly isolated from the outside world until she was married to a man arranged by her parents (Blackburn, 2004; Coté, 2014; Siswanti, 2009).

Kartini continued to educate herself during her seclusion and she tried to advocate for women's need to be self-supporting (Blackburn, 2004). Her father was apparently more tolerant than most, allowing her to teach herself by reading books, magazines, and European literature, where she found an interest in European feminist thinking. She continued her education informally with Marie Ovink-Soer, the wife of the local European colonial official, and had discussions with her elder brother, Sosrokartono, who had the opportunity to continue on to higher education in another city(Coté, 2014). With her ability to speak Dutch, she began writing to pen friends, sending them letters that showed her thoughts and restlessness about the condition of indigenous women in Indonesia who had a very low social status (Blackburn, 2004; Siswanti, 2009).

Kartini's correspondence with her Dutch friends displayed her arguments about the importance of education for women. She was influenced by the Dutch feminists and deepened her concerns about improving education, public health, economic welfare, and traditional arts in her country. Kartini and her sisters promoted education for women as the key to fight child marriage and polygamy (Blackburn, 2004). In her 1903 memorandum, Kartini argued that women should be educated because they will be the mothers of the future generation and that the progress of the Javanese people can never adequately advance if women are being excluded (Martyn, 2005; Siswanti, 2009). She was also concerned by the deplorable conditions she herself observed and experienced, including marriage at a young age, polygamy, easy divorce and arranged marriages, and it concerned her that women did not have the chance to express their disapproval or pursue their own ideals (Locher-Scholten, 2000).

Kartini's outspokenness and emphasis on the importance of education for women was partly due to a new education policy introduced by the colonial government (Blackburn, 2004). J. H. Abendanon as the colonial Director of Education and his wife, Rosa Abendanon, were impressed with Kartini's thinking, hence they encouraged and

supported Kartini with her educational ambitions. This education policy however, was part of the Ethical policy introduced by the Dutch colonial government in the early 1900 and although it improved the education and communication that enabled a small number of women, like Kartini, to challenge traditions that oppressed women, these privileges were not available to all (Blackburn, 2004).

Even though she criticised the Javanese practice of polygamy and arranged marriage, she could not resist her father's decision to accept a marriage proposal from the Bupati (head of the region) of Rembang, Central Java. She agreed to marry as the fourth wife of a man 25 years older than herself. Her acceptance came with the condition that he would support her ideas, allow her to open a school for girls, and that her relationship with her husband would be equal as a friend and a colleague (Siswanti, 2009).

Kartini passed away at the age of 25 after giving birth to her first son. Her story became famous after the publication of one of her letters in 1911 by a Dutch friend (Blackburn, 2004; Locher-Scholten, 2000). Her letter was important because it represented the dissatisfaction with the norms of women’s roles and the injustices they faced, as well as her hope for freedom, independence, and emancipation (Martyn, 2005). Subsequently, she played a major role in the recognition of Javanese women’s feelings and needs (Blackburn, 2004).

Kartini’s social position and dedication established her as an iconic symbol of the awakening of women's emancipation and the women's movement. In 1964 she was acknowledged as the national heroine by Indonesia’s first president, Soekarno (Coté, 2014; Martyn, 2005). She has become one of the most well-known Asian figures in the international women’s movement and she is the figure of the transformation of women, a tireless and effective advocate of women’s education and emancipation. Her birth date, 21st April, is commemorated as Kartini Day.

The “Ethical Policy”: Enabling and Constraining

I recall to the education policy that opened up the opportunities for Kartini to advocate education for women. This policy was part of the modernization policy known as the ‘Ethical Policy’, in the early 20th century (Locher-Scholten, 2000) proposed by C. Th. Van Deventer and proclaimed by the Kingdom of the Netherlands through Queen Wilhelmina's speech in September 1901 when opening the Staten General session. The policy included the idea of political renewal for the Colonial Land which referred to Dutch East Indies, the previous name for Indonesia imposed by its colonisers (Sumarno et al., 2019). Moreover, Van Deventer’s concept was to advance and improve the fortune of Indonesian people by recommending what has been termed as his trilogy concept: education, irrigation and emigration (Sumarno et al., 2019).

The introduction of the ‘Ethical Policy’ in Indonesia was seen as a demonstration of humanitarian concern for colonial subjects. It included goals such as the introduction of a welfare policy, and in terms of modernization, it sought to change ways of dealing with colonial countries, such as ‘uplifting and enlightening’ the indigenous population, and

transforming the education system in Indonesia (Coté, 1996; Siswanti, 2009; Sumarno et al., 2019; Zainu'ddin, 1970). However, Sumarno et al. (2019) suggests that the implementation of the policy was driven by human and economic issues; hence, the policy was carried out in accordance with the interests of and benefits to the Dutch colonists, representing a new form of colonialism over Indonesia (Weber et al., 2003).

The education system provides an example of how compliance with the demands of the Ethical Policy were met. Instead of an ideology that everyone should have the opportunity to be educated, the system was focused on getting educated workers to fulfil the demand of low-ranking workers with low wages (Sumarno et al., 2019). The irrigation projects were aimed to improve rice production (Zainu'ddin, 1970) and irrigate sugar plantations owned by the Dutch (Sumarno et al., 2019), while indigenous lands remained 'unnoticed'. Moreover, emigration was applied to *kuli* (unskilled labour, poorly paid and badly treated) and contractual workers with the motive to expand Dutch owned plantations outside of Java.

Despite the continued exploitation, the implementation of the policy brought benefit to Indonesian people with increased opportunity for education even though they were by no means equal. The education system was divided into two class levels. The First Class was for the priyayi (high nobility/elite groups) children where they taught Dutch language lessons. In contrast, the Second Class was for the native children in the village to learn writing, reading, and counting without the Dutch language lessons (Sumarno et al., 2019). According to Weber et al. (2003), the privileges in education given to elite groups was only to maintain loyalty to the colonists so they could maintain their power.

However, the chance for an education benefitted Indonesian women. Between the 1920s-1930s the literacy rate among Indonesian women increased, especially for the Indonesian elite, but it was still below the literacy rate for Indonesian men and despite the policy, most native Indonesians remain illiterate (Locher-Scholten, 2000). On the brighter side, the opportunity for education encouraged others inspired by Kartini's insights to transform the construction of womanhood and liberate women through education (Blackburn, 2004). Others who continued Kartini's struggle included Kartini's sister, Dewi Sartika who established a girl's school in West Java, and Rohana Kudus and Rahmah Al Yunusiyyah in West Sumatra. Rohana Kudus, well-known as a woman journalist and the co-founder of Sunting Melayu newspaper in West Sumatra, reached woman readers and also advocated education for women.

The Ethical Policy, therefore increased the number of educated Indonesian men and women and also lifted the spirit of nationalism. Hence, it led to the commencement of the first women's organisation and alongside the nationalist movement which was mostly managed by men in a supportive role, they initiated the movement that later challenged colonialism.

Women's Movements and Organisations: A Turn to Public and Political Concerns

Women's organisations began developing during 1910s where the first Indonesian women's organisation named Poetri Mardika, was established in 1912. This organisation

was closely connected to the first Nationalist party, Budi Utomo. At this time, women's organisations remained focused on social issues such as education, polygamy, and welfare. They were not concerned about the political issues, such women's suffrage. Instead, these women's organisations occupied supportive roles to leadership positions that were occupied by men (Locher-Scholten, 1999; Martyn, 2005).

According to Locher-Scholten (2000), in the 1920s nearly every city in colonial Indonesia had a women's organisation, while Nationalist parties and the modernist Muslim non-political movements like *Muhammadiyah* either included educated women or had women's branches that were more or less independent. *Aisjijah* (now Aisyiyah) was the name of the women's wing of *Muhammadiyah* established in 1917 (Martyn, 2005; S. E. Wieringa, 2010) and this was followed in 1931 by the *Nasyiatul Aisyiyah* which focused on the young women or the young generation of *Aisyiyah* (Syamsiatun, 2007a). *Aisyiyah* itself endorsed the importance of education and an extended role for women (Robinson, 2009). Women were also encouraged to be involved in public areas despite their responsibility to take care of the children, as a part of Islamic teaching. Hence, *Aisyiyah* programmes included establishing kindergartens, young women's vocational schools teaching home and economics, as well as a midwifery school.

The Indonesian women's movement finally reached a milestone through the first Women's Congress which was held on 22 December, 1928 (Blackburn, 2007; Locher-Scholten, 2000). This Congress led to the federation of women's organisations which in 1930 became known as *Perikatan Perhimpunan Isteri Indonesia* (PPII or Federation on Indonesian Wives' Organisations). While this held a position within the nationalist movement, it refrained from political and religious issues to prevent conflict between women's organisations due to their stance: secular feminist or Islamic based. Congress was attended by several women's organisations' representatives, mostly from the Java islands such as *Aisjijah* from Yogyakarta, *Poetri Boedi Sedjati* from Surabaya, *Wanito Oetomo*, *Poetri Indonesia*, *Darmo Laksmi*, *Roekoen Wanodijo* and *Jong Java*. All of these organisations came from different social, economic, and religious backgrounds, particularly, Muslim and Christian Catholic. In this first congress, the focus was the urgency of education for women (Blackburn, 2004) and included a debate that related to religious views, especially Muslims, regarding polygamy (S. E. Wieringa, 2010).

In 1930, a newly formed organisation called Isteri Sedar (the Conscious Women) chose to open for political activities and influenced the women's movement to become alert to economic questions, labourers, and the problem of illiteracy among the rural population (Locher-Scholten, 2000). This organisation was more radical and uncompromising about polygamy and divorce, and that created a profound difference with the Islamic women's organisations due to the different views on polygamy (Locher-Scholten, 2000; S. E. Wieringa, 2010). According to Islamic teaching, polygamy is permitted as long as it is in accordance with Islamic provisions. During this time, the differences of opinion of the pros and cons of polygamy continued to occur between the women's organisations. Hence, the Congress in 1935 agreed to put aside this issue and focused on giving assistance to women who experienced injustice in their marriage to avoid the conflict (Martyn, 2005).

The next women's Congress meetings were held in Jakarta (1935), Bandung (1938) and Semarang (1941). The Congress continued the work on the issues championed by Kartini such as women's status and progress, marital and divorce law, child marriage, childcare, women and Islam, health, economic and labour issues, and women's suffrage. Education was deemed important, especially to increase the literacy rate (Martyn, 2005). The third Congress held in Bandung decided to declare the date of the first Congress, 22 December, to be the day of United Women's Movement in Indonesia to fight for the esteem and dignity of Indonesian women (Blackburn, 2004; Martyn, 2005). However, President Soekarno issued the Presidential Decree No. 316 in 1959 to set the date of 22 December as Mother's Day which unfortunately reduced the meaning of it to that of its western counterpart. Indonesian feminists to this day are trying to restore and clarify the meaning of Mother's Day to its original significance; that is the struggle for women's equality in Indonesia as intended by the Congress (Arivia & Subono, 2017).

Between the early 1920s-1940s the women's movement, through women's organisations, grew rapidly. Focusing on education, combatting injustice faced by women as well as focusing on women's issues and locating them within the nationalist movement (Martyn, 2005). Unfortunately, this remarkable progress was confronted with another setback, as in 1942 Japan started its occupation in Indonesia.

Changing Directions - Japanese Occupation and Subsequent Revolution

During World War II, Japan conquered the Asian archipelago and 1942 was the first time Japan invaded the Dutch East Indies, ending Dutch colonialism (Locher-Scholten, 2000; Ricklefs, 1981). The Japanese colonisation happened during 1942-1945 and at this time there was a setback to nationalist organisations including the women's movement due to the Japanese colonial government (Martyn, 2005; S. E. Wieringa, 2010). The Indonesian women's organisations were banned, and only Japanese women's organisations named Fujinkai were allowed to operate. Fujinkai's main activities were to support the Japanese war effort, for example providing first aid, communal kitchens, sewing uniforms, home farming, eradicating illiteracy and promoting social and health care (Martyn, 2005). Any violation against Japanese authority resulted in the person being blacklisted, imprisoned, or murdered. The Fujinkai's concept of Asian women was a conservative model of femininity where women's duties related to domestic activities such as assisting their husband, children and community (Martyn, 2005; Robinson, 2009).

The condition of Indonesian citizens was very poor, and they faced difficulties surviving daily life and labour exploitation. There was also a fear among women due to abduction, sexual exploitation, and a system of forced prostitution during the Japanese occupation (Martyn, 2005; Robinson, 2009). However, oppression by the Japanese regime bolstered the spirits and resistance of the nationalist movement (Martyn, 2005; S. E. Wieringa, 2010). The nationalist organisation remained working underground and the Indonesian language was increasingly being used and heard throughout the national radio, which formerly was in Dutch. Schools started to replace Dutch language with Indonesian, and many women and girls began to feel the sense of being Indonesian. For indigenous

Indonesian women, the nationalist feeling strengthened and helped shape their roles in the revolution (Martyn, 2005).

In 1945 the Japanese surrendered due to the atomic bombs that exploded in Nagasaki and Hiroshima (Sluimers, 1996). This left a power vacuum in Indonesia. On the 17th of August 1945, Indonesia proclaimed its independence and established the Republic of Indonesia (Martyn, 2005; Robinson, 2009). Women took part in the proclamation and had the feeling of conflicting emotions: the overwhelming need to be involved, and the uncertainty about what to do. Women's groups produced hundreds of Indonesian flags coloured red and white and distributed them to villages as the symbol of nation-state recognition.

After the proclamation in 1945, Indonesia still struggled for independence for the first four years. The Netherlands still attempted to occupy Indonesia with the help of the Allies, and this led to the Revolution between 1945-1949 (Robinson, 2009). During this time, women took on important roles in caring for wounded soldiers and refugees, including women and children (Blackburn, 2004; Robinson, 2009). The women were able to do this because the Japanese had trained them during their occupation through Fujinkai (Martyn, 2005) and this gave Indonesian women the skills to perform this role at that time.

Moreover, some women joined the military action, but few women took up arms. Some women became members of *The Lasykar Wanita* (women's guerrilla units), *Barisan Srikandi*, women's troops in Java, Sumatra and Sulawesi (Martyn, 2005; Robinson, 2009). They sewed uniforms, transported arms and information. Together with other women's organisations, these women worked under the Indonesian Red Cross. They organised communal kitchens to provide food and supplies, clothing, and shelter for refugees. They drove ambulances, became couriers and passed information or notes to the soldiers, all without raising suspicion because they acted like market traders.

At this time, Indonesian women started another journey to find their position nationally after women's equality endeavours suffered a setback during the Japanese regime. The women's organisation reformed, and they fought for equal rights in politics, education, and work (Darwin, 2004; Robinson, 2009). They were concerned with the injustices and discrimination experienced through the discrepancies between the roles of men and women which had also been a concern of Kartini during coloniality. This was taken to the first women's congress after independence to unite the women's organisations in 1946. The congress was known as the *Kongres Wanita Indonesia* or *Kowani* (Indonesian Women Congress) initiated by Maria Ullfah Santoso and Sujatin Kartowirjono (Robinson, 2009). Kowani brought up the issues of equal rights, marriage reform policy, employment, and health. Once again, the request to end polygamy was dropped due to disagreements among Islamic and non-Islamic groups since polygamy is allowed in Islamic teaching with certain conditions.

Furthermore, Indonesia was in transition to build the statehood and stabilise the governmental and political situation. As an acknowledgement of equitable status, two women were appointed as ministers in the new cabinet, Maria Ullfah Subandio as Minister of Social Affairs (1946-1947) and S.K. Trimurti as Minister of Labor (1947-

1948) (Blackburn, 2004; Martyn, 2005). Indonesia transitioned into the beginning of the new era starting from the 1950s, establishing sovereignty with Sukarno as President.

The Post-Colonial State

Since Indonesia proclaimed its Independence Day in 1945, it has experienced three governmental eras. The first one, known as the Old-Order, was led by Soekarno as Indonesia's first president followed by the New-Order era led by Soeharto as the second president, who was in power for more than 30 years. After the Soeharto regime fell, Indonesia began the Reform era.

The Old-Order Era – Recognition in the Public Sphere

According to Darwin (2004), during the Soekarno regime, women's rights became recognised in political matters. An important win was women's suffrage in the 1955 election; women could now vote and become members of parliament. There was also a new law passed accommodating the request for gender justice that stated the requirement for equal pay for the same job position between men and women. This law was one of the important accomplishments of the Indonesian women's struggle at that time.

In 1950, there was a strong women's organisation named Gerakan Wanita Indonesia or Gerwani (Indonesian Women's Movement) which was a continuation of the Isteri Sedar organisation. It was known as the Socialist Feminist Movement where members were highly educated women who possessed more progressive political awareness (Arivia & Subono, 2017; S. E. Wieringa, 2010). Gerwani was considered to be the first women's liberation movement which intended to bring equality for women (Arivia, 2008). Their grassroots agenda was to improve education for women, to advocate for land reform and to campaign against polygamy. The organisation was abolished by the Indonesian army during the 1965 coup because Gerwani aligned with the communist party named Partai Komunis Indonesia (Indonesian Communist Party) or PKI (Blackburn, 2004).

