

BREASTFEEDING PRACTICES OF KARO MOTHERS IN NORTH SUMATERA INDONESIA

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Abstract

This research aimed to understand the breastfeeding practices of mothers in Karo lands, North Sumatera, Indonesia. This research used ethnographic approach with data collection methods including participant observation, formal interviews and informal interviews. This research involved 27 participants. The research presented how Karo women's experiences of breastfeeding are influenced by three main institutional structures: the state, religion, and ethnic tradition. This study identified three essential points related to breastfeeding practices in Karo lands: First, Karo mothers in the breastfeeding practice become an agency in negotiating the practical and discursive dimensions of breastfeeding in relation to the state and the church. Second, it is related to Karo culture in which mothers have a special treatment in Karo community, mostly because they are breastfeeding. Third, it is related to the continued influence of Karo culture in which the breastfeeding practice is influenced by the central figure of Karo community, i.e. the grandmother. This research provided a new knowledge about ethnic women's experiences in the breastfeeding practice. Further, the research needs to be enriched with the experiences of voiceless women in breastfeeding practices.

Keywords: *Breastfeeding Practices, Karo Mothers, Karo Culture, Women's Experiences*

Abstrak

Studi ini bertujuan untuk memahami praktik menyusui para ibu di Tanah Karo, Sumatera Utara, Indonesia. Penelitian menggunakan pendekatan etnografi dengan melakukan teknik pengumpulan data seperti observasi partisipan, wawancara formal dan percakapan informal atau perbincangan sehari-hari. Penelitian melibatkan 27 informan. Penelitian menunjukkan bahwa para ibu dipengaruhi oleh negara, agama, dan tradisi etnis. Studi mengidentifikasi tiga temuan esensial terkait dengan praktik menyusui para ibu di Tanah Karo. Pertama, para ibu menunjukkan sisi agensi atau kemandirian terkait praktik menyusui khususnya di hadapan kebijakan negara dan agama. Kedua, terkait dengan kultur Karo, para ibu memperoleh perlakuan yang istimewa, khususnya karena sedang menyusui. Ketiga, masih terkait dengan kultur Karo, praktik menyusui para ibu dipengaruhi oleh figur sentral yakni nenek. Studi ini memperkaya kajian terkait pengalaman perempuan dengan latar belakang etnisitas. Penelitian lebih lanjut perlu dilanjutkan dan diperkaya khususnya terkait dengan pengalaman perempuan marginal atau minoritas dalam hal praktik menyusui.

Kata Kunci: *Praktik Menyusui, Ibu di Karo, Kultur Karo, Pengalaman Perempuan*

Introduction

Breastfeeding, especially exclusive breastfeeding, is commonly believed and accepted worldwide as the best natural practice of mothering – especially when it relates to the health of children and mothers. Over the past decades, many strategies around the world have been implemented to mainstream breastfeeding practices into international discourses on health and thereby addressing a decline in breastfeeding trend.¹ These strategies to support and promote breastfeeding have been globally led by two international organizations, i.e. World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). These organizations have developed a number of programs, which influence both the developed and developing world, such as the International Code of Marketing of Breast-milk Substitutes²; the Baby-friendly Hospital Initiative³; and the Innocent Declaration on the Protection, Promotion, and Support of Breastfeeding.⁴

The mainstreaming of exclusive breastfeeding is not limited to both international organisations and national institutions. This includes Indonesia where Health Law No. 36 introduced in 2009 mandates the breastfeeding during the first six

months of life.⁵ The issue of breastfeeding has also become more popular in Indonesia's academic discourse. Research has generally concentrated on health issues and the effectiveness of breastfeeding. Some studies have included women's perspectives on breastfeeding; however they have mainly focused on women from Java Island.⁶ A number of researchs about breastfeeding in Indonesia were mainly focused on several issues such as policy issues⁷, medical issues⁸, and mothers' practices and experiences.⁹

In other countries, a variety of promotions are aimed to bring breastfeeding into the mainstream. Imdad et al.¹⁰ for

⁵ Hubert Barennes, H., *Enforcing the International Code of Marketing of Breast- milk Substitutes for Better Promotion of Exclusive Breastfeeding: Can Lessons*. 2015.

⁶ Viramitha K. Rusmil et al., *Exclusive and Non-Exclusive Breastfeeding among Stunted and Normal 6–9 Month-Old-Children in Jatinangor Subdistrict, Indonesia*. Althea Medical Journal. Vol. 6, No.1. 2019. 35–41; Retno Wulandari et al., *Exclusive Breastfeeding among Working Mothers in Jabodetabek, Indonesia*. The 6th International Conference on Public Health 2019, June, 183–195.

⁷ D. Soekarjo & E. Zehner, *Legislation should support optimal breastfeeding practices and access to low-cost, high-quality complementary foods: Indonesia provides a case study*. Maternal and Child Nutrition. Vol. 7. 2011. 112–122; Arsani Lailatul Inayah et al., *Evaluation of Lactation Promotion as Part of Baby Friendly Hospital*. International Journal of Public Health Science (IJPHS). Vol. 6, No. 1. 2017. 46–51.

