

# The Social Construction of Exclusive Breastfeeding for Working Women in Bengkulu, Indonesia

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**Abstract**--This study examined exclusive breastfeeding using a social construction assessment to determine the reality of the problems presented by working mothers' activities, specifically in the context of the low level of exclusive breastfeeding in Indonesia. The research was based on data obtained from 35 women using a questionnaire. In order to obtain more detailed information, we conducted interviews with 10 informants. There is no difference in exclusive breastfeeding based on the women's level of education and knowledge. Furthermore, the types of occupation, income levels, and age of the respondents were found to present no significant differences. In their social construction, the role of moments of externalization and objectivation were stronger compared to the role of internalization in the family with respect to the practice of exclusive breastfeeding. The family (husbands and parents), government policies, and the workplace played roles that contributed to encouraging women to practice exclusive breastfeeding. It is important for governments to design policies that protect the rights of children and women in order to lower the infant mortality rate in Indonesia.

**Key words**--employment, exclusive breastfeeding, mortality, social construction, women.

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## I. INTRODUCTION

This study examines the social construction of exclusively breastfeeding working women in the city of Bengkulu. Exclusive breastfeeding is currently one of the achievement agendas of the Millennium Development Goals (MDGs) in the health sector as set forth in 2015. Exclusive breastfeeding is optimal for babies from birth until six months old, who do not need to be fed by any additional food or drink [1]. In Indonesia, one of the modernizations of the health sector is the program of Clean and Healthy Lifestyles (PHBS); one in every 10 PHBS programs is aimed at exclusive breastfeeding, and their goal is to empower family members to actively take part in the health movement.

The children around the world in 2011, although there were 136.7 million babies born worldwide, only 32.6% of them were exclusively breastfed in their first six months [2]. In industrialized countries, infants who are not exclusively breastfed are more likely to die than babies who are exclusively breastfed. Exclusive breastfeeding for six months has been associated with a decreased incidence of diarrhea (53%) and Upper Respiratory Tract Infection (URI) (27%). In developing countries, only 39% of mothers exclusively breastfeed their babies [2]. Although breast milk is very beneficial for babies, the breastfeeding rate in Indonesia is still low at only 38%, despite the national target of 80% [3]. This problem illustrates political ethics in the midst of social change, especially in developing countries around the world (including Indonesia) [4]. Almost all policymakers have one

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similar trait, that is, inevitably, their attention is centered around making decisions that are 'western-style, without thinking about the situations of their own countries, despite the fact that the problems regarding development in each country are very different.

Social change has been occurring for Indonesian women; among other things, there has been an increase in the number of working women by 2.12 million over the last four years. The participation rate of working women has increased from 48.63% to 49.52% over the last three years. The 81.5 million working women, who will be described further, also do not engage in exclusive breastfeeding [5]. Other research has mentioned that 45% of women who work in the formal sector stop breastfeeding before their babies reach the age of four months old and alter their diet to formula milk [6]. The cause of the low rate of exclusive breastfeeding is parents' lack of knowledge in caring for their infants. Working women also depend on the policies of factories, which influence the time available for breastfeeding. The minister of the Ministry of Nutrition and Health stated that the success of women's breastfeeding is determined by the support of the people who surround them, including their husbands, families, community health workers, and those in the working environment.

Women's occupations tend to hamper their ability to engage in exclusive breastfeeding for their babies. In addition to the issue of time, company policies and the lack of facilities in the workplace, such as lactation rooms, also have an effect. Such concerns are unnecessary because the government has guaranteed exclusive breastfeeding in the workplace through the Joint Agreement Letter (SKB) of three Ministers: the Minister of Health, the Minister of Labor, and the Minister of State Apparatus [7]. Government regulations regarding the increase in breastfeeding during working hours have been effective since 2009. This phenomenon indicates that the joint ministerial decree has encouraged working women to engage in exclusive breastfeeding. Fikawati & Syafiq agreed that the policy on exclusive breastfeeding was incomplete and uncomprehensive. They also found that the early initiation of exclusive breastfeeding was not included in the policy [8]. Thus, there are weak aspects of the policies of the external systems and subsystems that were not addressed in the preparation of the exclusive breastfeeding policy.

The social construction model was once used in the study of healthy and clean living behavior in Lebong Regency, Bengkulu, Sumatra Province Indonesia which showed that the internal factor in families such as grandmother, mother or sister and even external factor in environments such as neighbors and friends had a significant influence on exclusive breastfeeding to mothers who work as farmers. This was objectively constructed in 2 or 3 months-old infants with no exclusive breastfeeding anymore and have been given additional food such as boiled bananas, rice porridge, bread and sweet water on the grounds that the mothers can help their husbands to work.