At the end of the Soekarno regime, Indonesia experienced hyperinflation and political tension between the PKI and the army. According to Wieringa (2003), there were three interpretations of the coup event. The army version positioned PKI as the puppeteer behind the 1965 coup that was orchestrated through its Special Bureau. PKI suggested it was an intra-military affair and it was also suggested that Soeharto and possibly the U.S Central Intelligence Agency (CIA) were behind the conspiracy to break the power of PKI. During the 1965 coup, six generals were abducted, and their bodies were reported to have been mutilated. There were rumours about Gerwani members who were said to have danced around the abducted generals and mutilated their bodies and genitals. These rumours spread across Indonesia and created a damning image of Gerwani. Later, this belief was used by media and the army as propaganda, and led to Gerwani being banned in 1966. However, autopsy results showed there was no evidence of mutilation (Darwin, 2004; Robinson, 2009; S. E. Wieringa, 2010) and Gerwani's involvement remain debatable.

The New-Order Era – A Woman's Place is in The Home

After the 1965 coup, Soeharto became the second Indonesian president in 1968 according to the General Session of People's Consultative Assembly. There were many changes among Indonesians in terms of political views and ideologies that impacted on understandings of social values and issues such as democracy, human rights and also the women's movement. The regime, called the New-Order, was built on a military and patriarchal model of discipline and repression that endorsed social inequality, including women's subordination. Women's political ambitions were discredited and funnelled to powerless organisations that were initiated by the government for them (S. E. Wieringa, 2003). This New Order was in place from 1965 until 1998 (Blackburn, 2004).

The New Order regime considered women's worth to be based on their biological functions (Blackburn, 2004). This was related to the *'kodrat'* (nature of a women/natural destiny) where women's roles are to give birth, look after the children and manage the household, locating women as selflessly serving their families, especially their husbands. The new order image of a 'good woman' and the state's nationalist expectations of her contributions, limited women's ideal citizenship to raising, nurturing and educating a new generation to be qualified and capable to contribute to the advancement of the nation.

The concept through which the state positioned women is known as a State *Ibuism* (state motherism) as introduced by Indonesian feminist scholar Julia Suryakusuma, developed from the concept of *Ibuism* from Djajadiningrat-Nieuwenhuis (Blackburn, 2004; Manzo et al., 2019; Robinson, 2009). The term *"ibu"* literally refers to "mother" linking to women's *'kodrat'* where women are soft, gentle, speak softly, put aside their interests to obey their husbands and fathers and become compliant wives, mothers and dutiful daughters (Wieringa, 1992). Furthermore State Ibuism as mentioned by Julia Suryakusuma explained how the government in the New Order era introduced women's 'self-devotion' to the state without reward (voluntarily) to meet government goals (Wicaksono, 2017).

There was disappointment with the New Order era for Indonesian because of increased religious and gender discrimination (S. E. Wieringa, 2010). The Islamic organisation and women's movement were under political pressure by the government and had their activities limited. They were allowed to hold recitation meetings (*pengajian*) and conduct charity programs for poor women, but they could not reveal the injustice happening under the New Order governmental era. The Order's ideology put the family as the cornerstone of the nation and valorised the wife as "pendamping suami" or the companion at the husband's side (Robinson, 2009).

The government only allowed women's organisations established by the state. Some of the recognised organisations were Dharma Wanita (an organisation for elite women, the wives of civil servants); a village women's organisation which incorporated the new state organised *Pemberdayaan Kesejahteraan Keluarga* (PKK) or Family Welfare Empowerment Movement; Dharma Pertiwi and Persit Kartika Candra Kirana (an organisation of Indonesian military or army wives) (Darwin, 2004; Robinson, 2009). Dharma Wanita placed women in supporting roles, to serve the government, were

involved in voluntary works on charity projects, and endorsed becoming compliant wives to their husbands (Arivia, 2008).

Reflecting on Indonesian women's history, I wonder why the Government would create an organisation based on the husband's occupation as primary and how it is that women's organisations and equity for women could be perceived as such a threat if independent entities, yet useful as Government initiated. Domination and control of women's organisations appeared to be a way to pacify and render docile a large proportion of the population. The PKK was a government orchestrated organisation that reached out to the villages and small districts throughout Indonesia (Robinson, 2009; Wieringa, 1992). It was strategically constructed by the New Order hierarchically, from the government to the ordinary citizen.

While it claimed be empowering and uplifting women's importance and place in the nation, in reality, it restored women to the domestic sphere with a focus on their family as a women's main role. The PKK employed the *Panca Dharma Wanita* (Five Duties of Women) which are: to be a loyal companion of their husband, to procreate for the nation, to educate and guide their children, to regulate the household and to be a useful member of society (Wieringa, 1992). This confirmed the concept of *Ibu*, for women (as good citizens) to be obedient and bow to the authority of their husbands, fathers and eventually to the *Bapak Pembangunan* (Father of Development), President Suharto (Robinson, 2009). I recall being at primary school, learning that the first president, Sukarno, was renowned as the Father of Proclamation (*Bapak Proklamasi*) while the second president, Suharto, was the Father of Development (*Bapak Pembangunan*). My grandfather once gave me a book titled Anak Indonesia dan Pak Harto (Indonesian children and Pak Harto). The book is a collection of letters from Indonesian children to their President, talking, asking, or just sharing their stories about everything. They read like letters from a child to their father. Remembering these stories helps me understand how the image of father (to the nation) enabled Suharto's position of protector, while simultaneously perpetrating the submission and subjugation of women.

Wieringa (1992) explained the comparison between two major mass organisations that reached urban and rural areas in the Old-Order and New-Order era namely Gerwani and PKK. Gerwani was an organisation independent of the government. Conversely, within the New Order, the PKK was led by a government appointment, who should be a wife of a man who held a top position in the governmental structure. Even though these women did not have leadership skills or interests with PKK, as long as her husband was a leader of region, she would automatically be the leader (Wieringa, 1992).

The PKK was and continues to be under the control of Ministry of Internal Affairs (Blackburn, 2004; Robinson, 2009) hence the leaders of the PKK for all branches are always the wives of state officials in hierarchical order, such as the wife of Minister of Internal Affairs, the wives of the governors, the wives of the majors, and so on to the lowest level of governmental system. The ideology of PKK is constructed contrary to Gerwani: the image of womanhood is obedience, not fighting for equality and independence. In society, the PKK activities were exemplified by making garlands,

sewing and cooking. However, they did not need to do the revolutionary activities that Gerwani had done (S. E. Wieringa, 2010). This was because they have given a place by the government to be involved in the society as a part of the nation and it was enough for women at that time. However, we might need to look further whether the activities within the organisation which predominantly led by privileged women reflected the true desires and aspirations of the members especially for the less privilege women.

Moreover, while PKK put women in subordinate positions, loyal and supportive towards the government program, Gerwani encouraged women to be critical, vocal and involved in politics as the way to combat injustice especially towards themselves. Accordingly, during the new-order regime, any women's organisation which tried to protest or showed their disagreement towards government was labelled as leftist and seen to be a threat (S. E. Wieringa, 2010). As I was born in new order era, during my youth, discussing Gerwani was considered as taboo since it was connected with the dark history of communism.

There was no autonomy for women's organisations to raise their issues of concern in public life. Their space was restricted, and they could not speak against the government. Women activists perceived this as suppression of ideas and against democratic ideals (Darwin, 2004). They could not talk about oppression or be critical; questioning government politics was a taboo that led to accusations of subversive conduct (S. E. Wieringa, 2010). Women's place in society was perceived as their *'kodrat*' (natural destiny), which associated men's role as the breadwinner while women were the child-rearers and housewives (Blackburn, 2004). However, in reality, most of the poor Indonesian women were fighting to be the income-earner alongside the men through economic necessity. All of these conditions showed how the concept of State Ibusim, regulated women's contribution to be a good citizens through Panca Dharma Wanita.

Based on oppression of the women's movement, the non-governmental organisations (NGO) started to grow underground (Blackburn, 2004; Darwin, 2004). Organisations flourished, including one focusing on being the voice for women's labour issues; another on women migrants labour issues; another of middle-class activists working towards removing gender inequality in Indonesia; as well as, women's crisis centres; and a women's justice organisation which emphasised the issues of women's rights rather than the women's duties emphasised by the government (Blackburn, 2004). The oppression of the women's movement did not stop women from continuing to raise awareness about discrimination and injustice because the efforts to change the law to protect domestic violence victims, women trafficking victims, and those in witness protection had been unsuccessful up to this point (Darwin, 2004).

As the government limited women's and religious based organisations, *Nasyiah* as one of the Islamic mass organisations associated with *Muhammadiyah* tried to adjust to the state's gender ideology in order to carry on their activities. Focusing on young Muslim women, *Nasyiah* took a self-reliant stance to strengthen and maintain their program and stayed apart from directly participating in gender ideology debates and politics towards the government (Syamsiatun, 2007b). Accordingly, *Nasyiah* promoted active economically independent women, facilitated entrepreneurship and leadership training

for young women, education, *da'wah* (religious proliferation), political education and journalism that might enable women to be independent in navigating their own life.

Despite the limitation and domestification faced by women, there was one positive state contribution to the women's struggle - that being the establishment of marriage law called UU *Perkawinan tahun* 1974. This could be seen as a symbol of the state supporting women's issues even though it was only applied to government employees (Darwin, 2004). The law placed a strict limitation on male government employees regarding polygamy. It was opposed by the Islamic politicians on its inception and was then revised to allow the practice of polygamy if they could meet several requirements, one of which was getting permission from the first wife. At this time, the government also formed the Ministry for Women's Roles with the first woman Minister appointed in 1978. There have been several name changes for the ministry since then, including the State Minister of Women's Affairs and currently the State Minister for Women's Empowerment (Blackburn, 2004; Darwin, 2004).

Towards the end of the new order regime, a monetary crisis hit Indonesia in 1997 due to a corrupt governmental system that had steered the country into debt. Another problem that arose was the increasing number of human rights violations against the resistance movement, for example, the mysterious disappearance in 1996 of 24-year-old woman named Marsinah, a labour activist who consistently fought for workers' rights (Arivia & Subono, 2017). Missing for three days, she was tragically found dead. Her autopsy revealed that she had been raped and there was evidence of extreme torture. As her murder was covered by both National and International media, the case of Marsinah was scandalous as well as horrific and was reported as Case 1773 by the International Labour Organisation.

At this time a women's organisation named *Suara Ibu Peduli* (SIP-Voice of Concerned Mothers) was established, focusing on the increasing price of food and milk, and the effect of this on housewives (Blackburn, 2004; Robinson, 2009). The SIP, which was organised by middle-class intellectual women associated with the magazine Jurnal Perempuan (Women's Journal), identified that rising prices of basic commodities disturbed the household's, and especially women's, well-being. They bravely conducted the first demonstration as the earliest protest that led to the New Order's downfall (Robinson, 2009). Even though the government was very strict and limited the grassroots movements that were against them, this group of mothers camouflaged their meeting using the code of 'aerobic exercise'. They used the term "*Ibu*" (mother) which was a very familiar term used by the New Order and "*susu*" (the milk politics) as their political strategy to attract public support and sympathy (Arivia, 2018).

The SIP held a demonstration in February 1998, but it was attended only by a few women because of the government policy of 'gunshot on the spot' for any demonstrators protesting against the government (Arivia, 2018). They held banners with slogans such as "Mothers struggle for the children of the nation", they sang the nationalist song, gave flowers and read poems (Arivia & Subono, 2017). Three women were arrested including Arivia, the founder of Jurnal Perempuan (Arivia, 2018; Blackburn, 2004). They were held

for 24 hours and interrogated, especially about their possible relation to communist activism.

The regime finally collapsed in May 1998 with Soeharto's resignation after tragic riots and mass demonstrations. Women were involved in the demonstrations of May 1998 and gave support to the student demonstrators by providing food and supplies through mobile kitchens.

The Reform Era – A New Beginning for Women's Rights

After the fall of Soeharto's regime that lasted more than 30 years, Indonesia went into a reform era and worked to totally reform the governmental system. Even though women played an important role, the historical books about the reform did not describe the SIP movement as a feminist movement but as a mothers' movement. However, the protests conducted in February 1998 were a brilliant strategy that should be included as formative political action in Indonesia's transition to democracy (Arivia & Subono, 2017).

During 1998-2000 the government under Habibie (Vice President of Soeharto, who became a president after Soeharto's resignation) and then Abdurrahman Wahid (as Indonesia's fourth president) showed considerable respect for the women's movement. An example of this was the establishment of the National Commission Against Violence Toward Women in 1998 (Blackburn, 2004). The founders were feminist figures who were well-known amongst women's groups (Arivia & Subono, 2017). The existence of this commission showed that finally there was an agency for policies regarding women within the government or state. This was referred to as state feminism or femocrat consisting of feminists who worked within the state apparatus. The commission aimed to enforce women's rights, improve pro-women policies and act as political representatives, something improbable during the New Order regime, which wanted to keep women silent and obedient.

There had been a change to the women's organisation affiliated with the government in the reform era. The *Dharma Wanita* (organisation for the wives of civil servants) transformed into the *Dharma Wanita Persatuan* (DWP). President Wahid's wife, Sinta Nuriyah, announced that the membership of these organisations was no longer compulsory. The PKK organisation became a voluntary organisation and nowadays it is still functioning, organising the *Posyandu* (Integrated Healthcare Center) which focuses on maternal and child health (Robinson, 2009). Since the reform era, the women's movement has a brighter future and continues to raise issues about women and their rights to eradicate inequality.

Reflecting on Our Journey

The first author of this paper is an Indonesian woman who was born in the early 1980s during the New Order era. By writing this paper, she had the opportunity to re-learn Indonesian history, especially regarding the women's journey. She felt overwhelmed and concerned, realizing that much of the literature about Indonesian history was written by foreign scholars especially the history from the colonial era to the old order era. The

revelation of the history of women in Indonesia cannot be separated from the great contribution of several foreign scholars who conducted research in the past, for example, Cora Vreede de-Stuers who studied Indonesian women during the colonial period until 1950s (Blackburn, 2004), Elsbeth Locher-Scholten and also Saskia Wieringa.

We turned to the first Indonesian feminist figure, R.A. Kartini renowned for her critical thinking about Indonesian women especially in Java. She became famous after her letter was published by her Dutch friend. Even though Indonesia has a long dark history with the Dutch, we could not deny that we have appreciation for the Dutch woman who uplifted the Kartini figure by publishing her letters, hence her emancipatory spirit and thinking became an inspiration for many women activists.

Discussing the history of Indonesia is quite fascinating as it is a very big nation consisting of more than 17,000 islands and more than 260 million citizens. It has a multicultural background and cannot be separated from the influence of colonisation, Islamic teaching (as Islam is the dominant religion), western culture, and the history of New-Order regime who were in power for more than 30 years. Across our history, Indonesian women faced many challenges, significantly a subordination position under the patriarchy system. The New-Order era's gender ideology domesticised and positioned women within a natural destiny (*kodrat*) as they have to devote their lives to husbands, family and the state to achieve good citizen status (Blackburn, 2004). During this regime the image of Kartini was changed from independent trailblazer and critical thinker bravely giving voice to women's struggles and equitable rights into a feminine figure, a noble elegant princess who was, polite, submissive and a national figurehead for domestication.

When the first author was at school, she learned how Kartini was renowned as a heroine of emancipation, but never of her spirit or her fighting journey. We celebrate her birth date on the 21st of April as Kartini day. In Indonesia, to commemorate Kartini day we usually held competitions throughout the country, from schools, institutions as well as at a regional and national level. The competitions often involve activities such as fashion shows, wearing *kebaya* for children and adults, singing Ibu Kita Kartini competitions, and also cooking competitions for men or fathers. The cooking competition was associated with emancipation which showed that "men can do kitchen stuff". This highlights how Kartini's legacy has been clouded and reversed. Kartini's struggles to promote a woman's equitable place in a world of education and independence has been simplified into teaching men to master 'women's work'. There is also a competition where young women and adults (even children) wear *kebaya* in order to be look alike Kartini (Robinson, 2009). What kind of 'look alike' do we create? What image are we representing, a legacy of the New Order or the spirit of her fighting journey?