⁸ Isytiaroh Isytiaroh, *Myths and Failure of Exclusive Breastfeeding: Study in Buaran Community Health Center Pekalongan Regency Central Java*. Indonesian Journal of Nursing Practice. Vol. 2, No. 2. 2018. 77–82; Hardya Gustada Hikmahrachim et al., *Impact of Exclusive Breastfeeding on Stunting among Child Aged 6-59 Months in Kabupaten Bogor*. Jurnal Epidemiologi Kesehatan Indonesia. Vol. 3, No. 2. 2020. 77–82.

⁹ Andari Wuri Astuti et al., *A Qualitative Study on the Breastfeeding Experiences of Young Mothers*. Nurse Media Journal of Nursing. Vol. 11, No. 1. 2021. 35-49; Winda Irwanti et al., *The importance of mother's care for improving exclusive breastfeeding practices*. Jurnal Gizi Dan Dietetik Indonesia. 2019. Vol. 7, No 3.

¹⁰ Aameer Imdad et al., *Effect of breastfeeding promotion interventions on breastfeeding rates, with special focus*

¹ Guiling Yu, et al., *Promoting breastfeeding and lactation among mothers of premature newborns in a hospital in China*. Nursing for Women's Health. Vol. 25, No. 1. 2021. 21-29; Marialda Moreira Christoffel, et al. *Exclusive breastfeeding and professionals from the family health strategy*. Revista Brasileira de Enfermagem. Vol. 75. 2021.

² WHO, *International Code of Marketing of Breast-milk Substitutes*. 1981.

³ WHO (1991). *Innocenti Declaration: On the Protection, Promotion and Support of Breastfeeding*. 1991; WHO;UNICEF. *Protecting, Promoting and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services*. 2018.

⁴ WHO, *Innocenti Declaration: On the Protection, Promotion and Support of Breastfeeding*. 1991.

instance, discussed how exclusive breastfeeding has been mainstreamed in developing countries through promotional strategies mainly concerned with the provision of education and training support for health workers and midwives. Promotion through these health workers was seen positively affecting mothers' exclusive breastfeeding of their under-six-month-old babies. Meanwhile, Semega-Janneh et al.¹¹ showed how breastfeeding promotions in some countries have been carried out by combining traditional and modern methods. In the United States, Kaplan and Graff¹² pointed to how the modern marketing strategies of formula companies were adapted to promote exclusive breast milk more aggressively and creatively; pressure from public health agencies was largely behind this change as these agencies purposely were to counteract the massive use of infant formula.

The strategies to promote breastfeeding conducted by WHO, UNICEF, various countries, and academic research have successfully made breastfeeding mainstream. Currently, a standard paradigm states that there is no better practice of feeding babies, specifically babies under six months. All elements at both global and local levels support breastfeeding practices. However, in such contexts, often the voices of mothers – who are the primary subjects in the breastfeeding practice – are neglected, especially mothers from marginalized groups.

This study attempted to fill a key gap in breastfeeding literature in Indonesia by

on developing countries. BMC Public Health. Vol 11, No. 3. 2011. 1–8.

¹¹ Isatou Jallow Semega-Janneh, *Promoting breastfeeding in rural Gambia: combining traditional and modern knowledge*. Health Policy and Planning. Vol. 16, No. 2. 2001. 199–205.

¹² Deborah L. Kaplan & Kritina M. Graff, *Marketing Breastfeeding—Reversing Corporate Influence on Infant Feeding Practices*. Journal of Urban Health: Bulletin of the New York Academy of Medicine. Vol. 85, No. 4. 2008. 486–504.

focusing on women's breastfeeding experiences and practices. Most of the researches on breastfeeding in Indonesia have been focused on breastfeeding in a health perspective by seeing breastfeeding as desirable. In other words, the research tended to begin from the perspective that breastfeeding is the best. This research focused on women's breastfeeding practices in Karo lands, South Sumatra and began instead, from the perspective of women's experiences. The existing research also tended to focus on the breastfeeding experiences of Indonesian women especially from Java. The research addressed another gap in the research by focusing on the experiences of women from Karo lands, North Sumatra, by looking particularly at how ethnicity and religion have impacted Karo women's experiences on breastfeeding.

There are four key issues which frame this research. The first issue is when viewed from the dimensions of gender and geography in Indonesia, Karo women are categorised as marginal women because of their region, ethnicity, and religion. The second issue is that the practice of breastfeeding is regulated by the Indonesian state, as exemplified by Health Law No. 36 introduced in 2009. This research examined how breastfeeding practices in Karoland have been informed by such state interventions. The third issue is religion. The majority of the Karo population is Christian – both Protestant and Catholic – but this religion is a minority in Indonesia. Finally, the fourth key issue is Karo ethnic tradition. The Karo tradition is still strong among Karo people. In Karoland, the church and the ethnic tradition are interconnected in the daily lives of its people.

Motherhood

Breastfeeding cannot be separated from motherhood. Within the state, religious, and cultural discourses, it is often portrayed as the

duty of 'good' mothers.¹³ Breastfeeding is associated with responsibility and love of mothers for their children, and it is generally discussed in terms of the self-sacrificing of mothers for their children, family, and society. In academic literature, a distinction is made between motherhood and mothering.¹⁴ The term 'motherhood' is defined by dominant (patriarchal) institutions, while the term 'mothering' refers to the authentic experiences of a woman as a mother.