In this study, the authors wanted to observe whether women working in urban areas experienced something similar to cases in the countryside. To obtain a more in-depth study on this case, the qualitative and quantitative research designs were used to obtain statistical results on the influence of respondent characteristics on exclusive breastfeeding. Further detail information was also obtained through qualitative methods. Questionnaires were used to determine the correlation between the social construction of society (internal factors, objectivity and external factors) that occur in everyday life (social reality) with exclusive breastfeeding behavior in women working in urban areas.

The success rate of breastfeeding programs in other areas is different and studies on exclusive breastfeeding in social realities by using social construction approaches are also still limited. The low rate of exclusive breastfeeding in Bengkulu City might be the main cause of this problem. Thus, to know the other causes then the author was trying to use the approach of social construction [9,10].

Based on the phenomena mentioned above, researchers should examine the failure to engage in exclusive breastfeeding more thoroughly, particularly regarding women who work in the city of Bengkulu. This research adopted the theoretical approach to social construction [9]. The focus of the research was based on the interactions, knowledge, and realities in the lives of working women. This research needs to be further developed because this study still uses measures undertaken by previous researchers.

## **II. MATERIAL AND METHODS**

The research design adopts two approaches, both quantitative and qualitative. A quantitative design was used to know the correlation of respondent's characteristics factors such as education level, age, occupation and income level with exclusive breastfeeding. While the qualitative design was used to know in depth the reason why working women do not give exclusive breastfeeding to their babies related to the social realities of daily life in women working in urban areas.

The data that were obtained from the 35 respondents were analyzed using a crosstabs analysis and a chi-squared test performed using SPSS-17. Furthermore, to examine the realities and behaviors of exclusive breastfeeding in working women more deeply, a qualitative approach was used to produce descriptive data based on interviews with 10 respondents. This data can address the holistic behavior using materials referenced in social construction [9]. This reference addresses the process of externalizing and internalizing objectivations to determine the knowledge and realities in the lives of working women who engage in exclusive breastfeeding.

The data collection technique was interviewed, and the research subjects were determined by purposive sampling; the study area was relatively extensive, as it included 10 districts. The working women who were the research subjects have various heterogeneous characteristics, and the number of working women was uncertain. The informants met the following criteria: (a) married working women, (b) having children who were of the age to be breastfed, (c) domiciled at least two years in the city of Bengkulu, as proven by their family cards and ID cards, (d) working at least two years, and (e) willing to be a research subject and to be interviewed [11].

## **III. RESULTS**

The following results indicate that the educational level of working women is not related to the practice of exclusively breastfeeding babies. This is proven because the chi-square probability value is higher than alpha ( $0.064 > 0.05$ ). This means that there are no differences in the level of education of working mothers who engage in the practice of exclusively providing breast milk to their babies (Table 1).

**Table 1:** Characteristics of the respondents, including their educational backgrounds, knowledge, income levels, ages, and occupation types were as follows. Crosstabs

Case Processing Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Education * Breastfeeding	35	100.0%	0	.0%	35	100.0%
Knowledge * Breastfeeding	35	100.0%	0	.0%	35	100.0%
Economic status * Breastfeeding	35	100.0%	0	.0%	35	100.0%
Age * Breastfeeding	35	100.0%	0	.0%	35	100.0%
Occupation * Breastfeeding	35	100.0%	0	.0%	35	100.0%

Education \* Breastfeeding

Count Crosstab					
		Breastfeeding		Total	
		Non Breastfeed	Breastfeed		
Education	Low	13	5	18	
	High	7	10	17	
Total		20	15	35	
Chi-Square Tests					
	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.441 <sup>a</sup>	1	<b>.064</b>		
Continuity Correction <sup>b</sup>	2.290	1	.130		
Likelihood Ratio	3.498	1	.061		
Fisher's Exact Test				.092	.065
Linear-by-Linear Association	3.343	1	.068		
N of Valid Cases	35				
a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.29.					
b. Computed only for a 2x2 table					
Directional Measures					
					Value
Nominal by Interval	Eta	Education Dependent			.314
		Breastfeeding Dependent			.314

The statistical test results mentioned above indicate that there is no relation between the knowledge of working women and the practice of exclusively breastfeeding. This is proven because the chi-square probability value is higher than alpha ( $0.142 > 0.05$ ). This means that there is no difference between knowledgeable women and less knowledgeable women with respect to the practice of exclusive breastfeeding (Table 2).