Kebaya has various meanings to Indonesian women as it is recognised as national female dress. Its significance has shifted from time to time from traditional and cultural heritage to the social and political context, depending on how Indonesian women make meaning of it. *Kebaya*, used to be a daily outfit worn by women in the past, now transformed into formal dress for national, cultural and ceremonial events (Suciati, 2020). It has become a symbol of nationality, and for some women it is associated with beauty, femininity,

sexiness and elegance (Cattoni, 2004). According to the new order ideology, a woman wearing kebaya was the symbol of female sexuality as it was usually used as a uniform of *Dharma Wanita* (Arivia, 2008). *Kebaya* was used to incarnate the pure Indonesian woman and personify the nation, but also signified restrictions on women's freedom. When a women wears *Kebaya* they should pay attention to their manner such as the way they walk, sit, and even speak (Suciati, 2020). The last time the first author joined Kartini day celebrations was in 2019. She witnessed how Kartini day was merely a celebration of a series of events but fell short of embracing her actual struggle. That month, the PKK women in her parent's neighbourhood decided to wear *Kebaya* in their meeting and held a fashion show for each member to participate in their *Kebaya*. However, if celebrating Kartini day should be meaningful, should it not embrace her fighting spirit and emancipation? Are Indonesian citizens aware of her struggle? Indonesian women use the word emancipation when it comes to Kartini but it seems there are very few who really understand the specific meaning of the concept and remain unaware of Kartini's struggles and ideals.

Since the beginning of the reform era, women's organisations have continued to develop to this day. The women's movement continues because Indonesian women still find many challenges and accordingly, we should continue our struggle for equity and emancipation. For example, the phenomena of child marriage still exists and became a recent concern especially for children under 18 years (Badan Pusat Statistik, 2020; Djamilah, 2014; Muntamah et al., 2019), even though Kartini and women's movements raised this issue more than 100 years ago. Previously in the Law Number (No). 1 of 1974 (UU No 1 tahun 1974) regarding Marriage Law, it was mentioned that someone under 21-years-old could be married as long as permitted by their parent and the minimum age for marriage for man is 19 years old while it is 16 years old for a woman. This law indirectly provided legalisation of child marriage for girls and suggests there are different opportunities for education or developing skills for men and women. Subsequently, marriage law was changed to make the minimum age of 19 years for both men and women the same (UU No 16 tahun 2019). This was to guarantee children's rights and to prevent gender discrimination and child marriage.

Women's involvement in public spheres are also increasing especially in politics and governmental positions. While it is a great opportunity for women to raise their concerns and be involved in writing policy related to women, in practice there are still many limitations. In legislation introduced in 2008 (UU No 2 tahun 2008; UU No 10 tahun 2008) concerning the election of political representatives at state and regional level, it was mentioned that the party and the council members should comply with a minimum of 30% women representative of the total numbers. However, women's involvement in politics has not always been an easy path. In the 2004 and 2009 elections, not every party could fulfil the requirements (Rahayu & Ikayanti, 2014). In the 2019 election, the percentage of women in the People's Representative Council (Dewan Perwakilan Rakyat/ DPR) increased to 20.87% (BPS, n.d.).

Some of the challenges women face in politics are not being considered capable enough, limitations of financial resources, inexperience in political leadership (Aspinall et al.,

2021), and seniority from male elite politicians (Rahayu & Ikayanti, 2014). Subsequently, some political parties use women such as celebrities or the wives of high state officials to gain voters (Kabullah & Fajri, 2021; Manzo et al., 2019). The New Order concept of women following their husbands has continued, evolving into following their husband in politics. For example, if a husband holds the position as leader in the government, his wife automatically holds the position as the leader of PKK, a position enabling her to be known in society. Incorporated with the political party's goal to gain vote on the election, it is a strategic position to be involved in politics and to pursue political ambition (Fajri & Kabullah, 2019; Kabullah & Fajri, 2021). Moreover, in the current governmental cabinet, known as the Kabinet Indonesia Maju (Onward Indonesian Cabinet) leads by President Joko Widodo, among 34 ministers, six are women (Kementrian Sekretariat Negara, 2021). Whether women's involvement in strategic positions has led to the improvement of women's life in Indonesia, remains to be seen and requires more investigation in the future.

For the PKK movement, there have been several regulation changes. In the reform era to this date, at least four government documents have been issued regarding the PKK movement. In 2000, a Ministerial Decree (Kepmendagri No. 53 tahun 2000) defined and explained PKK as a national movement which has grown from, by and for the community, with women as the driving force towards the realization of a happy, prosperous, advanced and independent family. In 2013 the previous decree was replaced by another Minister of Internal Affairs regulation (Permendagri No. 1 tahun 2013) because it was no longer in accordance with state development. PKK were then defined as a national developmental movement initiated and managed, by and for the community. They worked towards the realisation of a family that believes in and is devoted to God Almighty; has noble character and is virtuous, healthy and prosperous, advanced and independent; and strives for gender equality and justice, and legal and environmental awareness. Although it finally mentioned gender equality and justice, it no longer mentioned that women were the driving force of PKK.

In both regulations, the organisational structure was still hierarchical and lead by the wife of the Minister of Internal Affairs; however, it was also mentioned that if the Minister, governor, or head of regions was a woman, the leader of PKK would be appointed by the authorized official. Subsequently, the government issued the President Regulation (Perpres No. 99 tahun 2017) followed by a Ministry of Internal Affairs regulation (Permendagri No. 36 tahun 2020). In both documents the PKK definition remained the same as the 2013 regulation but there were some changes in the organisational structure. The leader of PKK at the state level could be held by 'wife or husband' of the Minister of Internal Affairs and this applied to the structure at regional level such as the wife or husband of governor, and so on. These changes highlighted the government's acknowledgement of women as leaders, from the state ministry to the lowest regional level. The 2020 regulation also explained details about the organisational system, program planning, implementation, evaluation and the systematic process to report each activity from the society to the government. At a societal level, it can be recognized that

PKK is still associated with women's activities and continues to be organized and run by women.

PKK is currently involved in conducting the *Posyandu* (Integrated Health Post) focusing on maternal and child health, family planning, immunisation, nutrition and diarrhoea prevention. Even though it is a government program, in practice it is run voluntarily by the women in the district. Despite its history, it could be interpreted as a form of community empowerment. For example, during the time the first author attended the monthly meetings, we focused on mothers and children from 0- to 5-years-old. We recorded the numbers of pregnant women, breastfeeding mothers, and children under five, as well as their weight and height. We carried out government requests and expectations in coordination with the public health centre. Reflecting on a study by Wicaksono (2017), women's involvement is voluntary and rewardless. Looking back at the New Order era on how the government domesticized women, it seems that the state elevated women as noble unpaid contributors to society. With its gender ideology, women devoted their lives, not only to the family but to the big family of the nation through *Panca Dharma Wanita* (Five Duties of Women).

Even though the work is voluntary, the government gives specific job descriptions to adhere to, hence PKK and *Posyandu* women are required to report their activities. As Wicaksono (2017) explains, the state remains present in society through the extended hand of women. Mothers, wives or even grandmothers become instruments of control. The first author still remembers several times she skipped taking her children to *Posyandu*: it was usually held at 4 pm and sometimes she was still in the office. Accordingly, several days later some women of *Posyandu* in her neighborhood came to her house, bringing a scale and a measurement tape to check her children's weight and height. The *Posyandu* women have to do extra work to fulfill the tasks given to them.

It might be debatable whether this organisation is beneficial. However, from our journey through the history of women's organisations in Indonesia, it would appear that there are traces of *ibuism* that are etched into our society and remain to this day. Women have more opportunities to extend themselves, not only in the domestic area but also in public positions, as members of PKK also include working women. Some women choose to happily and voluntarily join the PKK and Posyandu, while some do not and there is no pressure for them to participate.

Women who devote their time to run PKK or *Posyandu* should be highly respected. They have the spirit of doing social and voluntary work for the government even though burdened by the administration that accompanies it. Some of them are not housewives, they pursue their own career too. However, singing the PKK march at the start of every PKK meeting seemed to be a little bit irrelevant in contemporary times when we consider the lyrics and their links to women's past history. They make us question where the reference to the men's position is, or their role in actualising the safe, well and happy family? When I hear them now, I am constantly reminded of the natural destiny (*kodrat*) of a woman and how it is related to the family and domestic duties as a part of the New Order's legacy.

The women's movement since the colonial era seems to be very fluid. There have been times of gloriousness and there have been times of decline, but what can be concluded is that they never stop. The form of their struggle is still the same, against injustice, discrimination, continuing to look for a safe space to place themselves and actualize their potential. Women can be involved in the household, be a dutiful daughter to their parents, become mothers, become wives, become independent and determined. They can also be involved in the public sphere, namely obtaining higher education, working, being productive, being involved in politics and government, being involved in making women-friendly policies based on women's perspectives, and also take on leadership roles. Hence, we have an optimistic view of the struggle of Indonesian women as our history shows that they always find ways to survive, resist, and move forward.

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APPENDIX 2. Information Sheets (English and Indonesian Version)

Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia

INFORMATION SHEET
Study 1: Breastfeeding-working-mothers

Researcher Introduction:
My name is Nurfitria Swastiningsih and I am completing this project as a component of my doctoral study in the School of Psychology at Massey University, Palmerston North, New Zealand. I have been working as a lecturer in the Faculty of Psychology, Universitas Ahmad Dahlan, Yogyakarta, Indonesia since 2009 and have been a member of the breastfeeding-support organisation Asosiasi Ibu Menyusui Indonesia (AIMI) *or* Indonesian Breastfeeding Mothers Association (AIMI) for the past 9 years. I am also experienced as a breastfeeding-working-mother.
If you have any questions related to this study or are interested in participating, please do not hesitate to contact me for further information or to contact my primary supervisor Prof. Mandy Morgan from Massey University, my co-supervisors Dr. Ann Rogerson from Massey University and Dra. Elli Nur Hayati, PhD, from Universitas Ahmad Dahlan as my Indonesian supervisor.

Project Description and Invitation:
Thank you for taking the time to read this information sheet. I would like to invite you to participate in this study and work collaboratively with you to better understand **breastfeeding-working-mothers' experiences of managing breastfeeding and working, and the support they receive from their surrounding environment.**

According to the WHO guidelines and the First 1000 days program that is acknowledged by the government of Indonesia, one of the important agendas for breastfeeding is the sustainability of breastfeeding for two years or more. Breastfeeding is beneficial not only for the health of babies, mothers and families, but also the wellbeing of society as a whole. However, breastfeeding is not always easy especially for working mothers. Mothers face many challenges to manage breastfeeding and working even though it is supported by government policies and regulations. There are mothers who successfully manage breastfeeding and working. The aim of this project is to learn about successful breastfeeding experiences of working mothers, how they manage the challenges and also about the involvement of their support systems to enable successful breastfeeding. The success of breastfeeding is not merely a mother's responsibility but also involves the

availability of support from the ecological environment surrounding the mothers such as husbands, the workplace, government policies and regulations. The overall project will involve three groups of participants that will be interviewed individually: breastfeeding-working-mothers, husbands of breastfeeding-working-mothers, and co-workers and supervisors from the workplace. The findings of this study are expected to enable a better understanding about breastfeeding-working-mothers' needs and their layered support systems. We aim to raise awareness that managing breastfeeding and working is possible and would like to improve community comprehension that supporting women to breastfeed will have a positive impact on children's health and working mothers' wellbeing. We would like to share the knowledge we gain from this study to help inform and strengthen support systems for breastfeeding-working-mothers in the future.

Participant Identification and Recruitment:
I am recruiting participants through convenience sampling. I will share this information sheet with my trusted intermediary contacts through my social networks, the Indonesian Breastfeeding Mothers Association (AIMI) and AyahASI Indonesia. They will circulate the information sheets amongst people who meet the criteria and might be interested in taking part in the project. If you have received this information sheet, it means that you meet the criteria for the study. To participate, you should be **an active breastfeeding-working-mother who has experiences of practicing breastfeeding for a minimum period of 1.5 years without formula supplement OR a working mother who is experienced as a breastfeeding-working-mother for at least 2 years and your children's age at the time you participate in this research is not more than 3 years old**.
Up to 8-10 participants will be involved in the study. If you would like to participate, you can contact me directly or you can share your contact details with my trusted colleague who has shared this information sheet with you, and they will pass your details on to me so I can contact you directly. As participants, your privacy and confidentiality will be protected. If you decide to contact me directly, the person who shared this information sheet with you will not know you have contacted me directly. If you ask the person who shared this information sheet to contact me on your behalf, they will sign a confidential agreement form to protect your privacy, confidentiality and contact details as a participant of this project.

COVID-19 Provision
Due to the COVID-19 situation and travel restrictions both in New Zealand and Indonesia, I am currently unable to travel to Indonesia. Therefore, we will be conducting interviews online via a video call application and there will be a proxy interviewer available to assist your participation.
The role of proxy interviewer will be to:

- ♦ Provide the documents that you need in hard copy form such as information sheets, informed consent, and transcript release form.
- ♦ Provide the facilities for interviews such as a laptop, internet connection, transportation, setting-up a time and place for the interview, and to be present during the interview (if requested).
- ♦ Help you with support if at any time you may feel uncomfortable during the interview.

We will respect your decision regarding the time and place you decide to do the interview based on your safety and convenience.

Project Procedures

If you decide to participate, it is important for you to have a clear understanding of the research purpose and procedures. This will be explained to you on our initial meeting. The project procedures are as follows:

- Signing the consent form if you decide to participate. This will ensure that your participation is confidential, and your privacy will be protected throughout. I will use a pseudonym to protect your identity. The signed consent form will be transferred by the proxy interviewer to Dra. Elli Nur Hayati, PhD, my Indonesian supervisor, and they will be kept in a secure place.
- You will participate in an online interview via a video call application. The interview will be semi-structured and conversational. I will ask for verbal consent to record the interview. The interview will be digitally recorded but I will only use the audio recording and the video recording will be deleted immediately after the interview. I will also ask your consent to take notes during the interview. The interview will take 1-1.5 hours of your time at the time and place you decide is best for you based on your safety and convenience. You may choose how the proxy interviewer will help you if required to set up the online interview. You may also have your own support person with you during the interview, and they will be asked to sign a confidentiality agreement to ensure that anything you share in the interview remains private and confidential.
- If you experience discomfort during the interview, I will pause the interview or take a break and we can discuss available support. The proxy interviewer has a background in clinical psychology and has completed her internship. I can also provide you access to Laboratorium Psikologi Terapan (Applied Psychology Laboratory) of the Faculty of Psychology, Universitas Ahmad Dahlan if counselling is appropriate.
- After the interview, I will transcribe the audio recording into a written digital format and you will be offered the opportunity to read, consider and request changes if needed. If you are happy with the transcripts and notes, you will be asked to sign the transcript release form. Only myself and my supervisors will have access to the consent forms, transcripts, notes and will participate in the interview analysis.
- Participants will receive a souvenir as compensation for participating. The internet cost for the online interview and transportation expenses (if necessary) will be provided by the researcher.
- Once the research is finished, you will be confidentially contacted to discuss the findings and to give feedback if requested.

Data Management

Informed consent forms signed by participants will be stored in a secure locked location by my Indonesian supervisor Dra. Elli Nur Hayati, PhD. Your identity will remain confidential and any identifying information will be removed during transcription.

The video recordings will be deleted after the interview and the audio recording will be deleted after transcription has been completed. The transcript and notes will be stored in a password protected device and backed-up in password-protected online clouds. You may request a summary of findings by contacting me.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- Decline to answer any particular question.
- Withdraw from the study at any time prior to signing your transcript release form.
- Ask any questions about the study at any time during participation.
- Ask the recording to be turned off at any time during interview.
- Provide information on the understanding that your name and identifiable information will not be used.
- Have time to read, consider, discuss and edit the transcripts prior to analysis.
- Be given access to a summary of the project findings when it is concluded.

Thank you very much for taking the time to read this information sheet. Participating in this project is voluntary and confidential. The person who passed you this information sheet does not need to know whether or not you intend to contact me. You can contact me directly. Should you need help from the person who passed you this information sheet to contact me, they will sign a confidentiality agreement to protect your identity. We can arrange an initial meeting to discuss this project and your participation.

Project Contacts

The Researcher:
Nurfitria Swastiningsih,

Project Supervisors:
Prof. Mandy Morgan,
Dr. Ann Rogerson,
Dra. Elli Nur Hayati,

Support Agencies Contact Details:
Laboratorium Psikologi Terapan, Unit Pelayanan Psikologi,

Life as breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia

(Kehidupan ibu menyusui yang bekerja: memahami tantangan dan sistem dukungan yang berkontribusi terhadap keberhasilan menyusui pada ibu bekerja di Indonesia)

LEMBAR INFORMASI
STUDI 1: IBU MENYUSUI YANG BEKERJA

Pengantar

Nama saya Nurfitria Swastiningsih, dosen Fakultas Psikologi Universitas Ahmad Dahlan, Yogyakarta. Saat ini saya sedang menempuh studi doktoral di School of Psychology, Massey University, Palmerston North, New Zealand dan penelitian ini adalah bagian dari studi doktoral saya. Saya juga memiliki pengalaman pribadi sebagai ibu menyusui yang bekerja.