The official and institutional breastfeeding practices have constructed several moral responsibility views for the mothers.¹⁵ The breastfeeding practice is often seen as an expression of a mother's maternal love for her children. According to Wall in her investigation on Canadian health education material, breastfeeding is primarily linked to a child's advantages - not for a mother.¹⁶ The effects of moral responsibility commonly imposed on breastfeeding mothers are also explored by Ryan et al.¹⁷ Through the research on 49 women from the United Kingdom, Ryan et al. explain how the mothers try hard to show their moral work

regarding breastfeeding. When a mother, for instance, could not breastfeed a child as she did with her previous child, she immediately rationalized the situation and emphasized that she had done her best to be a good mother.

The experience of negotiating maternal morality in the breastfeeding discourse is explained by Marshall et al.¹⁸ The study conducted in England shows how breastfeeding mothers struggle to maintain their identity as good mothers while they also live with other roles and identities as women, wives, and workers. The mothers try to make sense of various situations while maintaining the idea that they are still good mothers. One example of this is giving formula to their babies if, for example, they return to work for economic reasons. In her research on 36 mothers from England, Murphy¹⁹ explains how the mothers negotiate their choice on whether to breastfeed or bottle-feed. In this context, mothers are not necessarily influenced by health professionals or affected by breastfeeding discourse that emphasises moral values. They implicitly challenge health professionals that in breastfeeding practices, the mothers know best. Mothers have considerations about how to feed their children even if they are at risk of being seen as a deviation from the moral standards of breastfeeding.

Bodies and Breast

Breastfeeding is also seen as a culturally defined embodied practice. The cultural norm has given a specific meaning to women's bodies and their breasts in particular. In feminist literature, analysis of breastfeeding is linked to the broader discussions of the

¹³ Linda Blum, *At the Breast: Ideologies of Breastfeeding and Motherhood in Contemporary United States*. Beacon Press: 1999; Glenda Wall, *Moral Constructions of Motherhood in Breastfeeding Discourse*. 2001; Sheila M. Kippely, *Breastfeeding and Catholic Motherhood*. Sophia Institute Press:2005.

¹⁴ Adrienne Rich, *Of Woman Born: Motherhood as Experience and Institution*. W.W. Norton & Company: 1986; Andrea O'Reilly, *Mothering against Motherhood and the Possibility of Empowered Maternity for Mothers and Their Children*. In *From Motherhood to Mothering: The Legacy of Adrienne Rich's Of Woman Born*. State University of New York Press: 2004.

¹⁵ Glenda Wall, *Moral Constructions of Motherhood in Breastfeeding Discourse*. 2001; Kath Ryan et al., *Moral work in women's narratives of breastfeeding*. Social Science & Medicine. Vol. 70. 2010. 951–958.

¹⁶ Glenda Wall, *Moral Constructions of Motherhood in Breastfeeding Discourse*. 2001.

¹⁷ Kath Ryan et al., *Moral work in women's narratives of breastfeeding*. Social Science & Medicine. Vol. 70. 2010. 951–958.

¹⁸ Joice. L Marshall et al., *Being a 'Good Mother': Managing Breastfeeding and Merging Identities*. Social Science & Medicine. Vol. 65. 2007. 2147–2159.

¹⁹ Elizabeth Murphy, *'Breast is best': Infant feeding decisions and maternal deviance*. Sociology of Health and Illness. Vol. 21. No.2. 1999. 187–208.

extent to which the body is a natural or a cultural entity.²⁰ In Bartlett's view²¹, the term 'natural' has a contested meaning, especially concerning a woman's body. Both Bartlett²² and Dykes²³ explain how the social meaning of bodies and breastfeeding is informed by the development of biomedical technology and shifting scientific discourses. Discourses on breastfeeding normalize particular practices and legitimate the social and institutional regulation of accepted practices. Breastfeeding, for instance, becomes a practice as the mother's business and the business of experts such as doctors, midwives, and scientists. In this process, decisions over women's bodies and the best thing for them become separated from the women themselves.

An additional factor needs to be considered when discussing breastfeeding is the cultural perception of breasts more generally and the extent to which they are sexualized.²⁴ Young²⁵ argues how breasts are a scandal because they disrupt the border between motherhood and sexuality. Young's

experience as a Western woman showed the importance of breasts as a kind of existence medium for herself. When a woman is breastfeeding, her breasts are defined by motherhood. At this point, her body belongs to her children and family, and her bodily performances are supposed to fit with those befitting of a 'good' mother.

In a society with strong heterosexual and masculine values, breastfeeding is often seen as a sexual matter.²⁶ The breasts are sexualized as society constructs women's bodies as sexual objects for sexual pleasure. The sexuality of breasts can also influence mothers to choose bottle-feeding or not breastfeed²⁷. The embarrassment of showing the breasts during breastfeeding and the fear of unattractive breasts drive women to choose not to breastfeed. A research conducted by Galupo and Ayers²⁸ in the United States also suggests how breastfeeding has been influenced and surrounded by a tension between maternal and sexual breasts.

Spaces

There are several issues and debates about spaces linked to breastfeeding. These include women's space for breastfeeding and expressing breast milk such as lactation rooms, women's negotiation of space to

²⁰ P. Carter et al., *Feminism, Breasts and Breastfeeding*. Macmillan Press: 1995; Alison Bartlett, *Breastwork: Rethinking Breastfeeding*. UNSW Press: 2005; Lindsay Naylor. *The body as a site of care: food and lactating bodies in the US*. Gender, Place & Culture. 2021. 1-9.

