

THE UNIVERSITY OF HULL

**An Ethnographic Study of
Women's Experiences of Breastfeeding
in the Karo Highlands of Indonesia**

**being a Thesis Submitted for the Degree of
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by

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ABSTRACT

This thesis is an ethnographic study of women's experiences of breastfeeding. Based in the Karo Highlands of Indonesia on the island of Sumatera and a marginalised location in terms of geography, ethnicity, religion, and state policy, the aim of this research is to understand the experiences of 16 Karo women who breastfeed and also the perspectives of other participants namely 5 grandmothers, 4 midwives, 2 priests, and 1 traditional baby sitter. The theoretical framework is feminist standpoint theory and throughout the research, I find that knowledge and experiences of breastfeeding mothers cannot be understood through a single entity such as gender but the experience is an intersection of various entities such as gender, ethnicity, religion, and geographical location. The methodology of the research is feminist ethnography. The research draws on a range of ethnographic methods including participant observation, formal interviews and informal conversations. The fieldwork was undertaken in 2015-2016 over a period of nine months through meeting with participants in their own homes and other places.

The data discussed in the thesis demonstrate how Karo women's experiences of breastfeeding is influenced by three main institutional structures: the state (Indonesia), religion (Christianity) and ethnic tradition (Karo traditional culture). I identify four key ways in which breastfeeding practices are shaped by this triad of influence. *First*, the Karo mothers have to negotiate conflicting attitudes towards reproductive practices. Such a situation exists because the institutions coexisting in Karoland, particularly the state and the Christian church, do not always hold the same views. *Second, (and relatedly)*, the Karo women in their breastfeeding practices display agency in negotiating the practical and discursive dimension of breastfeeding. They demonstrate agency in relation to state and the churches. *Third*, Karo mothers have privilege within Karo society, specifically because they are breastfeeding. *Fourth, and related to the continuing influence of Karo culture*, the experiences of Karo mothers in breastfeeding were influenced by the central figure among Karo people, namely grandmothers.

This thesis has contributed to new knowledge about the experiences of marginal women in the practice of breastfeeding. Related to the findings in this thesis, there are recommendations for professional practice and further research. The findings suggest that midwives and policy makers need to understand the cultural context of women who are breastfeeding. Further research needs to be enriched with the experience of voiceless women in breastfeeding practices.

Chapter 1. Introduction

This thesis is an ethnographic study of women's experiences of breastfeeding in the Karo highlands of Indonesia on the island of Sumatera. The aim of this research is to understand the particular experiences of Karo women who breastfeed.

My interest in breastfeeding research emerged with the introduction of Indonesia Health Law No. 36 in 2009¹ – especially article 200:

Pasal 200: Setiap orang yang dengan sengaja menghalangi program pemberian air susu ibu eksklusif sebagaimana dimaksud dalam Pasal 128² ayat (2) dipidana penjara paling lama 1 (satu) tahun dan denda paling banyak Rp100.000.000,00 (seratus juta rupiah)
(Article 200: Any person deliberately hindering the exclusive breastfeeding programme referred to in article 128 paragraph (2) shall be imprisoned for a maximum of 1 (one) year and a maximum fine of Rp 100.000.000,00 (one hundred million rupiah))

The Health Law mandates that mothers exclusively breastfeed their babies for the first six months. The law stipulates a fine of up to 100 million rupiahs (equivalent to ± £ 5000) or one year of jail for those (not only mothers but including family

¹ It should be borne in mind that Indonesia has different forms of legislation. There are five official levels of hierarchy in Indonesia legislation: 1945 Constitution (*Undang-Undang Dasar 1945/UUD'45*); Law (*Undang-Undang/UU*); Government Regulation (*Peraturan Pemerintah/ PP*); Presidential Regulation (*Peraturan Presiden/ Perpres*); and Regional Regulation (*Peraturan Daerah/ Perda*). In addition, there are also Presidential Instruction (*Instruksi Presiden/Inpres*); Ministerial Decree (*Keputusan Menteri/ Kepmen*); and Circulation Letters (*Surat Edaran*). In this context, the breastfeeding law is included in the highest legislation (*Undang-Undang*).