**Table 2:** The relation of breastfeeding behavior and working status.

Crosstab						
Count						
		Breastfeeding				
		Non breastfeed	Breastfeed	Total		
Knowledge	Low	13	6	19		
	Hight	7	9	16		
Total		20	15	35		
Chi-Square Tests						
		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square		2.159 <sup>a</sup>	1	<b>.142</b>		
Continuity Correction <sup>b</sup>		1.269	1	.260		
Likelihood Ratio		2.175	1	.140		
Fisher's Exact Test					.182	.130
Linear-by-Linear Association		2.097	1	.148		
N of Valid Cases		35				
a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.86.						
b. Computed only for a 2x2 table						
Directional Measures						
				Value		
Nominal by Interval	Eta	Knowledge Dependent		.248		
		Breastfeed Dependent		.248		

The results of the chi-square test regarding the economic status of working women and the practice of exclusive breastfeeding show that there is a difference between low-income and high-income families in terms of the practice of exclusive breastfeeding. This is statistically proven because the chi-square probability value is lower than alpha ( $0.001 < 0.05$ ) (Table 3).

**Table 3:** The relation of breastfeeding behavior and economic condition.

Crosstab						
Count						
		Breastfeeding				
		Non Breastfeed	Breastfeed	Total		
Economic Status	Low	14	2	16		
	High	6	13	19		
Total		20	15	35		
Chi-Square Tests						
		Value	df	Asymp. Sig (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square		11.091 <sup>a</sup>	1	<b>.001</b>		
Continuity Correction <sup>b</sup>		8.925	1	.003		
Likelihood Ratio		12.048	1	.001		
Fisher's Exact Test					.002	.001
Linear-by-Linear Association		10.774	1	.001		

N of Valid Cases	35			
a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.86.				
b. Computed only for a 2x2 table				

Directional Measures			
			Value
Nominal by Interval	Eta	Economic Status Dependent	.563
		Breastfeed Dependent	.563

The results show that the age of working women is related to the behavior of exclusive breastfeeding. This is proven by a chi-square probability value that is lower than alpha ( $0.018 < 0.05$ ). This means that there is a difference between women who are 20-35 years old and those who are 35 years old or older in the practice of exclusive breastfeeding (Table 4).

**Table 4:** The relation of breastfeeding behavior and age of women.

Crosstab						
Count						
		Breastfeeding				
		Non Breastfeed	Breastfeed	Total		
Age	> 35 y.o.	12	3	15		
	20 - 35 y.o	8	12	20		
Total		20	15	35		
Chi-Square Tests						
		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square		5.600 <sup>a</sup>	1	<b>.018</b>		
Continuity Correction <sup>b</sup>		4.086	1	.043		
Likelihood Ratio		5.871	1	.015		
Fisher's Exact Test					.037	.020
Linear-by-Linear Association		5.440	1	.020		
N of Valid Cases		35				
a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.43.						
b. Computed only for a 2x2 table						
Directional Measures						
				Value		
Nominal by Interval	Eta	Age Dependent		.400		
		Breastfeeding Dependent		.400		

The results show that the occupation types of working women in Bengkulu are related to the practice of exclusive breastfeeding. This is proven by a chi-square probability that is lower than alpha ( $0.015 < 0.05$ ). This indicates that their occupation type influences the practice of exclusive breastfeeding (Table 5).

**Table 5:** The relation of breastfeeding behavior and occupation type of women.

<b>Crosstab</b>				
Count				
		Breastfeeding		Total
		Non Breastfeed	Breastfeed	1
Occupation	Private Employee	9	4	13
	State-Owned Corporation Employee	4	10	14
	State Enterprise	7	1	8
Total		20	15	35
<b>Chi-Square Tests</b>				
		Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square		8.453 <sup>a</sup>	2	<b>.015</b>
Likelihood Ratio		8.975	2	.011
Linear-by-Linear Association		.144	1	.705
N of Valid Cases		35		
a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 3.43.				
<b>Directional Measures</b>				
				Value
Nominal by Interval	Eta	Occupation Dependent		.065
		Breastfeeding Dependent		.491

A descriptive analysis was conducted to analyze the interview data from 10 informants, including working women whose educational background was secondary education, including a bachelor's non-degree and a bachelor's degree. The results revealed that most of them do not engage in exclusive breastfeeding. This circumstance arose for various reasons, such as a busy schedule, a lack of or failure to produce breast milk, and the inability to return home due to overtime work. Although working women already have knowledge of the positive value of exclusive breastfeeding, they did not breastfeed their babies for several reasons. Those reasons include strict workplace regulations, the distance of the workplace from home, the lack of support from husbands to breastfeed, and the lack of a special place to breastfeed in the workplace. Another reason is that babies must follow their parents' lifestyle, and thus, must become accustomed to consuming formula instead of breast milk.