²¹ Alison Bartlett, *Breastwork: Rethinking Breastfeeding*. UNSW Press: 2005

²² Alison Bartlett (2005)

²³ Fiona Dykes, *Breastfeeding in Hospital: Mothers, Midwives, and Production Line*. Routledge: 2006.

²⁴ P. Carter et al., *Feminism, Breasts and Breastfeeding*. Macmillan Press: 1995; Cindy A. Stearns, *Breastfeeding and the Good Maternal Body*. Gender and Society. Vol. 13, No.3. 1999. 308–325; M. Paz Galupo & Jean F Ayers, *Negotiating the Maternal and Sexual Breast: Narratives of Breastfeeding Mothers*. Journal of the Motherhood Initiative for Research and Community Involvement. Vol. 4, No. 1. 2002. 20–30; Iris Marion Young, *On Female Body Experience: Throwing Like a Girl. In and Other Essays*. UK: Oxford University Press, 2005.

²⁵ Iris Marion Young, *On Female Body Experience: Throwing Like a Girl. In and Other Essays*. UK: Oxford University Press, 2005.

²⁶ JaDee Carathers, *The breastfeeding problematic: Negotiating maternal sexuality in heterosexual partnerships*. *Women's Studies International Forum*. Vol. 65. 2017. 71–77; Shela Akbar Ali Hirani (2021). *Breastfeeding in Public: Challenges and Evidence-Based Breastfeeding-Friendly Initiatives to Overcome the Barriers*. Clinical Lactation. Vol. 12, No. 3. 2021. 137-144.

²⁷ Rachel Ann Ryan et al., *Barriers and facilitators to expressing milk on campus as a breastfeeding student*. Journal of American College Health. 2021. 1-7; Meghan M. Gillen, et al., *Breastfeeding, body image, and weight control behavior among postpartum women*. Body Image. Vol. 38. 2021. 201-209.

²⁸ M. Paz Galupo & Jean F Ayers, *Negotiating the Maternal and Sexual Breast: Narratives of Breastfeeding Mothers*. Journal of the Motherhood Initiative for Research and Community Involvement. Vol. 4, No. 1. 2002. 20–30

breastfeed, the appropriateness of breastfeeding in public, and the regulation of space for breastfeeding.²⁹ Central to such issues is the dichotomous division of space into public and private and the gendering of such spaces where domestic space is mostly closely associated with women and public space with men.

Engels³⁰, taking a historical materialist perspective, states that women's placement for the first time in domestic space can be understood and traced back through the economic shifting process in ancient society, specifically from the hunting, agriculture, and settlement activities. As breastfeeding is a reproductive activity, it is therefore taken for granted that breastfeeding should be practiced in secret or a domestic space.³¹ It is commonly accepted that the practice must be out of sight, and it is improper to breastfeed in public spaces. Breastfeeding in the public area is also considered as a socially sensitive practice related to the feelings of others seeing it.³² Some efforts have been made to anticipate this, such as breastfeeding picnic campaigns by breastfeeding support groups in the United Kingdom.³³

²⁹ Alison Bartlett, *Breastwork: Rethinking Breastfeeding*. UNSW Press: 2005; Vanessa Mathews, *Reconfiguring the breastfeeding body in urban public spaces*. Social & Cultural Geography. Vol. 20, No. 9. 2019. 1266-1284; Jennifer Porter & R. Oliver, *Rethinking Lactation Space: Working Mothers, Working Bodies, and the Politics of Inclusion*. Space and Culture. Vol. 19, No. 1. 2016. 80–93.

³⁰ Friedrich Engels, *The Origin of The Family, Private Property and The State*. 2010.

³¹ Dawn Leeming, *Socially sensitive lactation: Exploring the social context of breastfeeding*. Psychology & Health. Vol. 28, No. 4. 2013. 450–468; Kate Boyer, *The emotional resonances of breastfeeding in public: The role of strangers in breastfeeding practice*. Emotion. 2016.

³² Dawn Leeming, *Socially sensitive lactation: Exploring the social context of breastfeeding*. Psychology & Health. Vol. 28, No. 4. 2013. 450–468

³³ Kate Boyer, *The way to break the taboo is to do the taboo thing” breastfeeding in public and citizen-activism in the UK*. Health & Place. Vol. 17, No. 2. 2011. 430–437

Furthermore, the three issues above, namely motherhood, bodies, and space, become the analytical framework in this research. The experiences of Karo women are constituted by the issues. These three issues are also key concepts within the literature on breastfeeding which are relevant to this research.

Method

This study used ethnography, specifically feminist ethnography,³⁴ to understand and explore the complexity of breastfeeding practices of mothers in Karo Lands, North Sumatra. The aim of this research was to make a significant contribution to the literature by focusing on women's personal experiences of breastfeeding in a marginalised region and ethnicity within Indonesia, such as Karo Lands. The feminist ethnography gave voice for women to articulate their lived experiences. This study drew on my in-depth immersion within the Karo Christian community and ongoing participant observation and interviews. The study involved 27 participants (16 breastfeeding mothers, five grandmothers, four midwives, and two priests) whose names and other information were made anonymously. One of the techniques used in data collection process was through participant observation. Spradley³⁵ mentioned the awareness of the research location's situation as a key to successful participant observation. In addition, this study conducted a formal

³⁴ Beverley Skeggs, *Feminist Ethnography*. In P. Atkinson, A. Coffey, S. Delamont, J. Lofland, & L. Lofland (Eds.), *Handbook of Ethnography*. 2007. (Paperback, pp. 426–442); Dana Ain Davis & Christa Craven, *Feminist Ethnography: Thinking through Methodologies, Challenges, and Possibilities*. Rowman & Littlefield, 2016.