Jika anda memiliki pertanyaan yang berhubungan dengan studi ini atau tertarik untuk berpartisipasi, anda dapat menanyakan informasi lebih lanjut dengan menghubungi saya atau supervisor utama saya yaitu Prof. Mandy Morgan, co-supervisor Dr. Ann Rogerson dari Massey University atau Dr. Elli Nur Hayati, PhD dari Universitas Ahmad Dahlan.

Deskripsi Studi

Terima kasih saya ucapkan kepada anda karena telah meluangkan waktu untuk membaca lembar informasi penelitian ini. Saya bermaksud mengundang anda untuk berpartisipasi dalam studi ini untuk memahami lebih dalam mengenai **pengalaman menjadi ibu menyusui yang bekerja dalam mengelola menyusui dan bekerja, dan dukungan yang diterima dari lingkungan sekitar.**

Menurut panduan WHO yang didukung oleh pemerintah Indonesia, menyusui direkomendasikan hingga 2 tahun atau lebih untuk meningkatkan nutrisi selama 1000 Hari Pertama Kehidupan (HPK). Menyusui sangat bermanfaat untuk bayi, ibu, keluarga dan juga kesejahteraan masyarakat secara luas. Namun, menyusui tidak selalu mudah dilakukan khususnya bagi ibu bekerja karena adanya tantangan untuk dapat memenuhi antara menyusui dan bekerja. Akan tetapi, ada ibu-ibu yang sukses menjalankan peran sebagai ibu menyusui yang bekerja. Tujuan penelitian ini adalah untuk mempelajari tentang pengalaman sukses menyusui pada ibu bekerja, bagaimana menghadapi tantangan dan juga peran lingkungan sekitarnya. Kesuksesan ibu menyusui bukan semata tanggung jawab ibu saja tapi juga adanya dukungan dari suami, tempat kerja, dan kebijakan dan aturan pemerintah.

Keseluruhan penelitian ini melibatkan tiga kelompok partisipan yang akan diwawancara masing-masing secara individual yaitu: para ibu menyusui yang bekerja, suami dari ibu menyusui yang bekerja dan perwakilan dari tempat kerja seperti rekan kerja dan atasan. Temuan dari penelitian ini diharapkan dapat memahami dengan lebih baik mengenai kebutuhan ibu menyusui yang bekerja dan dukungan yang berlapis dari sekitarnya. Peneliti bermaksud untuk meningkatkan kesadaran dan pemahaman bahwa menyusui dan bekerja itu mungkin dilakukan dan juga meningkatkan pemahaman kepada lingkungan atau komunitas sekitar bahwa dengan mendukung ibu untuk menyusui memiliki dampak positif pada kesehatan anak dan juga kesejahteraan ibu. Peneliti akan berbagi hasil penelitian ini untuk membantu menginformasikan dan menguatkan sistem dukungan bagi ibu menyusui yang bekerja di masa yang akan datang.

Identifikasi dan pemilihan partisipan

Saya membagikan lembar informasi penelitian ini kepada kolega atau rekan yang saya percaya melalui jaringan sosial saya dan juga organisasi AIMI dan Ayah ASI Indonesia. Mereka akan membagikan informasi ini kepada orang-orang yang memenuhi kriteria partisipan penelitian dan tertarik untuk berpartisipasi. Jika anda menerima lembar informasi ini, berarti anda memenuhi kriteria partisipan penelitian ini. Kriterianya yaitu: **saat ini masih berperan sebagai ibu menyusui yang bekerja, sudah berlangsung selama minimal 1,5 tahun tanpa memberikan tambahan formula kepada anak (ASI dan MPASI saja), ATAU ibu yang memiliki pengalaman sebagai ibu menyusui yang bekerja selama minimal 2 tahun dan anak yang disusui tersebut pada saat anda menjadi partisipan studi ini berusia tidak lebih dari 3 tahun.**

Saya akan melibatkan 8-10 partisipan dalam studi ini. Jika anda tertarik untuk berpartisipasi, anda dapat langsung menghubungi saya atau memberikan kontak anda kepada seseorang yang memberikan lembar informasi ini kepada anda dan orang tersebut akan memberikan nomor anda ke saya lalu saya akan menghubungi anda. Sebagai partisipan, privasi dan kerahasiaan anda akan dilindungi. Jika anda memutuskan untuk menghubungi saya secara langsung untuk berpartisipasi, seseorang yang membagikan lembar informasi kepada anda tidak perlu tahu. Namun jika anda memberikan kontak anda kepada orang tersebut, maka ia akan menandatangani perjanjian untuk melindungi privasi dan kerahasiaan informasi terkait keterlibatan anda dalam penelitian ini.

Ketentuan COVID-19

Terkait dengan situasi pandemi COVID-19 dan pembatasan perjalanan antara New Zealand & Indonesia maka tidak memungkinkan bagi saya untuk datang ke Indonesia. Oleh karena itu, wawancara akan dilakukan secara online menggunakan video call. Saya melibatkan seorang asisten peneliti untuk membantu saya dengan peran sebagai berikut:

- ♦ Menyediakan dokumen yang dibutuhkan dalam bentuk hard copy seperti lembar informasi penelitian, lembar persetujuan partisipan, dan juga persetujuan rilis transkrip wawancara.
- ♦ Menyediakan fasilitas untuk wawancara seperti laptop, koneksi internet, transportasi, mengatur waktu dan tempat untuk wawancara, dan hadir saat wawancara (jika diminta).
- ♦ Asisten peneliti akan membantu menyediakan dukungan dan bantuan jika saat wawancara anda merasa tidak nyaman.

Kami akan menghargai dan menyesuaikan dengan kondisi anda terkait waktu dan tempat wawancara sesuai keamanan dan kenyamanan anda.

Prosedur Penelitian

Jika anda memutuskan untuk berpartisipasi, penting bagi anda untuk memahami dengan jelas tujuan dan prosedur penelitian. Hal ini akan saya jelaskan pada pertemuan awal dengan anda. Beberapa prosedurnya adalah sebagai berikut:

- ♦ Menandatangani Informed Consent (lembar persetujuan partisipan) untuk memastikan bahwa keterlibatan anda adalah rahasia dan privasi anda akan dilindungi. Saya akan menggunakan nama samaran untuk mengidentifikasi anda dan segala informasi yang berkaitan dengan anda akan dihapus. Lembar persetujuan partisipan yang telah ditandatangani akan disimpan ditempat yang aman oleh Dra. Elli Nur Hayati, PhD., co-supervisor saya.
- ♦ Wawancara online akan dilakukan menggunakan aplikasi Zoom selama 1-1.5 jam. Saya akan menanyakan kembali kepada anda secara langsung mengenai persetujuan

untuk merekam dan mencatat selama wawancara. Recording dilakukan dengan menggunakan fasilitas pada aplikasi Zoom dan akan terdapat hasil rekaman video dan suara, namun saya hanya akan menggunakan hasil rekaman suara saja dan rekaman video akan dihapus. Waktu dan tempat wawancara akan mengikuti keputusan anda berdasar keamanan dan kenyamanan anda. Anda dapat memilih bagaimana peran asisten peneliti dalam menyiapkan dan mengatur wawancara online. Anda juga dapat membawa atau mengajak orang terpercaya anda untuk mendampingi saat wawancara, dan orang tersebut akan diminta untuk menandatangani persetujuan untuk melindungi kerahasiaan informasi dan privasi yang anda ungkapkan saat wawancara.

- Jika anda merasa tidak nyaman saat wawancara, saya akan menghentikan proses wawancara dan kita akan mendiskusikan bagaimana mengatasinya. Asisten peneliti adalah mahasiswa Magister Psikologi Profesi bidang klinis yang dapat membantu anda jika dibutuhkan. Saya juga akan menyediakan akses ke Laboratorium Psikologi Terapan, Fakultas Psikologi Universitas Ahmad Dahlan jika anda membutuhkan layanan psikologis terkait masalah yang muncul karena wawancara.
- Setelah wawancara, akan dilakukan transkrip hasil wawancara dalam bentuk tulisan dan anda akan ditawari untuk membaca, mempertimbangkan ulang atau melakukan perubahan jika dibutuhkan. Jika anda sudah puas dengan hasil transkrip, anda diminta untuk menandatangani persetujuan rilis transkrip wawancara. Hanya saya dan supervisor saya yang memiliki akses terhadap lembar persetujuan partisipan, transkrip, catatan wawancara, dan terlibat dalam analisis hasil wawancara.
- Partisipan akan menerima suvenir sebagai kompensasi kesediaan berpartisipasi. Saya juga akan menyediakan biaya internet dan ongkos transportasi jika anda membutuhkan biaya perjalanan menuju lokasi wawancara.
- Ketika penelitian sudah selesai, anda akan dihubungi kembali untuk mendiskusikan hasil penelitian dan memberikan umpan balik jika dibutuhkan.

Manajemen Data

Lembar persetujuan partisipan yang telah ditandatangani akan disimpan oleh co-supervisor saya di Indonesia yaitu Dra. Elli Nur Hayati, PhD. Identitas anda akan tetap rahasia dan segala informasi yang berkaitan dengan anda akan dihapus pada saat proses transkripsi. Hasil rekaman suara akan dihapus setelah proses transkripsi selesai. Hasil transkrip dan catatan wawancara akan disimpan di perangkat dengan password dan di back-up di online clouds. Jika anda menginginkan ringkasan hasil penelitian, anda dapat menghubungi saya secara langsung.

Hak-hak Partisipan

Anda tidak berkewajiban untuk menerima undangan untuk berpartisipasi pada penelitian ini. Namun jika anda memutuskan berpartisipasi, anda memiliki hak yaitu:

- Tidak menjawab pertanyaan tertentu.
- Mundur dari penelitian ini kapanpun anda mau selama persetujuan rilis transkrip belum ditandatangani.
- Menanyakan apapun tentang studi ini kapanpun selama menjadi partisipan.
- Meminta recorder untuk dimatikan kapanpun selama interview.
- Memberikan informasi yang dibutuhkan penelitian ini dan memahami bahwa nama anda dan hal-hal yang berkaitan dengan identitas anda tidak akan digunakan dalam transkrip.
- Memiliki waktu untuk membaca, mempertimbangkan ulang dan meng-edit hasil transkrip sebelum di analisis.

♦ Mendapatkan akses untuk ringkasan hasil penelitian setelah mencapai kesimpulan.

Terima kasih telah meluangkan waktu membaca lembar informasi ini. Keterlibatan dalam penelitian bersifat suka rela dan rahasia. Anda dapat menghubungi saya secara langsung. Jika anda membutuhkan bantuan dari orang yang memberikan informasi ini kepada anda untuk menghubungi saya, maka orang tersebut perlu menandatangani persetujuan jaminan kerahasiaan untuk melindungi identitas anda. Anda dan saya dapat mengatur waktu pertemuan awal untuk mendiskusikan penelitian ini dan keterlibatan anda untuk berpartisipasi.

Kontak Peneliti

Peneliti:
Nurfitria Swastiningsih,

Supervisor:
Prof. Mandy Morgan,
Dr. Ann Rogerson,
Dra. Elli Nur Hayati,

Unit Pelayanan Psikologi UAD:
Laboratorium Psikologi Terapan,

Penelitian ini telah melalui reviu dan disetujuti oleh Komisi Etik Massey University: Southern A, Application 20/64. Jika anda memiliki kekhawatiran terkait penelitian ini, silakan menghubungi Dr Negar Partow, Ketua Komise Etik: Southern A, teleponL +64 4 801 5799 x 63363, email: humanethicsoutha@massey.ac.nz.

Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia

INFORMATION SHEET
Study 2: Husband's experiences of supporting breastfeeding-working-mothers

Researcher Introduction
My name is Nurfitria Swastiningsih and I am completing this project as a component of my doctoral study in the School of Psychology at Massey University, Palmerston North, New Zealand. I have been working as a lecturer in the Faculty of Psychology, Universitas Ahmad Dahlan, Yogyakarta, Indonesia since 2009 and have been a member of the breastfeeding-support organisation Asosiasi Ibu Menyusui Indonesia (AIMI) *or* Indonesian Breastfeeding Mothers Association for the past 9 years. I am also experienced as a breastfeeding-working-mother.
If you have any questions related to this study or are interested in participating, please do not hesitate to contact me for further information or to contact my primary supervisor Prof. Mandy Morgan from Massey University, my co-supervisors Dr. Ann Rogerson from Massey University and Dra. Elli Nur Hayati, PhD, from Universitas Ahmad Dahlan as my Indonesian supervisor.

Project Description and Invitation
Thank you for taking the time to read this information sheet. I would like to invite you to participate in this study and work collaboratively with you to better understand your **experiences of supporting breastfeeding for your wife**.

According to the WHO guidelines and the First 1000 days program that is acknowledged by the government of Indonesia, one of the important agendas for breastfeeding is the sustainability of breastfeeding for two years or more. Breastfeeding is beneficial not only for the health of babies, mothers and families, but also the wellbeing of society as a whole. However, breastfeeding is not always easy especially for working mothers. Mothers face many challenges to manage breastfeeding and working even though it is supported by government policies and regulations. There are mothers who successfully manage breastfeeding and working. The aim of this project is to learn about successful breastfeeding experiences of working mothers, how they manage the challenges and also about the involvement of their support systems to enable successful breastfeeding. The success of breastfeeding is not merely a mother's responsibility but also involves the availability of support from the ecological environment surrounding the mothers such as husbands, the workplace, government policies and regulations. The overall project will involve three groups of participants that will be interviewed individually: breastfeeding-working-mothers, husbands of breastfeeding-working-mothers, and co-workers and supervisors from the workplace.
The findings of this study are expected to enable a better understanding about breastfeeding-working-mothers' needs and their layered support systems. We aim to raise awareness that managing breastfeeding and working is possible and would like to improve community comprehension that supporting women to breastfeed will have a positive impact on children's health and working mothers' wellbeing. We would like to share the knowledge we gain from this study to help inform and strengthen support systems for breastfeeding-working-mothers in the future.

Participant Identification and Recruitment
I am recruiting participants through convenience sampling. I will share this information sheet with my trusted intermediary contacts through my social networks, the Indonesian Breastfeeding Mothers Association (AIMI) and AyahASI Indonesia. They will circulate the information sheets amongst people who meet the criteria and might be interested in taking part in the project. If you have received this information sheet, it means that you meet the criteria for the study. To participate, you should be **a father or husband of a breastfeeding-working-mother who is currently breastfeeding and has been for a minimum 1.5 years without formula supplement OR a father or husband of a working mother who has at least 2 years experience as a breastfeeding-working-mother and the child is no more than three years old at the time you participate in this research.**

Up to 8-10 participants will be involved in the study. If you would like to participate, you can contact me directly or you can share your contact details with my trusted colleague who has shared this information sheet with you, and they will pass your details on to me so I can contact you directly. As participants, your privacy and confidentiality will be protected. If you decide to contact me directly, the person who shared this information sheet with you will not know you have contacted me directly. If you ask the person who shared this information sheet to contact me on your behalf, they will sign a confidentiality agreement form to protect your privacy, confidentiality and contact details as a participant of this project.

COVID-19 Provision
Due to the COVID-19 situation and travel restrictions both in New Zealand and Indonesia, I am currently unable to travel to Indonesia. Therefore, we will be conducting interviews online via a video call application and there will be a proxy interviewer available to assist your participation.
The role of proxy interviewer will be to:

- Provide the documents that you need in hard copy form such as information sheets, informed consent, and transcript release forms.
- Provide the facilities for interviews such as a laptop, internet connection, transportation, setting-up a time and place for the interview, and to be present during the interview (if requested).
- Help you with support if at any time you may feel uncomfortable during the interview.

We will respect your decision regarding the time and place you decide to do the interview based on your safety and convenience.

Project Procedures
If you decide to participate, it is important for you to have a clear understanding of the research purpose and procedures. These will be explained to you on our initial meeting. The project procedures are as follows:

- Signing the consent form if you decide to participate. This will ensure that your participation is confidential, and your privacy will be protected throughout. I will use a pseudonym to protect your identity. The signed consent form will be transferred by the proxy interviewer to Dra. Elli Nur Hayati, PhD, my Indonesian supervisor, and they will be kept in a secure place.