Economic status has an influence on working women. Those with high incomes of above four million rupiahs per month and who are supported by four-wheel-drive vehicles exclusively breastfeed. This occurs because women have their husbands' support for their work accommodation, and they are able to use their own vehicles as a place to engage in breastfeeding. This is in contrast to working women whose salary is below four million, who do not engage in exclusive breastfeeding during working hours due to the lack of an available place for breastfeeding. In addition, their husbands cannot support their accommodations because the husbands have to comply with their own work schedules. Working women in the circumstances mentioned above must prepare alternative baby food such as formula milk and instant porridge instead of breast milk for their babies starting at 2.5 months old.

Working women who are over 35 years old commonly exclusively breastfeed their babies. This circumstance occurs because their workplace regulations are not too strict (state enterprise), and they are in non-

structural positions. Their accommodation is supported by private vehicles, and there is solidarity among their co-workers, who are willing to perform the working women's job duties during their breastfeeding breaks at home.

Working women who are less than 35 years old do not engage in exclusive breastfeeding for several reasons. Those reasons are insufficient milk, busy schedules, work regulations or strict rules, and their babies are being cared for by their mothers' parents. For the majority of these women, their babies are allowed to consume food other than breast milk at three months old.

The women who work in enterprise sectors, such as at a bank, PT Telkom, or PT Pusri, generally provide exclusive breastfeeding to their babies. This is due to their easy accommodation because they are supported by high salaries and four-wheel vehicles. Furthermore, they can hire babysitters to feed their babies when they have a busy schedule at work. Such women have the benefit of facilities that support exclusive breastfeeding. This is in contrast to women who work in the private sector, such as street sweepers, shopkeepers, vehicle sales, and household furniture sales. Most of them do not engage in exclusive breastfeeding because the distance between their house and workplace is too far, and they do not feel comfortable leaving their jobs. However, there are working women who can exclusively breastfeed because the distance to their homes is minimal, and their workplace regulations are not strict. Women who work in salons and as tailors can provide breast milk exclusively, although they amount to a small percentage. Women who work in government agencies do not engage in exclusive breastfeeding. The reasons for this are that their furlough has ended and it will be embarrassing if they do not work. They feel bothered by breastfeeding their babies, and instead, feed their babies with formula milk or extra food, such as baby biscuits.

#### **IV. DISCUSSION**

The importance of exclusive breastfeeding has been recognized, as it has been considered one of the achievements of the Millennium Development Goals (MDGs) since 2015. The achievement of exclusive breastfeeding is so important that this aspect has become one mark that determines the level of a state's commitment to encouraging public awareness and participation. To achieve this goal, Indonesia has formulated several strategies, from national legislation to implementation efforts for the public. Structurally, this program is the responsibility of the Ministry of Health, which is then disseminated by the Provincial Health Offices and Districts. The Declaration which was created in Florence, Italy in 1990, implemented four operational concepts to support mothers with babies in breastfeeding optimally. These four concepts are (a) Communication of Education and Information (CIE), (b) health care facilities for all babies and children, (c) Marketing Regulations for Alternative Breastmilk (MRAB), and (d) providing support for working mothers in all sectors.

The results show that working women's level of education makes no difference in the practice of exclusively breastfeeding babies. This was proven by a chi-square probability value that is higher than alpha ( $0.064 > 0.05$ ). This means that there is no relationship between low levels of education and higher levels of education in exclusively providing breast milk to babies.

This research is supported by Februhartanti & Herlina, who stated that women who engage in exclusive breastfeeding need the support of their husbands, families, and communities. Not practicing exclusive breastfeeding is not determined by the mother's educational background [12, 13]. Highly educated and less educated women show the same results because both groups have chosen to work to support their families' income. The greatest influence is the mothers' willingness to breastfeed and the availability of surrounding facilities that encourage them to

breastfeed. If they cannot breastfeed, mothers will replace breast milk with porridge, milk formula, banana stew, and steamed rice. These results are in contrast to the results of Widiyanto et al., who stated that the level of education does influence the practice of exclusive breastfeeding [14].