² “*Pasal 128: (1) setiap bayi berhak mendapatkan air susu ibu eksklusif sejak dilahirkan selama 6 (enam) bulan, kecuali atas indikasi medis; (2) selama pemberian air susu ibu, pihak keluarga, pemerintah, pemerintah daerah dan masyarakat harus mendukung ibu bayi secara penuh dengan penyediaan waktu dan fasilitas khusus; (3) penyediaan fasilitas khusus sebagaimana dimaksud pada ayat (2) diadakan di tempat kerja dan di tempat sarana umum* (Article 128: (1) Every infant is entitled to exclusive breast milk since birth for 6 (six) months of life, unless otherwise medically indicated; (2) during breastfeeding, the family, government, local government, and community must support the mothers in full with the provision of time and special facilities; (3) the provision of special facilities as referred to in paragraph (2) shall be held in the workplace and in the place of public facilities.”

members, employers, and employees) who hinder exclusive breastfeeding. As an Indonesian woman, I became curious about this law. I wondered about the effects of the law for breastfeeding mothers, particularly as the government had criminalised those who hinder exclusive breastfeeding, making this law one of the most punitive laws on breastfeeding in the world.

I started reading the literature on breastfeeding around the world and specifically on breastfeeding in Indonesia. I learned that studies on breastfeeding in Indonesia are limited. The existing studies focus only on health, the psychological bond between mother and child, or the promotion of exclusive breastfeeding. These studies also mostly focus on Java, the most developed island in Indonesia (Afiyanti & Juliastuti, 2012; Februhartanty et al., 2012; Imdad et al., 2011; Shetty, 2014; Soekarjo & Zehner, 2011; Susiloretni et al., 2013). Within the existing literature there is a lack of attention to women's experiences of breastfeeding, especially concerning women residing outside of Java. The aim of this thesis is 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. The main question in this study is 'How do Karo mothers experience breastfeeding practices?'

Indonesia is a large country with a diverse society in terms of ethnicity, religion, and geography, and inequality is still present between the island of Java and Indonesia's other islands (Booth, 2000; Suryadarma et al., 2006). Java is the most developed region in Indonesia and the centre of economic and political activities. In terms of ethnicity and religion, the Javanese comprise the biggest ethnic group, and Islam is the majority religion. Karo is thus both marginalised geographically and due to its main religion being Christianity. This study is an

ethnographic study of women’s breastfeeding practices outside dominant geo-political and religious groups, namely outside Java and Islam. This research will thus make an important contribution to the study of breastfeeding in Indonesia.

Table 1. Total and Percentage of Population in terms of Religion based on the 2010 Population Census

Religion	Total	Percentage
1	2	3
Islam	207 176 162	87,18
Protestant	16 528 513	6,96
Catholic	6 907 873	2,91
Hindu	4 012 116	1,69
Buddha	1 703 254	0,72
Kong Hu Cu	117 091	0,05
Others	299 617	0,13
Not Answered	139 582	0,06
Not Questioned	757 118	0,32
Total	237 641 326	100

(Badan Pusat Statistik, 2010:10)

My research is also informed by being Karo myself. I was born in Karoland. In 2001, when I was 18 years old, I moved to Yogyakarta – a big city in Java – to continue my study at university. I have been living and working in that city ever since. I also present this research as a mother who has had my own breastfeeding experience. However, even though I am technically also a Karo mother, I do not present my experience as representative of the participants’ breastfeeding experiences. I am Karo, but I have been living outside of Karoland for many years.

There are four key issues which frame my research. *First*, when viewed from the dimensions of gender and geography in Indonesia, Karo women are categorised as marginal women because of their region, ethnicity (including a separate language), and religion. Their experiences are rarely represented in official accounts and academic literature. Instead, women from Java are portrayed

as representative of Indonesian women in general. Studies that represent all Indonesian women using only women in Java include Bennett (2005), Blackburn (2004), Brenner (1998), and Martyn (2005). Karo women are also rarely given the opportunity to share their experiences and concerns about breastfeeding in a formal setting. In the official context, views of breastfeeding tend to be dominated by the input of health workers and institutions located in Jakarta and Java.

Second, the practice of breastfeeding is regulated by the Indonesian state, as exemplified by Health Law No. 36 introduced in 2009. My research examines how breastfeeding practices in Karoland have been informed by such state interventions. The focus is primarily on Karo breastfeeding mothers, but I also examine how the law affects midwives, priests, and other subjects such as grandmothers. To what extent are women aware of the law? If midwives are aware of the law, how do they respond to new mothers who do not want to or cannot breastfeed?