- You will participate in an online interview via a video call application. The interview will be semi-structured and conversational. I will ask for verbal consent to record the interview. The interview will be digitally recorded but I will only use the audio recording and the video recording will be deleted immediately after the interview. I will also ask your consent to take notes during the interview. The interview will take 1-1.5 hours of your time at the time and place you decide is best for you based on your safety and convenience. You may choose how the proxy interviewer will help you if required to set up the online interview. There will be a male co-interviewer present during the interview. You may also have your own support person with you during the interview, and they will be asked to sign a confidentiality agreement to ensure that anything you share in the interview remains private and confidential.
- If you experience discomfort during the interview, I will pause the interview or take a break and we can discuss available support. I can also provide you access to Laboratorium Psikologi Terapan (Applied Psychology Laboratory) of the Faculty of Psychology, Universitas Ahmad Dahlan if counselling is appropriate.
- After the interview, I will transcribe the audio recording into a written digital format and you will be offered the opportunity to read, consider and request changes if needed. If you are happy with the transcripts and notes, you will be asked to sign the transcript release form. Only myself and my supervisors will have access to the consent forms, transcripts, notes and will participate in the interview analysis.
- Participants will receive a souvenir as compensation for participating. The internet cost for the online interview and transportation expenses (if necessary) will be provided by the researcher.
- Once the research is finished, you will be confidentially contacted to discuss the findings and to give feedback if requested.

Data Management

Informed consent forms signed by participants will be stored in a secure locked location by my Indonesian supervisor Dra. Elli Nur Hayati, PhD. Your identity will remain confidential and any identifying information will be removed during transcription.

The video recording will be deleted after the interview and the audio recording will be deleted after transcription has been completed. The transcript and notes will be stored in a password protected device and backed-up in password-protected online clouds. You may request a summary of findings by contacting me.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- Decline to answer any particular question.
- Withdraw from the study at any time prior to signing your transcript release form.
- Ask any questions about the study at any time during participation.
- Ask the recording to be turned off at any time during interview.
- Provide information on the understanding that your name and identifiable information will not be used.
- Have time to read, consider, discuss and edit the transcripts prior to analysis.
- Be given access to a summary of the project findings when it is concluded.

Thank you very much for taking the time to read this information sheet. Participating in this project is voluntary and confidential. The person who passed you this information sheet does not need to know whether or not you intend to contact me. You can contact me directly. Should you need help from the person who passed you this information sheet to contact me, they will sign a confidentiality agreement to protect your identity. We can arrange an initial meeting to discuss this project and your participation.

Project Contacts
The Researcher:
Nurfitria Swastiningsih,

Project Supervisors:
Prof. Mandy Morgan,
Dr. Ann Rogerson,
Dra. Elli Nur Hayati,

Support Agencies Contact Details:
Laboratorium Psikologi Terapan, Unit Pelayanan Psikologi,

Life as breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia

(Kehidupan ibu menyusui yang bekerja: memahami tantangan dan sistem dukungan yang berkontribusi terhadap keberhasilan menyusui pada ibu bekerja di Indonesia)

LEMBAR INFORMASI
STUDI 2: SUAMI DARI IBU MENYUSUI YANG BEKERJA

Pengantar

Nama saya Nurfitria Swastiningsih, dosen Fakultas Psikologi Universitas Ahmad Dahlan, Yogyakarta. Saya saat ini sedang menempuh studi doktoral di School of Psychology, Massey University, Palmerston North, New Zealand dan penelitian ini dilaksanakan sebagai bagian dari studi doktoral saya. Saya memiliki pengalaman pribadi sebagai ibu menyusui yang bekerja dan tergabung dalam organisasi pendukung ibu menyusui selama kurang lebih 9 tahun.

Apabila anda memiliki pertanyaan yang berhubungan dengan studi ini atau tertarik untuk berpartisipasi, anda dapat menghubungi saya untuk informasi lebih lanjut atau menghubungi supervisor utama saya yaitu Prof. Mandy Morgan dan co-supervisor Dr. Ann Rogerson dari Massey University atau Dr. Elli Nur Hayati, PhD dari Universitas Ahmad Dahlan sebagai supervisor saya di Indonesia.

Deskripsi Studi

Terima kasih saya ucapkan kepada anda karena telah meluangkan waktu untuk membaca lembar informasi penelitian ini. Saya bermaksud mengundang anda untuk berpartisipasi dalam studi ini dan bekerja secara kolaboratif dengan anda untuk memahami lebih dalam mengenai **pengalaman anda sebagai suami yang mendukung istri sebagai ibu menyusui yang bekerja.**

Menurut panduan dari WHO dan program 1000 Hari Pertama Kehidupan (HPK) yang juga di terapkan oleh pemerintah Indonesia, keberlangsungan menyusui sangat penting hingga setidaknya selama 2 tahun atau lebih. Menyusui sangat bermanfaat tidak hanya untuk bayi tapi juga ibu, keluarga dan bahkan untuk kesejahteraan masyarakat secara luas. Namun, menyusui tidak selalu mudah dilakukan khususnya bagi ibu bekerja. Ada tantangan dan kesulitan dialami ibu bekerja meskipun ada kebijakan dan aturan pemerintah mengenai dukungan menyusui di tempat kerja. Akan tetapi, ada ibu-ibu yang sukses menjalankan peran sebagai ibu menyusui yang bekerja. Tujuan penelitian ini untuk mempelajari tentang pengalaman sukses menyusui pada ibu bekerja, bagaimana menghadapi tantangan dan juga keterlibatan lingkungan sekitar untuk mewujudkannya. Kesuksesan ibu menyusui bukan semata tanggung jawab ibu saja tapi juga adanya dukungan dari lingkungan sekitar seperti suami, tempat kerja, serta kebijakan dan aturan pemerintah.

Keseluruhan penelitian ini melibatkan tiga kelompok partisipan yang akan diwawancara masing-masing secara individual yaitu: para ibu menyusui yang bekerja, suami dari ibu menyusui yang bekerja dan perwakilan dari tempat kerja seperti rekan kerja dan atasan. Temuan dari penelitian ini diharapkan dapat memahami dengan lebih baik mengenai kebutuhan ibu menyusui yang bekerja dan dukungan yang berlapis dari lingkungan sekitarnya. Peneliti bermaksud untuk meningkatkan kesadaran dan

pemahaman bahwa menyusui dan bekerja itu mungkin dilakukan dan juga meningkatkan pemahaman kepada lingkungan atau komunitas sekitar bahwa dengan mendukung ibu untuk menyusui memiliki dampak positif pada kesehatan anak dan juga kesejahteraan ibu. Peneliti akan berbagi hasil penelitian ini untuk membantu menginformasikan dan menguatkan sistem dukungan bagi ibu menyusui yang bekerja di masa yang akan datang.

Identifikasi dan pemilihan partisipan

Saya membagikan lembar informasi penelitian ini kepada kolega atau rekan yang saya percaya melalui jaringan sosial saya dan juga organisasi AIMI dan Ayah ASI Indonesia. Kolega saya tersebut akan membagikan informasi ini kepada orang-orang yang memenuhi kriteria partisipan penelitian dan tertarik untuk berpartisipasi. Jika anda menerima lembar informasi ini, berarti anda memenuhi kriteria partisipan penelitian ini. Kriterianya yaitu: **ayah atau suami yang memiliki istri yang sedang menjalani peran sebagai ibu menyusui yang bekerja selama minimal 1,5 tahun tanpa memberikan tambahan susu formula kepada anak, ATAU suami yang istrinya memiliki pengalaman menjadi ibu menyusui yang bekerja selama minimal 2 tahun, dan anak yang disusui tersebut pada saat anda menjadi partisipan dalam studi ini berusia tidak lebih dari 3 tahun.**

Saya akan melibatkan 8-10 partisipan untuk terlibat dalam studi ini. Jika anda tertarik untuk berpartisipasi, anda dapat langsung menghubungi saya atau memberikan kontak anda kepada seseorang yang memberikan lembar informasi ini kepada anda dan orang tersebut akan memberikan nomor anda ke saya lalu saya akan menghubungi anda. Sebagai partisipan, privasi dan kerahasiaan anda akan dilindungi. Jika anda memutuskan untuk menghubungi saya secara langsung untuk berpartisipasi, seseorang yang membagikan lembar informasi kepada anda tidak perlu tahu. Namun jika anda memberikan kontak anda kepada seseorang tersebut, maka ia akan menandatangani perjanjian untuk melindungi privasi dan kerahasiaan informasi terkait keterlibatan anda dalam penelitian ini.

Ketentuan COVID-19

Terkait dengan situasi pandemi COVID-19 dan pembatasan perjalanan antara New Zealand & Indonesia maka tidak memungkinkan bagi saya untuk datang ke Indonesia. Oleh karena itu, wawancara akan dilakukan secara online menggunakan video call. Saya melibatkan seorang asisten peneliti untuk membantu saya dengan peran sebagai berikut:

- Menyediakan dokumen yang dibutuhkan dalam bentuk hard copy seperti lembar informasi penelitian, lembar persetujuan partisipan, dan juga persetujuan rilis transkrip wawancara.
- Menyediakan fasilitas untuk wawancara seperti laptop, koneksi internet, transportasi, mengatur waktu dan tempat untuk wawancara, dan hadir saat wawancara (jika diminta).
- Asisten peneliti akan membantu menyediakan dukungan dan bantuan jika saat wawancara ada hal yang membuat anda merasa tidak nyaman.

Kami akan menghargai dan menyesuaikan dengan kondisi anda terkait waktu dan tempat wawancara sesuai keamanan dan kenyamanan anda.

Prosedur Penelitian

Jika anda memutuskan untuk berpartisipasi, penting bagi anda untuk memahami dengan jelas tujuan dan prosedur penelitian. Hal ini akan saya jelaskan pada pertemuan awal dengan anda. Beberapa prosedurnya adalah sebagai berikut:

- Menandatangani Informed Consent (lembar persetujuan partisipan) untuk memastikan bahwa keterlibatan anda adalah rahasia dan privasi anda akan dilindungi. Saya akan menggunakan nama samaran untuk mengidentifikasi anda dan segala informasi yang berkaitan dengan anda akan dihapus. Lembar persetujuan partisipan yang telah ditandatangani akan disimpan ditempat yang aman oleh Dra. Elli Nur Hayati, PhD., co-supervisor saya.
- Wawancara online akan dilakukan menggunakan aplikasi Zoom. Saya akan menanyakan kembali kepada anda secara langsung mengenai persetujuan untuk merekam wawancara. Recording dilakukan dengan menggunakan fasilitas pada aplikasi Zoom dan akan terdapat hasil rekaman video dan suara, namun saya hanya akan menggunakan hasil rekaman suara saja dan rekaman video akan dihapus. Wawancara akan dilaksanakan selama 1-1,5 jam, sedangkan waktu dan tempat akan mengikuti keputusan anda berdasar keamanan dan kenyamanan anda. Saya juga akan meminta persetujuan anda untuk membuat catatan selama wawancara. Anda dapat memilih bagaimana peran asisten peneliti dalam menyiapkan dan mengatur wawancara online. Seorang pendamping wawancara pria akan terlibat pada saat wawancara. Anda juga dapat membawa atau mengajak orang terpercaya anda untuk mendampingi anda saat wawancara, dan orang tersebut akan diminta untuk menandatangani persetujuan untuk melindungi kerahasiaan informasi dan privasi yang anda ungkapkan saat wawancara.
- Jika anda merasa tidak nyaman saat wawancara, saya akan menghentikan proses wawancara dan kita akan mendiskusikan bagaimana mengatasinya. Asisten peneliti adalah mahasiswa Magister Psikologi Profesi bidang klinis yang telah menyelesaikan program internship sehingga dapat membantu anda jika dibutuhkan. Saya juga akan menyediakan akses ke Laboratorium Psikologi Terapan, Fakultas Psikologi Universitas Ahmad Dahlan jika anda membutuhkan layanan psikologis terkait masalah yang muncul karena wawancara.
- Setelah wawancara, akan dilakukan transkrip hasil wawancara dalam bentuk tulisan dan anda akan ditawari untuk membaca, mempertimbangkan ulang atau melakukan perubahan jika dibutuhkan. Jika anda sudah puas dengan hasil transkrip, anda diminta untuk menandatangani persetujuan rilis transkrip wawancara. Hanya saya dan supervisor saya yang memiliki akses terhadap lembar persetujuan partisipan, transkrip, catatan wawancara, dan terlibat dalam analisis hasil wawancara.
- Partisipan akan menerima suvenir sebagai kompensasi kesediaan berpartisipasi. Saya juga akan menyediakan biaya internet dan ongkos transportasi jika anda membutuhkan biaya perjalanan menuju lokasi wawancara
- Ketika penelitian sudah selesai, anda akan di hubungi kembali untuk mendiskusikan hasil penelitian dan memberikan umpan balik jika dibutuhkan.

Manajemen Data

Lembar persetujuan partisipan yang telah ditandatangani akan disimpan oleh co-supervisor saya di Indonesia yaitu Dra. Elli Nur Hayati, PhD. Identitas anda akan tetap rahasia dan segala informasi yang berkaitan dengan anda akan dihapus pada saat proses transkripsi. Hasil rekaman video akan dihapus setelah wawancara dan rekaman suara akan dihapus setelah proses transkripsi selesai. Hasil transkrip dan catatan wawancara akan disimpan di perangkat dengan password dan di back-up di online clouds. Jika anda menginginkan ringkasan hasil penelitian, anda dapat menghubungi saya secara langsung.

Hak-hak Partisipan

Anda tidak berkewajiban untuk menerima undangan untuk berpartisipasi pada penelitian ini. Namun jika anda memutuskan berpartisipasi, anda memiliki hak yaitu:

- ♦ Tidak menjawab pertanyaan tertentu.
- ♦ Mundur dari penelitian ini kapanpun anda mau selama persetujuan rilis transkrip belum ditandatangani.
- ♦ Menanyakan apapun tentang studi ini kapanpun selama menjadi partisipan.
- ♦ Meminta recorder untuk dimatikan kapanpun selama interview.
- ♦ Memberikan informasi yang dibutuhkan penelitian ini dan memahami bahwa nama anda dan hal-hal yang berkaitan dengan identitas anda tidak akan digunakan dalam transkrip.
- ♦ Memiliki waktu untuk membaca, mempertimbangkan ulang dan meng-edit hasil transkrip sebelum di analisis.
- ♦ Mendapatkan akses untuk ringkasan hasil penelitian setelah mencapai kesimpulan.

Terima kasih telah meluangkan waktu membaca lembar informasi ini. Partisipasi dalam penelitian bersifat suka rela dan rahasia. Seseorang yang memberikan lembar ini tidak perlu anda beri tahu apakah anda berminat menghubungi saya atau tidak. Anda dapat menghubungi saya secara langsung. Jika anda membutuhkan bantuan dari orang yang memberikan informasi ini kepada anda untuk menghubungi saya, maka orang tersebut perlu menandatangani persetujuan jaminan kerahasiaan untuk melindungi identitas anda. Anda dan saya dapat mengatur waktu pertemuan awal untuk mendiskusikan penelitian ini dan keterlibatan anda untuk berpartisipasi.

Kontak Peneliti

Peneliti:
Nurfitria Swastiningsih,

Supervisor:
Prof. Mandy Morgan,
Dr. Ann Rogerson,
Dra. Elli Nur Hayati,

Unit Pelayanan Psikologi UAD:
Laboratorium Psikologi Terapan,

Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia

INFORMATION SHEET
Study 3: Co-workers or supervisors

Researcher Introduction:
My name is Nurfitria Swastiningsih and I am completing this project as a component of my doctoral study in the School of Psychology at Massey University, Palmerston North, New Zealand. I have been working as a lecturer in the Faculty of Psychology, Universitas Ahmad Dahlan, Yogyakarta, Indonesia since 2009 and have been a member of the breastfeeding-support organization Asosiasi Ibu Menyusui Indonesia (AIMI) *or* Indonesian Breastfeeding Mothers Association for the past 9 years. I am also experienced as a breastfeeding-working-mother.
If you have any questions related to this study or are interested in participating, please do not hesitate to contact me for further information or to contact my primary supervisor Prof. Mandy Morgan from Massey University, my co-supervisors Dr. Ann Rogerson from Massey University and Dra. Elli Nur Hayati, PhD, from Universitas Ahmad Dahlan as my Indonesian supervisor.

Project Description and Invitation:
Thank you for taking the time to read this information sheet. I would like to invite you to participate in this study and work collaboratively with you to better understand **the practice of breastfeeding in the workplace and your experiences as co-workers or supervisors of breastfeeding-working-mothers**.

According to the WHO guidelines and the First 1000 days program that is acknowledged by the government of Indonesia, one of the important agendas for breastfeeding is the sustainability of breastfeeding for two years or more. Breastfeeding is beneficial not only for the health of babies, mothers and families, but also the wellbeing of society as a whole. However, breastfeeding is not always easy especially for working mothers. Mothers face many challenges to manage breastfeeding and working even though it is supported by government policies and regulations. There are mothers who successfully manage breastfeeding and working. The aim of this project is to learn about successful breastfeeding experiences of working mothers, how they manage the challenges and also about the involvement of their support systems to enable successful breastfeeding. The success of breastfeeding is not merely a mother's responsibility but also involves the availability of support from the ecological environment surrounding the mothers such as husbands, the workplace, government policies and regulations. The overall project will involve three groups of participants that will be interviewed individually: breastfeeding-working-mothers, husbands of breastfeeding-working-mothers, and co-workers and supervisors from the workplace.
The findings of this study are expected to enable a better understanding about breastfeeding-working-mothers' needs and their layered support systems. We aim to raise awareness that managing breastfeeding and working is possible and would like to improve community comprehension that supporting women to breastfeed will have a positive impact on children's health and working mothers' wellbeing. We would like to

share the knowledge we gain from this study to help inform and strengthen support systems for breastfeeding-working-mothers in the future.