The above result is in accordance with the rules provided by the Government Law Regarding Maternity Furlough Article 82 No. 13 the Year 2003, which mandated that female workers are entitled to a break from 1.5 months before childbirth until 1.5 months after childbirth. According to the calculations of obstetricians, this amounts to 3 months. The results of this research were supported by the results of research conducted by Setiowati and Khilmiana in Semarang, which indicated that the level of knowledge of most mothers who practice exclusive breastfeeding is good [15]. Out of the 30 respondents, 16 (53.3%) had a good level of knowledge regarding exclusive breastfeeding. However, because of the various activities of the mothers, they could not breastfeed their babies until they were six months old.

The economic status of working women with incomes above four million rupiahs supports exclusive breastfeeding behavior, while those with a family income below four million rupiahs do not have the opportunity to practice exclusive breastfeeding.

The interview results were supported by the results of other research, which show that about 45% of female workers in the informal sector stopped breastfeeding before their babies reached four months old, at which time they began to provide formula or complementary feeding. Their busy schedules or unwillingness to leave their work or occupations are the main reasons for this circumstance. A healthy status is determined by both behavior and environment [16]

Working women who are over 35 years old are those who most often exclusively breastfeed their babies. The results of this research were supported by Rahmawati, who mentioned that the factors that influenced exclusive breastfeeding by mothers in Semarang included maternal age, maternal employment status, the order of birth, support of their husbands, and the health infrastructure [17].

Occupation types can influence exclusive breastfeeding, because they affect the income level and the ability to pay for additional facilities and helpers, such as four-wheel vehicles and babysitters. A husband's support is very necessary for working women; although it may play only a small part, it can provide them with encouragement to practice exclusive breastfeeding.

The research of Fikawati & Syafiq showed that exclusive breastfeeding policies are still incomplete and uncomprehensive [8]. They also found that the early initiation of breastfeeding has not been explicitly included in the policies. Thus, there are weak aspects of the policies of external systems and subsystems that were not considered in the preparation of exclusive breastfeeding policies. The same results are found in the research of Wahyuningsih & Machmudah in Semarang, which indicated that the respondents who provide the highest level of exclusive breastfeeding are mothers who are supported by their husbands [18].

The community is mentioned as an objective reality, and society is considered as a subjective reality, in the context of reality and knowledge [9]. This understanding can be used to explain the practice of exclusive breastfeeding in the lives of women who work. In individuals' internalization process, there is a need for social institutions, particularly during the stage of primary socialization in which women require the support of their

husbands and parents. This is necessary for the practice of exclusive breastfeeding, regardless of whether the women work in the government sector, the private sector, or for the state. In the social construction of the externalization and objectivation stages, the formation of society is referred to as secondary socialization. Therefore, a woman works to acquire and build her place in society.

In fact, the working women in the city of Bengkulu tend to abide by the rules of their workplaces. Therefore, they decided not to breastfeed exclusively for various reasons, such as helping to provide their families with income, career advancement, and not wanting to depend on a husband. The reality is that this is a phenomenon that does not depend on one's will. In fact, it is based on the knowledge of working women, which is definitely real and is recognized by providing other food to their babies before the age of six months, including formula, baby biscuits, and instant baby porridge.

With respect to objectivation, it was demonstrated that workplace rules are very strict. There is a lack of lactation rooms, and this circumstance causes mothers to feel uncomfortable breastfeeding. Women experience a dilemma when they cannot leave their work, as leaving would cause them to have a negative career record in their workplaces. Government Law Policy no. 13 the year 2003 Article 83 stated that female workers who are still nursing their children should be given proper opportunities to breastfeed their children during working hours whenever it is necessary. In fact, that policy in Bengkulu City has not been optimally implemented to support the rights of children and nursing mothers.

## V. CONCLUSION

The level of education and knowledge does not determine whether a working woman practices exclusive breastfeeding for her baby. Furthermore, there are no significant differences between occupation types, income levels, and working women's ages in the practice of exclusive breastfeeding. The role of moments of externalization and objectivation within social construction is stronger. Their primary socialization with their families (especially their husbands and parents), government policies, and workplace regulations contribute to exclusive breastfeeding. It is important for governments to design policies to protect the rights of children and mothers and to lower the infant mortality rate in Indonesia.

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