³⁵ James P. Spradley, J. P. (1980) *Participant Observation*. New York: Holt, Rinehart and Winston, 1980.

interview and constructed interview guides before doing the fieldwork. However, once the participants involved in this study were confirmed, including having informal conversations with them and observing their homes' activities, the researcher developed these interview guides further. Data of the study were collected through informal conversation as well. The researcher met with the participants, especially the mothers, many times during her fieldwork.

Data analysis took place in three steps. The first step was reading and managing the data, such as the interview transcripts and the field notes. The process of reading data involved drawing upon the researcher's memory and experiences of fieldwork. While reading the data, such as the interview transcripts, the researcher used highlighters to mark some important statements made by the participants. In highlighting key statements, the researcher correlated colors with specific concepts such as 'experiences in giving birth', 'producing more breast milk', 'relationships between mothers and grandmothers', and 'non-sexualized breasts', to name a few.

The second step was to categorize the data. In this process, the researcher found that the concepts she had identified and used while reading and highlighting the data proved to be very helpful, such as 'the influences of grandmothers', 'midwives' influences', 'the experiences of giving birth', 'or body images'. Categorizing the data, in the researcher's point of view, aided her in mapping the concepts she had identified while she was highlighting the data. Indeed, Hammersley and Atkinson³⁶ mentioned that identifying concepts can allow researchers to develop and expand their analysis and writing. Subsequently, the researcher organized and classified the research data, including the

interview transcripts and the field notes, according to the concepts.

The third step was linking the categories. Hammerlsey and Atkinson³⁷ described this step as the core process of data analysis. One must first identify the relationships among data. By identifying these relationships, one can capture the meaning of the data. Once the researcher finished linking the categories, she moved to the fourth step, i.e. writing.

Results and Discussion

The Perspectives of Institutional Motherhood and Breastfeeding

This research found a number of different views on motherhood among the dominant institutions in Karo lands; the Karo ethnic tradition, state and church. The Karo tradition views motherhood as something related to the efforts of a mother to provide economic welfare for her child. Next, the state views and constructs motherhood in accordance with and for its policies, such as family planning and contraception. Then, the church views motherhood in terms of maternal morality. In this context, the state and the church had a similar view regarding the prohibition of abortion. However, in contrast to the church, the state supports contraception and advocates family planning.

Karo women define themselves in terms of motherhood. Outside of Karo society, these women are also called *Ibu* like other Indonesian adult women. However, within Karo society, these women are commonly called *Nande* (a Karo term), which has a similar meaning to the term *Ibu*. However, Karo women will only be called as *Nande* when they already have had children. In Karo society, the first child's name becomes a name for Karo women rather than their own names. For example, if the name of a woman's first child is Mejile, the woman will

³⁶ Hammersley, M., & Atkinson, P. (2007). *Ethnography: Principles in Practice* (3rd ed.). Routledge.

³⁷ Hammerlsey and Atkinson (2007)

be referred to as 'Nande Mejile'. People will even eventually forget the woman's real name. The term *Nande* itself is derived from the phrase *ingan tertande*, meaning 'a shelter' or 'a place to lean on'. Based on the primary meaning of *Nande*, it may be argued that motherhood is a powerful identity for Karo women meaning that Karo women are honored within their society.

One of the key ways in which the state attempts to regulate motherhood, and breastfeeding in particular, is through the breastfeeding Indonesian Health Law Number 36/2009. In addition to mandate breastfeeding for six months and criminalize those who hinder breastfeeding, the law requires doctors, hospitals, clinics and those who manage public buildings such as offices, or shopping malls to support breastfeeding mothers with lactation rooms.

Understanding the implementation of the health law in Karo lands, specifically related to breastfeeding, can be done through midwives' practices, who are the professionals required by the state to socialize the law. In this study, it was clear that the midwives understood the meaning of exclusive breastfeeding, in line with the Health Law stating that exclusive breastfeeding applies to babies under six months and does not allow for additional water and food. However, the midwives in this study admitted that it was impossible to ensure the practice of exclusive breastfeeding. The practice was not always performed by midwives when they perceived that there were limitations to a woman's ability to breastfeed. Most Karo mothers use bottle-feeding with the supports of midwives, especially when a mother is perceived as being too weak to breastfeed, despite the law on exclusive breastfeeding. There are contradictory views between state ideals of exclusive breastfeeding and the occurrence in practice in this context.