Participant Identification and Recruitment:
I am recruiting participants through convenience sampling. I will share this information sheet with my trusted intermediary contacts through my social networks, the Indonesian Breastfeeding Mothers Association (AIMI) and AyahASI Indonesia. They will circulate the information sheets amongst people who meet the criteria and might be interested in taking part in the project. If you have received this information sheet, it means that you meet the criteria for the study. To participate, you should be **co-workers or supervisors of breastfeeding-working-mothers in your workplace OR have the experience as a co-worker or supervisor of breastfeeding-working-mothers**.
Up to 8-10 participants will be involved in the project. If you would like to participate, you can contact me directly or you can share your contact details with my trusted colleague who has shared this information sheet with you, and they will pass your details on to me so I can contact you directly. As participants, your privacy and confidentiality will be protected. If you decide to contact me directly, the person who shared this information sheet with you will not know you have contacted me directly. If you ask the person who shared this information sheet to contact me on your behalf, they will sign a confidentiality agreement form to protect your privacy, confidentiality and contact details as a participant of this project.

COVID-19 Provision
Due to the COVID-19 situation and travel restrictions both in New Zealand and Indonesia, I am currently unable to travel to Indonesia. Therefore, we will be conducting interviews online via a video call application and there will be a proxy interviewer available to assist your participation.
The role of proxy interviewer will be to:

- Provide the documents that you need in hard copy form such as information sheets, informed consent, and transcript release forms.
- Provide the facilities for interviews such as a laptop, internet connection, transportation, setting-up a time and place for the interview, and to be present during the interview (if requested).
- Help you with support if at any time you may feel uncomfortable during the interview.

We will respect your decision regarding the time and place you decide to do the interview based on your safety and convenience.

Project Procedures
If you decide to participate, it is important for you to have a clear understanding of the research purpose and procedures. This will be explained to you on our initial meeting. The project procedures are as follows:

- Signing the consent form if you decide to participate. This will ensure that your participation is confidential, and your privacy will be protected throughout. I will use a pseudonym to protect your identity. The signed consent form will be transferred by the proxy interviewer to Dra. Elli Nur Hayati, PhD, my Indonesian supervisor, and they will be kept in a secure place.
- You will participate in an online interview via a video call application. The interview will be semi-structured and conversational. I will ask for verbal consent

to record the interview. The interview will be digitally recorded but I will only use the audio recording and the video recording will be deleted immediately after the interview. I will also ask your consent to take notes during the interview. The interview will take 1-1.5 hours of your time at the time and place you decide is best for you based on your safety and convenience. You may choose how the proxy interviewer will help you if required to set up the online interview. If you are male, there will be male co-interviewer present during the interview. You may also have your own support person with you during the interview, and they will be asked to sign a confidentiality agreement to ensure that anything you share in the interview remains private and confidential.

- If you experience discomfort during the interview, I will pause the interview or take a break and we can discuss available support. I can also provide you access to Laboratorium Psikologi Terapan (Applied Psychology Laboratory) of the Faculty of Psychology, Universitas Ahmad Dahlan if counselling is appropriate.
- After the interview, I will transcribe the audio recording into a written digital format and you will be offered the opportunity to read, consider and request changes if needed. If you are happy with the transcripts and notes, you will be asked to sign the transcript release form. Only myself and my supervisors will have access to the consent forms, transcripts, notes and will participate in the interview analysis.
- Participants will receive a souvenir as compensation for participating. The internet cost for the online interview and transportation expenses (if necessary) will be provided by the researcher.
- Once the research is finished, you will be confidentially contacted to discuss the findings and to give feedback if requested.

Data Management

Informed consent forms signed by participants will be stored in a secure locked location by my Indonesian supervisor Dra. Elli Nur Hayati, PhD. Your identity will remain confidential and any identifying information will be removed during transcription.

The video recording will be deleted after the interview and the audio recording will be deleted after transcription has been completed. The transcript and notes will be stored in a password protected device and backed-up in password-protected online clouds. You may request a summary of findings by contacting me.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- Decline to answer any particular question.
- Withdraw from the study at any time prior to signing your transcript release form.
- Ask any questions about the study at any time during participation.
- Ask the recording to be turned off at any time during interview.
- Provide information on the understanding that your name and identifiable information will not be used.
- Have time to read, consider, discuss and edit the transcripts prior to analysis.
- Be given access to a summary of the project findings when it is concluded.

Thank you very much for taking the time to read this information sheet. Participating in this project is voluntary and confidential. The person who passed you this information sheet does not need to know whether or not you intend to contact me. You can contact me directly. Should you need help from the person who passed you this information sheet to

contact me, they will sign a confidentiality agreement to protect your identity. We can arrange an initial meeting to discuss this project and your participation.

Project Contacts

The researcher:
Nurfitria Swastiningsih, [redacted]

Project Supervisors:
Prof. Mandy Morgan, [redacted]
Dr. Ann Rogerson, [redacted]
Dra. Elli Nur Hayati, [redacted]

Support Agencies Contact Details:
Laboratorium Psikologi Terapan, Unit Pelayanan Psikologi, [redacted]

MASSEY UNIVERSITY
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TE KURA PŪKENGA TANGATA

Life as breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia

(Kehidupan ibu menyusui yang bekerja: memahami tantangan dan sistem dukungan yang berkontribusi terhadap keberhasilan menyusui pada ibu bekerja di Indonesia)

LEMBAR INFORMASI
STUDI 3: REKAN KERJA ATAU ATASAN

Pengantar

Nama saya Nurfitria Swastiningsih, dosen Fakultas Psikologi Universitas Ahmad Dahlan, Yogyakarta. Saat ini saya sedang menempuh studi doktoral di School of Psychology, Massey University, Palmerston North, New Zealand dan penelitian ini dilaksanakan sebagai bagian dari studi doktoral saya. Saya memiliki pengalaman pribadi sebagai ibu menyusui yang bekerja dan tergabung dalam organisasi pendukung ibu menyusui selama kurang lebih 9 tahun.

Apabila anda memiliki pertanyaan yang berhubungan dengan studi ini atau tertarik untuk berpartisipasi, anda dapat menghubungi saya untuk informasi lebih lanjut atau menghubungi supervisor utama saya yaitu Prof. Mandy Morgan dan co-supervisor Dr. Ann Rogerson dari Massey University atau Dr. Elli Nur Hayati, PhD dari Universitas Ahmad Dahlan sebagai supervisor saya di Indonesia.

Deskripsi Studi

Terima kasih saya ucapkan kepada anda karena telah meluangkan waktu untuk membaca lembar informasi penelitian ini. Saya bermaksud mengundang anda untuk berpartisipasi dalam studi ini dan bekerja secara kolaboratif dengan anda untuk memahami lebih dalam mengenai **praktek menyusui ditempat kerja dan pengalaman anda sebagai rekan kerja atau atasan dari ibu menyusui yang bekerja.**

Menurut panduan dari WHO dan program 1000 Hari Pertama Kehidupan (HPK) yang juga di terapkan oleh pemerintah Indonesia, keberlangsungan menyusui sangat penting hingga setidaknya selama 2 tahun atau lebih. Menyusui sangat bermanfaat tidak hanya untuk bayi tapi juga ibu, keluarga dan bahkan untuk kesejahteraan masyarakat secara luas. Namun, menyusui tidak selalu mudah dilakukan khususnya bagi ibu bekerja. Ada tantangan dan kesulitan dialami ibu bekerja meskipun ada kebijakan dan aturan pemerintah mengenai dukungan menyusui di tempat kerja. Akan tetapi, ada ibu-ibu yang sukses menjalankan peran sebagai ibu menyusui yang bekerja. Tujuan penelitian ini untuk mempelajari tentang pengalaman sukses menyusui pada ibu bekerja, bagaimana menghadapi tantangan dan juga keterlibatan lingkungan sekitar untuk mewujudkannya. Kesuksesan ibu menyusui bukan semata tanggung jawab ibu saja tapi juga adanya

dukungan dari lingkungan sekitar seperti suami, tempat kerja, serta kebijakan dan aturan pemerintah.

Keseluruhan penelitian ini melibatkan tiga kelompok partisipan yang akan diwawancara masing-masing secara individual yaitu: para ibu menyusui yang bekerja, suami dari ibu menyusui yang bekerja dan perwakilan dari tempat kerja seperti rekan kerja dan atasan. Temuan dari penelitian ini diharapkan dapat memahami dengan lebih baik mengenai kebutuhan ibu menyusui yang bekerja dan dukungan yang berlapis dari lingkungan sekitarnya. Peneliti bermaksud untuk meningkatkan kesadaran dan pemahaman bahwa menyusui dan bekerja itu mungkin dilakukan dan juga meningkatkan pemahaman kepada lingkungan atau komunitas sekitar bahwa dengan mendukung ibu untuk menyusui memiliki dampak positif pada kesehatan anak dan juga kesejahteraan ibu. Peneliti akan berbagi hasil penelitian ini untuk membantu menginformasikan dan menguatkan sistem dukungan bagi ibu menyusui yang bekerja di masa yang akan datang

Identifikasi dan pemilihan partisipan

Saya membagikan lembar informasi penelitian ini kepada kolega atau rekan yang saya percaya melalui jaringan sosial saya dan juga organisasi AIMI dan Ayah ASI Indonesia. Kolega saya tersebut akan membagikan informasi ini kepada orang-orang yang memenuhi kriteria partisipan penelitian dan tertarik untuk berpartisipasi. Jika anda menerima lembar informasi ini, berarti anda memenuhi kriteria partisipan penelitian ini. Kriterianya yaitu: **rekan kerja atau atasan dari ibu menyusui yang bekerja, ATAU memiliki pengalaman sebagai rekan kerja atau atasan dari ibu menyusui yang bekerja.**

Saya akan melibatkan 8-10 partisipan untuk terlibat dalam studi ini. Jika anda tertarik untuk berpartisipasi, anda dapat langsung menghubungi saya atau memberikan kontak anda kepada seseorang yang memberikan lembar informasi kepada anda dan orang tersebut akan memberikan nomor anda ke saya lalu saya akan menghubungi anda. Sebagai partisipan, privasi dan kerahasiaan anda akan dilindungi. Jika anda memutuskan untuk menghubungi saya secara langsung untuk berpartisipasi, seseorang yang membagikan lembar informasi kepada anda tidak perlu tahu. Namun jika anda memberikan kontak anda kepada seseorang tersebut, maka ia akan menandatangani perjanjian untuk melindungi privasi dan kerahasiaan informasi terkait keterlibatan anda dalam penelitian ini.

Ketentuan COVID-19

Terkait dengan situasi pandemi COVID-19 dan pembatasan perjalanan antara New Zealand & Indonesia maka tidak memungkinkan bagi saya untuk datang ke Indonesia. Oleh karena itu, wawancara akan dilakukan secara online menggunakan video call. Saya melibatkan seorang asisten peneliti untuk membantu saya dengan peran sebagai berikut:

- Menyediakan dokumen yang dibutuhkan dalam bentuk hard copy seperti lembar informasi penelitian, lembar persetujuan partisipan, dan juga persetujuan rilis transkrip wawancara.
- Menyediakan fasilitas untuk wawancara seperti laptop, koneksi internet, transportasi, mengatur waktu dan tempat untuk wawancara, dan hadir saat wawancara (jika diminta).
- Asisten peneliti akan membantu menyediakan dukungan dan bantuan jika saat wawancara anda merasa tidak nyaman.

Kami akan menghargai dan menyesuaikan dengan kondisi anda terkait waktu dan tempat wawancara sesuai keamanan dan kenyamanan anda.

Prosedur Penelitian

Jika anda memutuskan untuk berpartisipasi, penting bagi anda untuk memahami dengan jelas tujuan dan prosedur penelitian. Hal ini akan saya jelaskan pada pertemuan awal dengan anda. Beberapa prosedurnya adalah sebagai berikut:

- Menandatangani Informed Consent (lembar persetujuan partisipan) untuk memastikan bahwa keterlibatan anda adalah rahasia dan privasi anda akan dilindungi. Saya akan menggunakan nama samaran untuk mengidentifikasi anda dan segala informasi yang berkaitan dengan anda akan dihapus. Lembar persetujuan partisipan yang telah ditandatangani akan disimpan ditempat yang aman oleh Dra. Elli Nur Hayati, PhD., co-supervisor saya.
- Wawancara online akan dilakukan menggunakan aplikasi Zoom. Saya akan menanyakan kembali kepada anda secara langsung mengenai persetujuan untuk merekam wawancara. Recording dilakukan dengan menggunakan fasilitas pada aplikasi Zoom dan akan terdapat hasil rekaman video dan suara, namun saya hanya akan menggunakan hasil rekaman suara dan rekaman video akan dihapus. Wawancara akan dilaksanakan selama 1-1,5 jam, sedangkan waktu dan tempat akan mengikuti keputusan anda berdasar keamanan dan kenyamanan anda. Saya juga akan meminta persetujuan anda untuk membuat catatan selama wawancara. Anda dapat memilih bagaimana peran asisten peneliti dalam menyiapkan dan mengatur wawancara online. Bagi partisipan berjenis kelamin pria, seorang pendamping wawancara pria akan terlibat pada saat wawancara. Anda juga dapat membawa atau mengajak orang terpercaya anda untuk mendampingi anda saat wawancara, dan orang tersebut akan diminta untuk menandatangani persetujuan untuk melindungi kerahasiaan informasi dan privasi yang anda ungkapkan saat wawancara.
- Jika anda merasa tidak nyaman saat wawancara, saya akan menghentikan proses wawancara dan kita akan mendiskusikan bagaimana mengatasinya. Asisten peneliti adalah mahasiswa Magister Psikologi Profesi bidang klinis yang telah menyelesaikan program internship sehingga dapat membantu anda jika dibutuhkan. Saya juga akan menyediakan akses ke Laboratorium Psikologi Terapan, Fakultas Psikologi Universitas Ahmad Dahlan jika anda membutuhkan layanan psikologis terkait masalah yang muncul karena wawancara.
- Setelah wawancara, akan dilakukan transkrip hasil wawancara dalam bentuk tulisan dan anda akan ditawari untuk membaca, mempertimbangkan ulang atau melakukan perubahan jika dibutuhkan. Jika anda sudah puas dengan hasil transkrip, anda diminta untuk menandatangani persetujuan rilis transkrip wawancara. Hanya saya dan supervisor saya yang memiliki akses terhadap lembar persetujuan partisipan, transkrip, catatan wawancara, dan terlibat dalam analisis hasil wawancara.
- Partisipan akan menerima suvenir sebagai kompensasi kesediaan berpartisipasi. Saya juga akan menyediakan biaya internet dan ongkos transportasi jika anda membutuhkan biaya perjalanan menuju lokasi wawancara
- Ketika penelitian sudah selesai, anda akan di hubungi kembali untuk mendiskusikan hasil penelitian dan memberikan umpan balik jika dibutuhkan.

Manajemen Data

Lembar persetujuan partisipan yang telah ditandatangani akan disimpan oleh co-supervisor saya di Indonesia yaitu Dra. Elli Nur Hayati, PhD. Identitas anda akan tetap rahasia dan segala informasi yang berkaitan dengan anda akan dihapus pada saat proses transkripsi. Hasil rekaman video akan dihapus setelah wawancara dan rekaman suara akan dihapus setelah proses transkripsi selesai. Hasil transkrip dan catatan wawancara

akan disimpan di perangkat dengan password dan di back-up di online clouds. Jika anda menginginkan ringkasan hasil penelitian, anda dapat menghubungi saya secara langsung.

Hak-hak Partisipan

Anda tidak berkewajiban untuk menerima undangan untuk berpartisipasi pada penelitian ini. Namun jika anda memutuskan berpartisipasi, anda memiliki hak yaitu:

- Tidak menjawab pertanyaan tertentu.
- Mundur dari penelitian ini kapanpun anda mau selama rilis transkrip belum ditandatangani.
- Menanyakan apapun tentang studi ini kapanpun selama menjadi partisipan.
- Meminta recorder untuk dimatikan kapanpun selama interview.
- Memberikan informasi yang dibutuhkan penelitian ini dan emahami bahwa nama anda dan hal-hal yang berkaitan dengan identitas anda tidak akan digunakan dalam transkrip.
- Memiliki waktu untuk membaca, mempertimbangkan ulang dan meng-edit hasil transkrip sebelum di analisis.
- Mendapatkan akses untuk ringkasan hasil penelitian setelah mencapai kesimpulan.