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. The Protestant and Catholic Churches also contribute to education, health, and social charity. In Karoland, in addition to schools managed by the government, there are schools from kindergarten to high school run by the Protestant Karo Church, and there are Catholic schools run by the congregation of Franciscan Sisters and the Diocese. Catholic Schools, especially elementary schools, are most favoured by the Karo people. The Protestant Karo Church also has a well-known social institution for orphanages, while Catholic sisters run a very well-known hospital in Medan, the capital of the North Sumatera province in which Karoland is situated. Most Karo people are also very active in the church.

They tend to go to church every Sunday, marry in church, baptise their children, require their children to embrace their religion, and hold a funeral following the Christian tradition. The population enthusiastically attends church celebrations such as Christmas, Easter, priests' ordinations, and small prayer communities. In terms of breastfeeding, the church also publicly supports this practice. Therefore, I also talk to women about religion, their relationships with clergy, and their observation of religious practices to examine the ways in which the church influences breastfeeding practices.

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. It is visible, for example, in wedding ceremonies, in which both church and ethnic traditions are carried out together. My ethnographic research demonstrates how grandmothers play a key role in maintaining Karo tradition in relation to motherhood. The grandmothers in this study, for example, play a role in preparing women to be mothers in the Karo community. How the grandmothers advise mothers is related to the Karo tradition, especially during pregnancy, breastfeeding, and weaning. My research explores the interactions between mothers and grandmothers, investigating the ways in which mothers respond to and negotiate the influence of grandmothers in Karo society.

My research draws on ethnographic methods to discover Karo women's breastfeeding experiences. I spent nine months conducting fieldwork in Karoland, Sumatera island, Indonesia. The research successfully engaged 28 participants: 16 mothers, five grandmothers, four midwives, two priests, and one traditional baby sitter. The mothers were interviewed between one and four times: 12 of the 16

mothers were interviewed four times, one was interviewed twice, and three were interviewed once. The other participants, excluding the mothers, were interviewed once. During the fieldwork, all of the participants, including the breastfeeding mothers allowed me to visit their homes. They walked me through their everyday life experiences and how they breastfed their babies. By listening to their stories, witnessing their experiences, and performing participant observation, I learnt about their choices and the ways they negotiate with the institutions and social structures in which they live. During my ethnographic research, I also visited many places such as local or traditional markets, traditional *cafés*, bus stations, *jamburs* (halls for traditional events), and churches to observe everyday life. In this context, I also chatted informally with my participants and other people I met in Karoland.

My role as a researcher was unique as I am ethnically Karo. In this research process, I was both a partial insider and a partial outsider. My experience of living in Karoland until 2001 made me as a partial insider. From this position, I found it is easier to understand the participants, as I speak the local language and have knowledge of their life and culture. However, I was a partial outsider because I have lived away from Karoland for many years and feel at a distance from the daily life of Karoland as a result. Many people I met did not recognise my accent as being Karo. My position as a partial outsider gave me an advantage in some ways, as it helped me to reflect on the situation in Karoland with 'new eyes', making the previously familiar strange again.

1.1. Bringing Breastfeeding into the Mainstream

Throughout my research about Karo women's experiences of breastfeeding, I became aware that breastfeeding has been mainstreamed into

national and international discourses. Breastfeeding, especially exclusive breastfeeding, is commonly believed in and accepted around the world as the best natural practice of mothering – especially when it relates to the health of children and mothers. The mainstream discourse on breastfeeding argues that all mothers should exclusively breastfeed. It is therefore important to understand how breastfeeding practices – which are always associated with mothers – have been constructed politically by global organisations and many countries around the world. Over the past decades, many strategies around the world have been implemented to mainstream breastfeeding practices into international discourses on health and thereby address the decline in breastfeeding trends (Emery et al., 1990; Martinez & Nalezienski, 1981). These strategies to support and promote breastfeeding have been led globally by international organisations, namely the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF). These organisations have developed programmes which influence both the developed and developing world, such as the International Code of Marketing of Breast-milk Substitutes (WHO, 1981); the Baby-friendly Hospital Initiative (WHO & UNICEF, 1991; WHO & UNICEF, 2018); and the Innocenti Declaration on the Protection, Promotion, and Support of Breastfeeding (UNICEF, 2005; WHO, 1991).