Similarly, the church also supports exclusive breastfeeding. However, church support seems clearer than the state as indicated by allowing the mothers to breastfeed during church services and mass; the church also makes special provision for breastfeeding mothers. The church's teachings on motherhood and breastfeeding are related to morality and spirituality. According to Oh³⁸, within Christian ethics, motherhood is always associated with principles such as selflessness and unconditional love. Christianity, particularly Catholicism, idealizes Mary the Mother of Jesus as the symbol of ideal motherhood. It is believed that Mary should be an inspiration for women in terms of her self-offering totality of love, devotion to work, and capacity to encourage children and families. In terms of breastfeeding, the church praises mothers who sacrificed their own interests for the sake of motherhood particularly those breastfeeding their babies.³⁹ This research found that the priests also held positive opinions about breastfeeding practices. They mentioned many times that breastfeeding is an ideal practice for ensuring love between mother and child. The priests believed that, through breastfeeding, the possibility of raising a good Christian child is greater.

Furthermore, the state and the church clearly supported exclusive breastfeeding, while the Karo ethnic tradition did not have a definite view regarding support for exclusive breastfeeding. The Karo tradition indeed has a view of an ideal or a good mother, but the view has no connection with specific nurturing practices, such as breastfeeding.

³⁸ Irene Oh, *Motherhood In Christianity and Islam: Critiques, Realities, and Possibilities*. The Journal of Religious Ethics. Vol. 38, No. 4. 2010. 638–653.

³⁹ Anna Melchior, *The Role of a Christian Mother*. Ignatius Press. 2008.

Negotiating Institutional Breastfeeding: Karo Mothers' Experiences

The mothers in this study stated that they were not aware of the health law requiring them to exclusively breastfeed their baby for the first six months of their babies lives. These mothers stated that they have known that breast milk was better for babies compared to formula milk, even without the state's information. The mothers breastfed their babies at any time without law from the law. When the researcher asked these women about their views on the health law, they neither resisted nor accepted it. In fact, many of the mothers mocked this law. These women did not look afraid, disheartened, or interested in the law, and instead, they laughed at the information the researcher gave about the law. Examples of women's responses included the following:

I had no idea about the law. I know that breastmilk is good for my baby. I saw the midwife hang a poster about the benefits of breastmilk for babies on the wall at the clinic. She also told me that I needed to exclusively breastfeed my baby because it is good. Policies generally aren't run very well here (*laughing*). (Su, a mother)

Fortunately, my breastmilk is more than enough for my baby. What would they do if I didn't breastfeed my baby? Would they put me in jail? Who would take care my baby? (M, a mother)

For the participants of this study, breastfeeding had nothing to do with the health law requiring the women to breastfeed. These women understood that the benefit of breastfeeding is related to their babies' health, but they were generally unconcerned with the breastfeeding law. However, it is still noticeable that breastfeeding signified the value of motherhood to the participants. The sentiment that they must breastfeed because

they are mothers has been echoed among some mothers. In other words, for most of the mothers in this research, breastfeeding was linked to their role as a mother. Some of the mothers said the following:

I am a mother, so I have to breastfeed my baby. (Su, a mother)

Every woman that is pregnant and then gives birth is endowed with breastmilk. This is why she has to breastfeed her baby. That woman is a mother now. (Mg, a mother)

Breastfeeding is my duty as a mother. (Te, a mother)

These responses also revealed the participant mothers' flexible attitudes towards different feeding styles. Particularly in the contemporary era, Karo society seems neither to condemn nor stereotype mothers who do not breastfeed. These responses suggested that the state (specifically through the Health Law) has not been influential in conditioning Karo society, particularly concerning mothers' perspective and their reasons for breastfeeding.

Breastfeeding is also seen as an honourable act for Christian women. There is a view that breastfeeding is an ideal practice for ensuring love between mother and child.⁴⁰ Through breastfeeding, the possibility of raising a good Christian child is greater. The practice is also a proof of love for religious women. However, based on the findings, it was clear that the mothers in this research were not that influenced by the church teachings.

The research demonstrated that the mothers exercised their agency concerning breastfeeding. Karo mothers' agency patterns in breastfeeding were noticeable in the mothers' capability to make decisions about

⁴⁰ Sheila M. Kippley. *Breastfeeding and Catholic Motherhood*. Sophia Institute Press. 2005.

their roles in and obligations to the state, the church, and their ethnic community. The mothers were able to make choices about whether to breastfeed or bottle-feed; about whether to have a breastfeeding schedule or to breastfeed on demand; about whether to follow medical instructions; and whether to implement the church's teachings on the matter. They also chose their breastfeeding preferences concerning being modern or traditional mothers. The research demonstrated that the mothers were neither fully modern nor fully traditional. Rather, they decided upon and practised breastfeeding matters following their interests and needs.

Formal institutions, namely the state and the church, did have the power to impose their interests on the people, particularly the mothers. However, the research demonstrated that mothers still did negotiate with formal institutions. The mothers did this not by openly expressing their dislike of, or disagreement in aggressive ways, such as conducting demonstrations. Rather, they expressed their disapproval through daily practices carried out continuously even if they did not follow the dominant institutional views.

Body and Space Issues in Breastfeeding

Despite exposure to the ideal female body as thin, the ideal maternal body in Karo culture is a fat body. A larger body is seen as more virtuous and better able to provide for their children. A preoccupation with make-up and cosmetic adornment of the body (outside of traditional ceremonies) is seen negatively and viewed as a sign of not being a good mother or a good Karo woman. Here, it can be seen how a particular embodied performance of motherhood has been bound up with appropriate Karo ethnicity performances.