Terima kasih telah meluangkan waktu membaca lembar informasi ini. Partisipasi dalam penelitian bersifat suka rela dan rahasia. Seseorang yang memberikan lembar ini tidak perlu anda beri tahu apakah anda berminat menghubungi saya atau tidak. Anda dapat menghubungi saya secara langsung. Jika anda membutuhkan bantuan dari orang yang memberikan informasi ini kepada anda untuk menghubungi saya, maka orang tersebut perlu menandatangani persetujuan jaminan kerahasiaan untuk melindungi identitas anda. Anda dan saya dapat mengatur waktu pertemuan awal untuk mendiskusikan penelitian ini dan keterlibatan anda untuk berpartisipasi.

Kontak Peneliti

Peneliti:
Nurfitria Swastiningsih,

Supervisor:
Prof. Mandy Morgan,
Dr. Ann Rogerson,
Dra. Elli Nur Hayati,

Unit Pelayanan Psikologi UAD:
Laboratorium Psikologi Terapan,

APPENDIX 3. Informed Consent (English and Indonesian Version)

Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia

CONSENT FORM

I have read and understand the Information Sheet provided. I have had the details of the study explained to me, my questions have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time prior to signing-off transcript release.

1. I **agree** / **do not agree** to the interview being sound recorded
   *with the condition using zoom recording facilities will record both video and audio, but the video will be deleted after the interview and the research will only use the audio recording.
2. I understand the role of the proxy interviewer and I choose this option:
   a. To provide technical facilities and be present during the interview
   b. The proxy interviewer will send the technical facilities to me, but do not require be present during the interview and will pick up the technical facilities after the interview finished.
   c. I do not require any assistance from the proxy interviewer to be present during the interview or provide the technical facilities, but the expense of the internet cost for the interview will be the researcher's responsibility.
3. I **wish** / **do not wish** to nominate my own support person to be present during the interview.
4. I **wish** / **do not wish** to have my recordings returned to me.
5. I agree to participate in this study under the conditions set out in the Information Sheet.

Declaration by Participant:

I ___________________________________ hereby consent to take part in this study.

Signature: _________________________ Date: _________________________

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(Kehidupan ibu menyusui yang bekerja: memahami tantangan dan sistem dukungan yang berkontribusi terhadap keberhasilan menyusui pada ibu bekerja di Indonesia)

LEMBAR PERSETUJUAN PARTISIPAN
(*CONSENT FORM*)

Saya telah membaca dan memahami lembar informasi ini dan sudah mendapatkan penjelasan detil mengenai penelitian ini. Semua pertanyaan yang saya ajukan terkait penelitian ini telah dijawab oleh peneliti dengan memuaskan dan saya paham bahwa saya dapat mengajukan pertanyaan lebih lanjut kapan saja. Saya mendapatkan cukup waktu untuk mempertimbangkan keterlibatan saya di penelitian ini dan saya mengerti bahwa keterlibatan dalam penelitian ini bersifat sukarela. Saya dapat mengundurkan diri dari studi ini kapan saja sebelum penandatanganan persetujuan rilis transkrip wawancara.

1. Saya **bersedia / tidak bersedia)*** untuk di rekam saat wawancara
   (Rekaman menggunakan fasilitas recording dari Zoom yang otomatis akan merekam video dan audio, tetapi rekaman video akan dihapus setelah wawancara dan yang akan digunakan hanya rekaman audio).
2. Saya mengerti dan paham peran dari asisten peneliti dan memilih (lingkari pilihan anda):
   a. Asisten peneliti menyediakan fasilitas teknis untuk wawancara dan mendampingi saat wawancara
   b. Asisten peneliti akan mengirimkan fasilitas teknis untuk wawancara tapi tidak perlu mendampingi saat wawancara dan akan kembali untuk mengambil fasilitas teknis tersebut setelah wawancara selesai
   c. Saya tidak membutuhkan bantuan apapun dari asisten peneliti baik untuk menyediakan fasilitas teknis ataupun mendampingi saat wawancara, namun biaya kuota internet yang dibutuhkan untuk wawancara akan ditanggung oleh peneliti.
3. Saya **akan / tidak akan)*** mengajak orang terdekat saya sendiri untuk mendampingi saya saat wawancara.
4. Saya **ingin / tidak ingin)*** hasil rekaman dikembalikan kepada saya
5. Saya bersedia untuk berpartisipasi dalam penelitian ini sesuai dengan kondisi yang telah dijelaskan di lembar informasi penelitian.

***coret yang tidak perlu**

Pernyataan kesediaan:

Saya ____ dengan ini menyatakan bersedia berpartisipasi dalam penelitian ini.

Tanda tangan: _______________________ Tanggal: ____________________

APPENDIX 4. Confidentiality Agreement (English and Indonesian Version)

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Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia

CONFIDENTIALITY AGREEMENT

Intermediary Contact

I ____ as the intermediary contact of the project, agree to keep confidential the identity and all personal information regarding potential participants of the project titled "Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia".

I will not retain or copy any information involving the project.

Signature: ____________________ Date: _________________

Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia

CONFIDENTIALITY AGREEMENT

Proxy Interviewer

I ____ agree to accept the role of proxy interviewer on the project titled "Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia".

I agree to keep confidential all the information provided to me, including the identity of participants and any support people attending their interview. I will not retain or copy any information involving the project.

Signature: ________________________________ Date: _____________________

Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia

CONFIDENTIALITY AGREEMENT

Co-Interviewer

I ____ agree to accept the role of co-interviewer on the project titled “Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia”.

I agree to keep confidential all the information provided to me, including the identity of participants and any support people attending their interview. I will not retain or copy any information involving the project.

Signature: ________________________________ Date: _____________________

Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia

CONFIDENTIALITY AGREEMENT

Support Person

I ____, agree to be support person of participant name ____ on the project titled "Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia".

I agree to keep confidential all the information provided to me. I will not retain or copy any information involving the project.

Signature: _________________________________ Date: ______________________

MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪKENGA TANGATA

Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia

(Kehidupan ibu menyusui yang bekerja: memahami tantangan dan sistem dukungan yang berkontribusi terhadap keberhasilan menyusui pada ibu bekerja di Indonesia)

PERSETUJUAN MENJAGA KERAHASIAAN

Kontak Perantara

(Intermediary Contact)

Saya ____ sebagai kontak perantara antara peneliti dengan partisipan penelitian, bersedia menjaga privasi, kerahasiaan identitas dan segala informasi terkait partisipan penelitian yang berjudul *"Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia"*
Saya tidak akan menyimpan ataupun menyalin informasi apapun yang terkait dengan penelitian ini.

Tanda tangan: ____________________________ Tanggal: __________________

Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia

(Kehidupan ibu menyusui yang bekerja: memahami tantangan dan sistem dukungan yang berkontribusi terhadap keberhasilan menyusui pada ibu bekerja di Indonesia)

PERSETUJUAN MENJAGA KERAHASIAAN

Asisten Peneliti

(Proxy Interviewer)

Saya____ menyatakan bersedia untuk menjadi asisten peneliti pada penelitian yang berjudul *"Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia"*. Terkait dengan peran saya sebagai asisten peneliti, saya bersedia untuk menjaga privasi, kerahasiaan identitas partisipan dan *support person* (jika ikut hadir saat wawancara) dan segala informasi terkait dengan partisipan penelitian.

Saya tidak akan menyimpan ataupun menyalin informasi apapun yang terkait dengan penelitian ini.

Tanda tangan: ____________________________ Tanggal: __________________

Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia

(Kehidupan ibu menyusui yang bekerja: memahami tantangan dan sistem dukungan yang berkontribusi terhadap keberhasilan menyusui pada ibu bekerja di Indonesia)

PERSETUJUAN MENJAGA KERAHASIAAN

Co-Interviewer

Saya_____________________________________ menyatakan bersedia untuk menjadi co-interviewer pada penelitian yang berjudul *"Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia".* Terkait dengan peran saya sebagai co-interviewer, saya bersedia untuk menjaga privasi, kerahasiaan identitas partisipan dan *support person* (jika ikut hadir saat wawancara) dan segala informasi terkait dengan partisipan penelitian.

Saya tidak akan menyimpan ataupun menyalin informasi apapun yang terkait dengan penelitian ini.

Tanda tangan: ____________________________ Tanggal: __________________

Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia

(Kehidupan ibu menyusui yang bekerja: memahami tantangan dan sistem dukungan yang berkontribusi terhadap keberhasilan menyusui pada ibu bekerja di Indonesia)

PERSETUJUAN MENJAGA KERAHASIAAN

Support Person

Saya____ menyatakan bersedia untuk menjadi support person/pendamping partisipan pada saat wawancara penelitian yang berjudul *"Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia"*. Terkait dengan peran saya sebagai pendamping partisipan, saya bersedia untuk menjaga privasi, kerahasiaan identitas dan segala informasi terkait dengan partisipan penelitian.

Saya tidak akan menyimpan ataupun menyalin informasi apapun yang terkait dengan penelitian ini.

Tanda tangan: ______________________________ Tanggal: ___________________

APPENDIX 5. Authority for The Release of Transcript (English and Indonesian Version)

Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia

AUTHORITY FOR THE RELEASE OF TRANSCRIPT

I confirm that I have had the opportunity to read and amend the transcript of the interview(s) conducted with me.

I agree that the edits, transcript and extracts from this may be used in reports and publications arising from the research.

Signature : _______________________________ Date: _________________

Full Name : ____________________________________

MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪKENGA TANGATA

Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working mothers in Indonesia

(Kehidupan ibu menyusui yang bekerja: memahami tantangan dan sistem dukungan yang berkontribusi terhadap keberhasilan menyusui pada ibu bekerja di Indonesia)

PERSETUJUAN RILIS TRANSKRIP WAWANCARA

Saya menyatakan bahwa saya telah diberi kesempatan untuk membaca dan mengubah transkrip wawancara yang dilakukan terhadap saya.

Saya setuju dan bersedia bahwa transkrip wawancara dan informasi yang saya berikan dapat digunakan dalam laporan dan publikasi dari penelitian ini.

Tanda tangan :____________________________

Tanggal :____________________________

Nama lengkap :____________________________

APPENDIX 6. Supporting Letters

Asosiasi Ibu Menyusui Indonesia (AIMI)
Gedung Teras Sebelas, Jl. Jeruk Purut No.11 – Cilandak
Jakarta Selatan 12560 Indonesia
Tel : (021) 78847714 / 78836417
Email : kontak@aimi-asi.org
Website : www.aimi-asi.org

STATEMENT LETTER

Regarding research collaboration request we received from:

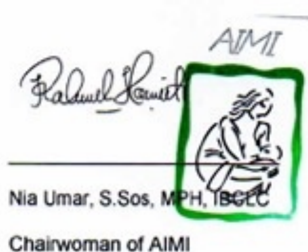
Name	: Nurfitria Swastiningsih
Institution	: School of Psychology, Massey University, New Zealand
Research Title	: Life as a breastfeeding-working-mother: understanding challenges and support systems that contribute to the success of breastfeeding among working-mothers in Indonesia

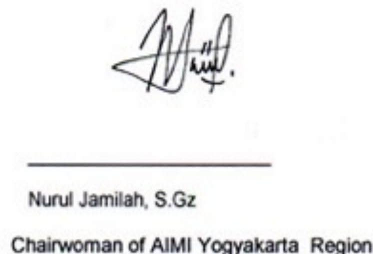
We hereby declare that AIMI agrees to act as intermediary in participants recruitment.

AIMI is a non-profit organization based on a group of breastfeeding mothers which aims to disseminate knowledge and information about breastfeeding and increase the number of breastfeeding mothers in Indonesia. The scope of the research to be carried out is in line with the vision and mission of AIMI. We have also contacted and coordinated the research process with AIMI's branch in Yogyakarta region where researcher will recruit participants. We hope that the research can be carried out well and will make a positive contribution to AIMI and breastfeeding mothers in Indonesia.

Thus, this statement is made to be used accordingly.

Jakarta, November 16, 2020





Nia Umar, S.Sos, MPH, IBCLC
Chairwoman of AIMI

Nurul Jamilah, S.Gz
Chairwoman of AIMI Yogyakarta Region

Jakarta, October 25, 2020

To Whom It May Concern:

I am writing to confirm that as the Co-Founder of Ayah ASI Indonesia, I have been informed of the research entitled "Life as a breastfeeding-working-mother: understanding challenges and support systems that contribute to the success of breastfeeding among working-mothers in Indonesia". The project is being undertaken by Nurfitria Swastiningsih, a doctoral student at Massey University under supervision of Prof. Mandy Morgan, Dr. Ann Rogerson and Dra. Elli Nur Hayati, Ph.D.

I confirm that I have given my agreement for Ayah ASI Indonesia to involve as supporting organization for the research and to be trusted intermediary contact to access participants for the study. As the breastfeeding support organization, we need to improve our understanding of breastfeeding situation especially for working mother in Indonesia. Managing breastfeeding and working could be challenging and we expect to gain information on how the organization might provide support for these mothers.

Sincerely yours,

Rahmat Hidayat
Co-Founder AyahASI Indonesia

The Indonesian Breastfeed-Supporting Fathers Initiative is a social movement for fathers in providing support for increasing the breastfeeding rates in Indonesia. We started our activities since 2011 and inspire similar movements in more than15 cities in Indonesia.

APPENDIX 7. Interview Schedule (English and Indonesian Version)

Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working-mothers in Indonesia

INTERVIEW SCHEDULE
"Breastfeeding working mother"

The interview is semi-structured and conversational. This will start with an informal conversation and develop rapport. Participants are encouraged to share their own stories based on their experience through their perspective. At the beginning I will focus on setting-up the atmosphere with activities such as greeting the participant, support person, proxy interviewer and everyone involved in the interview, checking the recording, audio and video quality before getting started.

Introduction
In this part I will begin with saying "thank you" to the participant for participating in this study. I will explain the interview process as it has been mentioned in the information sheet, make sure that taking a break during the interview are acceptable and answer participant's question if any. I will obtain verbal consent to start the recording.

Interview questions
Breastfeeding experience (in general)

1. To start, would you mind telling me a little bit about yourself: family background, how many children do you have, how long have you been a breastfeeding-working mother
2. Can you tell me about your breastfeeding experience?
   For example: the experience as first-time mother, what breastfeeding means to you, and first breastfeeding experience.
3. Can you tell me about the challenges you have faced as a breastfeeding mother?
4. Can you recall how you experienced and managed those challenges?
5. Can you tell me about how people in your surroundings respond to you breastfeeding your children and how you felt about their responses?

Breastfeeding and working

1. Can you tell me about how you make decisions to manage breastfeeding and working? (e.g. Was your decision to breastfeed related to your religion? Did other women in your family breastfeed and work before you did? Was your husband involved in your decision to keep breastfeeding when you were working?)
2. Can you tell me more your experience as breastfeeding-working-mother generally?
   For example: how did you start breastfeeding at work, what is your workplace situation, what do you know about breastfeeding policy in the workplace?
3. Can you tell me how your colleagues responded to you on your first day at work as a breastfeeding-working-mother? (e.g. What kind of support did you received from your workplace? How did your workplace contribute to your success?)
4. Can you tell me about particular challenge you faced as breastfeeding-working-mother and how do you managed or coped with it? How do you feel being a breastfeeding-working-mother?

5. Can you describe your experience of support from people in your surrounding environment regarding your role as breastfeeding-working-mother?
   (How did your family respond? How did your community respond? Did your neighbours support you in any way?)
6. What do you expect from people in your environment to make you successful in breastfeeding? (family, workplace, health facilities, policies, wider community)
7. Can you describe how to be a successful breastfeeding-working-mother? What do you find most helpful to manage your role? What kind of advice would you suggest to fellow mothers in order to be successful breastfeeding-working-mother?

Closing

At the end of the interview, I will ask to participant if there is anything else they would like to share. Following this, I will ask participant about how they are feeling, whether any thing has left them feeling uncomfortable or distressed and how they would like to be supported. I will then make arrangements as needed by the participant.

Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working-mothers in Indonesia

INTERVIEW SCHEDULE
"Husband"

The interview is semi-structured and conversational. This will start with an informal conversation and develop rapport. Participants are encouraged to share their own stories based on their experience through their perspective. At the beginning I will focused on setting-up the atmosphere like greeting the participant, support person, proxy interviewer, introducing co-interviewer and everyone involve on the interview, checking the recording, audio and video quality before getting started.

Introduction
In this part I will begin with saying "thank you" to participant as they participate in this study. I will explain the interview process as it has been mentioned in the information sheet, make sure that taking a break during the interview is acceptable and answer participant's questions, if any. I will obtain a verbal consent to start the recording.