Mostly WHO and UNICEF have been responsible for propelling breastfeeding, and especially exclusive breastfeeding, into the global mainstream; these two organisations have highlighted several reasons behind their efforts (Binns et al., 2016; Pomerleau, 2001; UNICEF, 2015; WHO, 1981; WHO, 1991; WHO & UNICEF, 1989; WHO & UNICEF, 2003; WHO & UNICEF, 2018). First, ideally, breastmilk should be perceived as the only natural food for the first

six months of life, as promoting breastfeeding prevents hunger and secures food for infants (WHO, 1981; WHO & UNICEF, 2018). Breastmilk is also believed to have a positive impact on babies' health because of its nutritional value (UNICEF, 2015; WHO, 1981; WHO & UNICEF, 1989; WHO & UNICEF, 2003). Secondly, the use of formula milk is regarded as potentially harmful for babies' health due to limited sources of clean water in some countries (Pomerleau 2001; UNICEF 2015). Mixing formula with unclean water can cause diseases such as diarrhoea and cholera for infants and babies. Third, breastfeeding is not only beneficial for babies but also healthy for mothers; namely, breastfeeding can potentially reduce the risk of ovarian cancer, breast cancer, and diabetes (Binns et al. 2016). Fourth, breastfeeding helps to build a good psychological relationship between a mother and her child (WHO 1991; WHO & UNICEF 2003). Fifth, increasing rates of breastfeeding could contribute to the global economy and to environmental sustainability (WHO 1981; WHO & UNICEF 2018). Breastfeeding significantly impacts family finances because there is no need to spend money on formula (WHO 1981).

Mainstreaming of exclusive breastfeeding is not limited to international organisations. National institutions are also striving to mainstream exclusive breastfeeding as well. This includes Indonesia, where as stated previously, breastfeeding in the first six months of life is mandated by law (Barenes et al. 2015). In many countries, a variety of promotions aim to bring breastfeeding into the mainstream. Imdad et al. (2011), for example, discuss 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 is seen as having a positive effect on improving mothers' exclusive breastfeeding of their babies under six months of age. Meanwhile, Semega-Janneh et al. (2001) show how breastfeeding promotions conducted in some countries have been carried out by combining traditional and modern methods. Specifically, in Gambia, relevant traditional beliefs about breastfeeding have been used as an additional supportive approach to mainstream breastfeeding in the country. For example, there is a prevalent belief that a child cannot be left by its mother even when she is required to work in the fields. Such a belief is seen as an opportunity to improve exclusive breastfeeding. In the United States, Kaplan and Graff (2008) point to how the modern marketing strategies of formula companies are adapting to promote exclusive breast milk in more aggressive and creative ways; pressure from public health agencies is largely behind this change, as these agencies are aiming to counteract the massive use of infant formula.

In terms of academic research, the discussion of breastfeeding is generally concerned with health issues. Breastfeeding is commonly considered very good for the health of the baby and is related to the moral responsibility of the mother (Blum 1999; Campo 2010; Carter & Anthony 2015; Grummer-Strawn & Rollins 2015; Marshall et al. 2007; Shaw 2003; Soekarjo & Zehner 2011; Stearns 1999; Wall 2001). More on the moral responsibility of breastfeeding practices is discussed in the next chapter.

The strategies to promote breastfeeding conducted by WHO, UNICEF, various countries, and academic research have successfully made breastfeeding mainstream. There is currently a common paradigm that says there is no practice of feeding babies, specifically babies under six months, which is better. 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 those of mothers from marginalised groups. For this reason, this thesis purposes to step away from the mainstream in illustrating the breastfeeding practice from a perspective which considers the voices of mothers from a marginal ethnic group in Indonesia.

The following section provides a more explicit explanation of the efforts made by international organisations such as WHO and UNICEF to mainstream breastfeeding. In addition, concerns about the breastfeeding practice in the Indonesian context are explored. These concerns are primarily related to state policy and academic research about breastfeeding. It is vital to show why research on breastfeeding in Karoland is important.