Being fat is one of the widely considered feminist issues.⁴¹ It is now typically seen as one of the women's fears and considered as the enemy of health. Fat can be defined by a specific method such as body mass index (BMI), which is generally used in medical discourse. The BMI can define whether someone is fat or overweight. Through medical discourse and advertising industries, fatness is corrected, diminished, and normalized into a thin 'normal' body. Feminist scholar Susan Bordo⁴² explained how the fear of fatness is strengthened and homogenized by practices such as physical training, cosmetic surgery, and diet. She explained that female disorders such as anorexia nervosa and bulimia are the consequence of this fear. However, Bordo argued that such disorders should be considered within a cultural context, which celebrates the thin female body and shames women with bodies that deviate from the ideal type.

Similarly, Murray⁴³ argued that the greater fears and medicalization of fatness are rooted in Western culture's construction of ideal femininity. While not dismissing the global reach of such discourses, the example of Karo lands shows that there are cultural, ethnic and geographical differences in how ideal female bodies are constructed. Here, women have different body experiences and are less concerned with fatness, or being fat

⁴¹ Susie Orbach, *Fat is a Feminist Issue*. Arrow. 1978; Samantha Murray & C Sachs, *The "Fat" Female Body*. Palgrave Macmillan, 2008; Fay Bound Alberti, *Fat shaming, feminism and Facebook: What 'women who eat on tubes' reveal about social media and the boundaries of women's bodies*. European Journal of Cultural Studies. Vol. 24, No. 6. 2021. 304-1318.

⁴² Susan Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body*, Berkeley, Los Angeles. University of California Press, 1993.

⁴³ Samantha Murray & C Sachs, *The "Fat" Female Body*. Palgrave Macmillan, 2008.

has many different meanings. Fatness can be seen as a sign of beauty and prosperity.

It was evident from this research that being a good mother was not only linked to a fat body. A good mother also did not wear make-up. Indeed, the researcher observed that the mothers did not wear make-up daily. During none of their various activities, such as doing daily activities at home, going to markets, and meeting up with friends, did the mothers wear any cosmetics such as lipsticks, foundations, or eye shadows. This even went beyond the mothers. Many women the researcher met during fieldwork were not dependent on make-up in their daily lives. There was even a common expression used about a teenage girl who wore and depended on cosmetics: *'bagi nande-nande'*, literally, 'you are like mothers', because of wearing cosmetics. There was also a term for satirizing them: *'jeggir'* (a coquettish, a flirtatious woman or girl). They were seen as 'normal' only when they wore the cosmetics in specific ceremonies such as Christmas and Easter celebrations. Typically, both being fat and using cosmetics were related to 'being like mothers', although in reality, the mothers did not often wear cosmetics. It would be different when a mother wore make-up or cosmetics because nobody mocked her.

Breasts were not considered as sexual in Tanah Karo. However, that did not mean that the female body was not sexualized. The people of Karo tended to see thighs as more provocative and sexualized. In everyday life, Karo women rarely use clothing such as miniskirts and shorts that show off their thighs. Even a little girl is warned not to wear shorts or miniskirts in front of her father, brother, or uncle. There is a difference between Karo women in the past and the present, yet some similarities remain still. One specific similarity to the past is related to unprovocative and non-sexualized breasts, especially for breastfeeding mothers. The breasts are still not seen as erotic in Karo.

Such circumstances were also seen during my fieldwork. The researcher even saw a woman breastfeeding her baby while walking and shopping at the market.

This research demonstrated that the cultural view of body specifically breasts has influenced the breastfeeding practices of Karo mothers. A fat body was seen as more virtuous and better able to provide breast milk for their children. For example, Te (a mother) said:

Fortunately, my breastmilk is enough for my baby. This is also why I don't want to lose the weight because I'm still breastfeeding my baby now. It is impossible to do that. Once I lose the weight, then my breasts will become smaller, and that's not good. I would not produce much breastmilk anymore. (Te, a mother)

However, in addition to analyze the cultural meaning of the body, it is important to see how the bodies are located in a specific space. Space issues are also valuable to understand the breastfeeding practices. In Karo community, borders between public and private spaces are blurred to some extent. It can be seen through the existing communal spaces like traditional hall (*jambur*) and traditional house (*sivaluh jabu*). The need for communal spaces seems more important than private space in Karo community. As a consequence, there are no lactation rooms, as the mothers do not need private rooms to breastfeed and could do so comfortably in many public or communal spaces. Breastfeeding is not seen as a private activity, but as an activity for communal spaces.

The Role of Grandmothers

Being old is an advantage for every Karo woman, regardless of her social class. They have the power to impose their will, especially to their children. Their voices are heard in their extended family. This is

different from mothers, specifically those who are new and young, who only have agency in particular situations, such as breastfeeding. A grandmother does not need to negotiate her position in Karo society because her family members revere her acceptance in every situation. People see being old as a reason for respect and for hearing the voices of grandmothers.

Many studies found that grandmothers have a significant role in child care. Grandmothers normally will teach young mothers to take care of their children. In developing countries, most grandmothers will help their daughter or daughter in law to take care their grandchildren especially in giving advices on nutrition and health issues.⁴⁴

This research demonstrated that grandmothers have influenced mothers in many ways, including in breastfeeding practices. They influence not only their daughters but also daughters-in-law. The grandmothers have similar experiences during their time being a young mother. All the grandmothers in this research admitted that after marrying, being pregnant, bearing children, and finally breastfeeding, they were assisted and influenced by their mother and mother-in-law. The influences of the mother and mother-in-law seemed to have shaped their choices and practices in some ways, which were then imparted to their daughters and daughters-in-law.