Interview questions

1. To start, would you mind telling me a little bit about yourself: family background, how many children do you have, how long have you been married?
2. What does being a father mean to you?
   (How do you feel being a father? What kind of activities that you do with your children? What kind of lessons you hope to teach your children about families? What particular challenge you have faced as a father?
3. Can you tell me your experience being a breastfeeding father? What does breastfeeding means to you as a father?
   (How do you feel when you see your wife breastfeeding, or your children being breastfed by your wife? What particular role or actions have you taken to support breastfeeding?
4. According to your experience, how can a father best take a role in breastfeeding?
5. Do you find particular challenge in taking the role you think is best for a father?
6. What will you suggest to another father about supporting breastfeeding for their family?

Closing
At the end of the interview, I will ask to participant if there is anything else, they would like to share. Following this, I will ask participant about how they are feeling, whether any thing has left them feeling uncomfortable or distressed and how they would like to be supported. I will then make arrangements as needed by the participant.

Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working-mothers in Indonesia

INTERVIEW SCHEDULE
"Co-worker/Supervisor"

The interview is semi-structured and conversational. This will start with an informal conversation and develop rapport. Participants are encouraged to share their own stories based on their experience through their perspective. At the beginning I will focused on setting-up the atmosphere like greeting the participant, support person, proxy interviewer and everyone involve on the interview, checking the recording, audio and video quality before getting started. For the male participants, I will introduce the role of male co-interviewer.

Introduction
In this part I will begin with saying "thank you" to participant as they participate in this study. I will explain about the interview process as it has been mentioned in the information sheet, make sure that taking a break during the interview are acceptable and answer participant's question if any. I will obtain a verbal consent to start the recording.

Interview questions

1. Are you aware of government regulation and policies about breastfeeding in the workplace? (if yes, then ask: How is the government regulation applied in your workplace? If no, then ask: what would you like to learn about government regulation and policies about breastfeeding and do you know where you could find the information you'd like to learn?)
2. What kind of support does your workplace provide for breastfeeding-working-mother?
3. Can you tell me about your first-time experiences working with breastfeeding-working-mothers in the workplace?
4. What challenges do you think breastfeeding-working-mothers face in the workplace?
5. Have you seen other people supporting breastfeeding-working-mothers?
6. How have you supported breastfeeding mothers in your workplace? (If appropriate)
7. Based on your experience, how is your working environment responding to breastfeeding in the workplace?

Closing
At the end of the interview, I will ask to participant if there is anything else they would like to share. Following this, I will ask participant about how they are feeling, whether any thing has left them feeling uncomfortable or distressed and how they would like to be supported. I will then make arrangements as needed by the participant.

Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working-mothers in Indonesia

INTERVIEW SCHEDULE
"Breastfeeding working mother"

Dimulai dengan pembicaraan informal dan mengembangkan rapport. Partisipan didorong untuk berbagi cerita pribadinya berdasarkan pengalamannya melalui perspektifnya. Peneliti menyapa partisipan & pendampingnya, menciptakan suasana nyaman, melakukan checking kualitas rekaman audio dan video sebelum mulai.

Introduction
Mengucapkan terimakasih pd partisipan krn telah bersedia berpartisipasi. Menjelaskan Kembali proses interview sbgmn telah disebutkan dalam information sheet, memastikan bahwa bisa break ditegah wawancara serta peneliti akan menjawab jika ada pertanyaan dari partisipan. Meminta verbal consent utk menyalakan rekaman dan ijin utk mencatat.

Interview questions
Breastfeeding experience (in general)

1. Dapatkah anda menceritakan sedikit tentang diri anda: latar belakang keluarga, berapa jumlah anak, apa pekerjaannya? berapa lama telah menjadi BWM? Pekerjaan suami?
2. Bisakah anda menceritakan tentang pengalaman menyusui anda?
   Sebagai contoh: pengalaman sbg first time mother, apa arti atau makna menyusui bagi anda dan bagaimana pengalaman menyusui pertama kali?
3. Dapatkah anda menceritakan mengenai tantangan yang anda hadapi sebagai ibu menyusui?
4. Bisakah anda mengingat Kembali pengalaman waktu itu apa yang dilakukan utk menghadapi tantangan tsb?
5. Dapatkah anda menceritakan bagaimana orang2 disekitar anda merespon menanggapi anda menyusui anak anda dan bagaimana perasaan anda terhadap respon orang2 tsb?
   (menurut anda bgmn sih respon orang2 sekitar anda thd anda yg menyusui anak anda? Atau scr umum bgmn sih pandangan org2 ttg menyusui sepengetahuan anda? Bgmn perasaan anda ttg reson tsb?)
6. (Secara umum bgmn dukungan sekitar? Suami dan keluarga dekat) bs kah anda mengingat suatu wkt dimana dukungan suami dirasakan sangat penting dan bermanfaat bagi anda?)

Breastfeeding and working

1. Dapatkah anda menceritakan bagaimana anda mengambil keputusan untuk bisa mengelola antara menyusui dan bekerja?
   (e.g: hal apa sajakah yg mempengaruhi anda mengambil keputusan tsb? Mengapa anda memutuskan itu? apakah keputusan anda menyusui terkait dengan agama anda? Apakah ada orang lain di keluarga anda yg punya pengalaman yg sama (baik sebelum atau saat ini jg sedang melakukannya), apakah suami anda terlibat dalam mengambil keputusan tersebut?)

Apa manfaat yg dirasakan?

2. Bisa kah anda ceritakan lebih dalam lagi mengenai pengalaman sbg BWM secara umum?
   Apa tujuan anda utk menyusui? Mengapa? Bgmn anda menilai pengalaman menyusui anda? Bagaimanakah ukuran sukses menyusui utk anda?
   (e.g: bagaimana anda mulai menyusui di tempat kerja? Seperti apakah situasi di tempat kerja? Apa yg anda ketahui tentang kebijakan menyusui di tempat kerja?)
3. Bisakah diceritakan bagaimana rekan kerja/kolega anda merespon (sikapnya) Ketika anda pertama kalinya kembali bekerja sebagai BWM setelah cuti bersalin habis?
   (e.g.: dukungan spt apa yang didapatkan dari tempat kerja? Menurut pengalaman anda, bagaimana kontribusi tempat kerja anda pada kesuksesan anda menyusui? →adakah kontribusinya?)
4. Dapatkah anda ceritakan mengenai tantangan khusus yg anda hadapi sbg BWM dan bagaimana anda mengelola atau mengatasinya? Bagaimana kesan (or feel) anda menjadi seorang BWM?
5. Bisakah anda menjelaskan pengalaman mengenai dukungan dari orang2 di sekitar anda terkait dengan peran anda sebagai BWM?
   (e.g: bagaimana respon dari keluarga anda (terutama suami)? Bagaimana respon dari komunitas anda? Adakah dukungan dr lingkungan sekitar spt tetangga?)
6. Apa yang anda harapkan dari orang2 di sekitar anda (di lingkungan anda) agar anda dapat sukses menyusui? (keluarga, tempat kerja, faskes, kebijakan, komunitas yg lebih luas lagi)
7. Bisakah anda menjelaskan bagaimana menjadi BWM yg sukses? Apa yang menurut anda paling membantu untuk bisa mengelola kedua peran tsb (menyusui dan bekerja)? Saran apakah yang akan anda berikan utk para ibu yang lain supaya bisa sukses menyusui dan bekerja?

Closing

Di akhir wawancara akan ditanyakan lagi adakah hal-hal lain yg masih ingin diceritakan? Lalu menanyakan bagaimana perasaan partisipan, adakah hal-hal yang tidak nyaman dan bagaimana partisipan ingin dibantu untuk mengatasi hal tersebut? Bisa dilanjutkan, bagaimana cara untuk mengatasi hal tersebut. Mengucapkan terimakasih, mematikan rekaman.

Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working-mothers in Indonesia

INTERVIEW SCHEDULE
"Husband"

Dimulai dengan pembicaraan informal dan mengembangkan rapport. Partisipan didorong untuk berbagi cerita pribadinya berdasarkan pengalamannya melalui perspektifnya. Peneliti menyapa partisipan & pendampingnya, menciptakan suasana nyaman, melakukan checking kualitas rekaman audio dan video sebelum mulai. Memperkenalkan co interviewer kepada partisipan.

Introduction
Mengucapkan terimakasih pd partisipan krn telah bersedia berpartisipasi. Menjelaskan Kembali proses interview sbgmn telah disebutkan dalam information sheet, memastikan bahwa bisa break ditegah wawancara serta peneliti akan menjawab jika ada pertanyaan dari partisipan. Meminta verbal consent utk menyalakan rekaman.

Interview questions
1. Dapatkah anda menceritakan sedikit tentang diri anda: latar belakang keluarga, berapa jumlah anak, sudah berapa lama anda menikah?
2. Apakah artinya atau maknanya menjadi seorang ayah bagi anda?
   (Bagaimana perasaan anda menjadi seorang ayah? Aktivitas apa saja yang anda lakukan bersama anak/sbrp sering?, Pelajaran apakah yang ingin anda ajarkan kepada anak anda mengenai sebuah keluarga? Tantangan apa saja yang anda hadapi sebagai seorang ayah?
3. Bisakah anda menceritakan mengenai pengalaman anda menjadi seorang Ayah ASI? Apa arti atau makna menyusui bagi anda sebagai seorang ayah?
   (bagaimana perasaan anda melihat istri anda menyusui, atau melihat anak anda disusui oleh istri anda? Peran atau tindakan apa sajakah yang telah anda lakukan untuk mendukung menyusui?
4. Berdasarkan pengalaman anda, bagaimana cara terbaik yang bisa dilakukan seorang ayah untuk berperan/terlibat dalam menyusui?
5. Dalam rangka melakukan peran terbaik yg bisa dilakukan seorang ayah untuk terlibat dalam menyusui tsb, tantangan apa sajakah yang anda hadapi?
6. Menurut anda, apa yang akan anda sarankan kepada para ayah yang lain mengenai mendukung menyusui bagi keluarganya?
   (Bisakah anda ceritakan pengalaman anda dalam melakukan hal tsb?)

Closing
Di akhir wawancara akan ditanyakan lagi adakah hal-hal lain yg masih ingin diceritakan? Lalu menanyakan bagaimana perasaan partisipan, adakah hal-hal yang tidak nyaman dan bagaimana partisipan ingin dibantu untuk mengatasi hal tersebut? Bisa dilanjutkan, bagaimana cara untuk mengatasi hal tersebut. Mengucapkan terimakasih, mematikan rekaman.

Life as a breastfeeding-working-mother: Understanding challenges and support systems that contribute to the success of breastfeeding among working-mothers in Indonesia

INTERVIEW SCHEDULE
"Co-worker/Supervisor"

Dimulai dengan pembicaraan informal dan mengembangkan rapport. Partisipan didorong untuk berbagi cerita pribadinya berdasarkan pengalamannya melalui perspektifnya. Peneliti menyapa partisipan & pendampingnya, menciptakan suasana nyaman, melakukan checking kualitas rekaman audio dan video sebelum mulai. Memperkenalkan co-interviewer kepada partisipan.

Introduction
Mengucapkan terimakasih pd partisipan krn telah bersedia berpartisipasi. Menjelaskan Kembali proses interview sbgmn telah disebutkan dalam information sheet, memastikan bahwa bisa break ditengah wawancara serta peneliti akan menjawab jika ada pertanyaan dari partisipan. Meminta verbal consent utk menyalakan rekaman.

Interview questions

1. Bisakah anda menceritakan bagaimana pengalaman anda bekerja atau memiliki rekan kerja yang seorang ibu menyusui? (apa yang anda pikirkan/rasakan mengetahui hal tsb?) Apakah anda mengetahui mengapa menyusui itu penting? Bagaimana seorang ibu bisa sukses menyusui? Manfaat menyusui?)
2. Apakah Anda mengetahui peraturan dan kebijakan pemerintah tentang menyusui di tempat kerja?
   (Jika ya: bagaimana aturan pemerintah/kebijakan tsb diterapkan di tempat kerja anda? Jika tdk: apa yang ingin Anda pelajari tentang peraturan dan kebijakan pemerintah tentang menyusui dan apakah Anda tahu di mana Anda dapat menemukan informasi yang ingin Anda pelajari?) kira2 sbrp penting tpt kerja tahu adanya kebijakan pemerintah ttg hal tsb?
3. Menurut anda, tantangan apa yang dihadapi oleh ibu menyusui di tempat kerja?
4. Dukungan seperti apa yang disediakan oleh tempat kerja anda bagi ibu menyusui?
5. Pernahkah anda melihat orang2 mendukung ibu menyusui yang bekerja
6. Berdasarkan pengalaman anda, bagaimana anda memberikan dukungan bagi ibu menyusui di tempat kerja anda? (if appropriate)
   (sebagai rekan kerja, apakah yang akan anda sampaikan atau sarankan pada orang2 yang memiliki rekan kerja atau bawahan seorang ibu menyusui yang bekerja?)
7. Berdasarkan pengalaman anda, bagaimana lingkungan kerja anda merespon menyusui di tempat kerja? Bagaimana dgn anda sendiri dalam keadaan saat itu?

Closing
Di akhir wawancara akan ditanyakan lagi adakah hal-hal lain yg masih ingin diceritakan? Lalu menanyakan bagaimana perasaan partisipan, adakah hal-hal yang tidak nyaman dan bagaimana partisipan ingin dibantu untuk mengatasi hal tersebut? Bisa dilanjutkan, bagaimana cara untuk mengatasi hal tersebut. Mengucapkan terimakasih, mematikan rekaman.

APPENDIX 8. Ethical Approval

Date: 17 March 2021

Dear Nurfitria Swastiningsih

Re: Ethics Notification - **SOA 20/64** - **Life as a breastfeeding-working-mother: understanding challenges and support systems that contribute to the success of breastfeeding among working-mothers in Indonesia**

Thank you for the above application that was considered by the Massey University Human Ethics

Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

Professor Craig Johnson
Chair, Human Ethics Chairs' Committee and Director (Research Ethics)

Research Ethics Office, Research and Enterprise
Massey University, Private Bag 11 222, Palmerston North, 4442, New Zealand **T** 06 350 5573; 06 350 5575 **F** 06 355 7973
E humanethics@massey.ac.nz **W** http://humanethics.massey.ac.nz

APPENDIX 9. Research Permit from Indonesia

PEMERINTAH DAERAH DAERAH ISTIMEWA YOGYAKARTA

DINAS PERIZINAN DAN PENANAMAN MODAL

Jl. Janti No. 8 Banguntapan, Bantul, Yogyakarta Telp. (0274) 453 8737 Fax. (0274) 552521
Website : www.jogjainvest.jogjaprov.go.id Email : dppm@jogjaprov.go.id Kode Pos 55198

SURAT KETERANGAN PENELITIAN

NOMOR: 070/01319/PZ/2021

Memperhatikan :
1. Surat Nomor: F.4/44/H.1/III/2021 tanggal 12 Maret 2021 perihal Ijin Riset;
2. Surat Kepala Badan Kesatuan Bangsa dan Politik Daerah Istimewa Yogyakarta Nomor: 070/04905 tanggal 25 Maret 2021 perihal Pertimbangan Teknis Penerbitan Surat Keterangan Penelitian.

Menimbang : bahwa permohonan Surat Keterangan Penelitian tersebut telah memenuhi syarat maka perlu diterbitkan Surat Keterangan Penelitian.

Mengingat :
1. Peraturan Menteri Dalam Negeri Republik Indonesia Nomor 03 Tahun 2018 tentang Penerbitan Surat Keterangan Penelitian;
2. Peraturan Daerah Istimewa Daerah Istimewa Yogyakarta Nomor 1 Tahun 2018 Tentang Kelembagaan Pemerintah Daerah Daerah Istimewa Yogyakarta;
3. Peraturan Gubernur Daerah Istimewa Yogyakarta Nomor 66 Tahun 2018 tentang Kedudukan Susunan Organisasi Tugas Fungsi dan Tata Kerja Dinas Perizinan dan Penanaman Modal DIY;
4. Peraturan Gubernur Daerah Istimewa Yogyakarta Nomor 120 Tahun 2020 Tentang Penyelenggaraan Pelayanan Terpadu Satu Pintu;

M E M U T U S K A N :

Menetapkan :

Kesatu : Memberikan Surat Keterangan Penelitian kepada:

Nama	:	**Nurfitria Swastiningsih, S.Psi., M. Psi, Psikolog**
Jabatan	:	Peneliti
Institusi	:	School of Psychology, College of Humanities and School Sciences, Massey University, New Zealand
Judul Penelitian	:	"*Life as a breastfeeding-working-mother: understanding challenges and support systems that contribute to the success of breastfeeding among working-mothers in Indonesia* (Kehidupan ibu menyusui yang bekerja: memahami tantangan dan sistem dukungan yang berkontribusi terhadap keberhasilan menyusui pada ibu bekerja di Indonesia)"
Lokasi Penelitian	:	Daerah Istimewa Yogyakarta
Waktu Penelitian	:	1 April 2021 – 30 September 2021