⁴⁴ Carolyn A MacDonald et. al., *Grandmothers as Change Agents: Developing a Culturally Appropriate Program to Improve Maternal and Child Nutrition in Sierra Leone*, Current Developments in Nutrition, Vol 4, No. 1, January 2020; John Knodel & MDUC Nguyen, *Grandparents and grandchildren: care and support in Myanmar, Thailand and Vietnam*. Ageing and Society. Vol. 35, No. 9. 2015. 1960–1988; Esther O. Chung, The contribution of grandmother involvement to child growth and development: An observational study in rural Pakistan. *BMJ Global Health*. Vol. 5, No. 8. 2020. 1–12.

The participants' mothers or the babies' grandmothers in this research also shared their experiences on breastfeeding practices and their views on the young mothers. It can be seen that a grandmother has an important role and position in the Karo family, a situation that is different from their experiences when still a young mother. The members of the family, including men and women, give them respect. Based on this, it can be stated that being old is 'a blessing' for a Karo woman, specifically when they have grandchildren. It is also visible in the concept of *cavir metua* in Karo custom or *adat*; this is an honorable title, given to someone who is regarded successful in their life, especially one who died leaving all their children married and with children of their own. The most important of all those is having grandchildren, which is seen as the key to success in life.

It is tangible that the grandmothers in this research had the power to influence mothers in breastfeeding practices, especially related to their past experiences in breastfeeding. The mothers in this research had some ways to deal with the grandmothers' practices and teachings. However, the mothers still needed to perform their dealing with the grandmothers by showing 'good' manners and openly and confrontationally without showing their different choices. To perform respect and obedience towards grandmothers is still primary, even though for several reasons, mothers sometimes do not always agree with grandmothers. For example, Da (a mother, 28) said that her mother-in-law (grand mother) asked her to consume *tape* (fermented potato or rice) to produce breastmilk, but she did not consume it. She said:

I know that my mother-in-law worries about the condition of her only grandchild who is not breastfed. I don't breastfeed my baby since he is

just 1 month. She asked me to consume *tape*. I just said yes, because actually she did not know what I was doing here. I don't want to be bothered by that. I don't like *tape* (*she was laughing*). (Da, a mother)

Differing from the grandmothers, the participants themselves, the babies' mothers, shared experiences where it was visible to see that their husbands did not have a significant influence on their breastfeeding practices; they seemed to give the mothers a free choice whether to breastfeed or not, but they also seemed to support the breastfeeding mothers by accompanying them to have traditional treatments and waking up a mother at night when their babies are crying for feeding.

Conclusion

My study adds to the general literature on breastfeeding that provides another context to explore ways in which breastfeeding are socially constructed. It highlighted the importance of addressing breastfeeding as a social issue rather than a purely medical one. This study identified three key ways in which breastfeeding practices are shaped within the influence of the state, the cultural tradition, and the church:

First, the Karo women in their breastfeeding practices become agency in negotiating the practical and discursive dimension of breastfeeding. They demonstrate agency in relation to state and the church. We can see that despite both institutions supporting exclusive breastfeeding, midwives still advocated some bottle-feeding. Here, women have to navigate different messages about breastfeeding. Bottle-feeding straight after birth has become embedded as standard practice in Karo culture. Both the state and the church discourses on breastfeeding were thus at odds with actual practice in the local context, resulting in a gap between ideality (policy and

value) and reality (mothers' practices). We can see that in areas such as breastfeeding, the power of the state is relatively weak. The women were not familiar with the law on breastfeeding, and midwives did not advocate exclusive breastfeeding. The women adhered to state and church positions on breastfeeding by mainly breastfeeding, but they did not conform fully. This research also demonstrated that the Karo mothers were able to choose between breastfeeding and bottle-feeding; and, at some points, following the grandmothers' advice or ignoring it.

Second, Karo mothers have a privilege within Karo society, specifically because they are breastfeeding. Unlike in the Western countries, the mothers freely breastfeed anywhere without worrying about censorship in Karo lands. They also did not feel judged about their fat body shape because they were breastfeeding. The dominant information and common sense about body issues from outside Karo society were relatively weak in influencing the breastfeeding experiences of the Karo mothers in this study. Instead, in Karo culture, the fuller maternal body was seen as expressive of being a good mother. The researcher argues that this privilege is the result of the continuing influence of traditional Karo culture, which in some aspects is stronger than the power of the formal institutions of state and church.

Third, the experiences of Karo mothers in breastfeeding are influenced by the central figure among Karo people, namely grandmothers. In Karo culture, being old, especially for women, gives them power in relation to family matters. Grandmothers are placed as decision makers in extended family issues. In this study, the grandmothers also influenced mothers related to motherhood and breastfeeding practices, even though at some points, the mothers were able to negotiate with the grandmothers. The forms of negotiation were not done openly by the mothers but in a more hidden way so as not

to publicly challenge the power of the grandmothers. Here again, we can see how Karo ethnicity plays an important continuing role in the experiences of the mothers in this study.

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