1.1.1. Global Context

International organisations (such as WHO and UNICEF) and countries (such as Indonesia) have worked hard over many years to mainstream and promote breastfeeding practices – especially the practice to exclusively breastfeed babies under six months of age (Pomerleau 2001; WHO 1981; WHO 1991; WHO 2003; WHO & UNICEF 2003). WHO and UNICEF developed several strategic initiations to form a foundation for breastfeeding practices. One of these was the launching of the International Code of Marketing of Breast-Milk Substitutes in 1980's. This policy framework expressed concerns about the decline of the breastfeeding practices around the world, which it described as related to 'sociocultural and other factors including the promotion of manufactured breast-milk substitutes' (WHO, 1981:5). The framework was also concerned with the participation and involvement of state members in 'supporting and promoting breastfeeding, taking legislative and social action to facilitate breastfeeding by

working mothers' (WHO, 1981:6). The framework suggested that the increasing number of working mothers meant that more mothers had no choice other than feeding their babies with formula.

There are some other explanations for the decline in breastfeeding practices around the world, especially in European and Western countries in the 1980's and 1990's. These include the expansions of the formula milk industry and the dominance of male health professionals (Boswell-Penc 2006; Carter 1995; Palmer 1988). According to Boswell-Penc (2006), the changing paradigm in the 19th and 20th centuries from a traditional (or non-scientific) to a modern (or scientific) society reconstructed popular views on breastfeeding. Everything related to traditional or non-scientific matters was seen as less reliable than the modern position. In this context, breast milk (which was associated with tradition) was regarded as less reliable than formula, which was seen as the product of the modern scientific society. Boswell-Penc (2006) continues to explain how this shift in society, along with the contributions of science advocates and the persuasion of business advertising, influenced people to believe that formula feeding presented more advantages for society, especially for mothers and babies, than breast milk.

Furthermore, the shift in motherhood was also seen as one of the reasons for the decline in breastfeeding (Boswell-Penc, 2006; Carter, 1995). Breastfeeding has always been linked to motherhood. Throughout history, breastfeeding has been seen as a natural practice for women, and as such, did not typically need to be discussed. Breastfeeding also signified a moral obligation of a mother to her baby. Perceptions of motherhood, which were traditionally associated with being a housewife and caring for children, began to change in the 19th century. Women, including mothers, began to move out of the domestic arena in great numbers to

work in the public sphere. In this context, breastfeeding began to lose its status as a natural or absolute obligation for a mother. Working mothers could decide not to breastfeed yet could still display a moral responsibility as mothers by otherwise 'paying attention' to the needs of the child through using formula milk. Thus mothers could work without interruption in the public area while still being able to be attentive mothers to their infants because mothers were 'supported' by formula manufacturers.

Another explanation of the decline of the breastfeeding practice is the dominance of male health professionals (Palmer, 1988). Since the 19th century and up until today, male health professionals tend to manage child birth and breastfeeding. This fact can become an obstacle for women to breastfeed and express breastmilk due to possible feelings of embarrassment in the presence of men who are not their partners. Such embarrassment arises because the breast is sexualised, especially in Western culture (Carter, 1995; Carathers, 2017; Campo, 2010; Stearns, 1999; Young, 2005).

The Baby-Friendly Hospital Initiative (BFHI) was initiated in 1991 by WHO and UNICEF as an attempt to support the development of an infrastructure of maternity care facilities to support breastfeeding (WHO & UNICEF, 1991; WHO & UNICEF, 2018). The United Kingdom is an example how this international policy has since been promoted on the national level. As reported by UNICEF UK (Entwistle, 2013), the United Kingdom has several programmes and standards which maintain and promote breastfeeding, such as the UNICEF UK Baby Friendly Initiative Programme. This programme is translated and implemented in English, Scottish, Welsh, and Northern Irish national policies. The policy documents have been put forth as follows. *A Public Health Outcomes*

Framework for England was published by the Department of Health in 2012, and *Improving Maternal and Infant Nutrition: A Framework for Action* was published by the Scottish Government in January 2011. *A Strategic Vision for Maternity Services* was produced in Wales in the same year. Finally, the Department of Health Social Services and Public Safety for Northern Ireland (DHSSPS) issued a draft breastfeeding consultation document in June 2012 called *A Ten Year Breastfeeding Strategy for Northern Ireland* (Entwistle, 2013:21–22). Most health visiting services and maternity units across the UK are now working based on these policy documents. In 2013, UNICEF UK claimed that the number of breastfeeding mothers had increased since the *Baby Friendly Initiative Programme* (Entwistle, 2013).

WHO and UNICEF next developed a new global strategy on breastfeeding by involving member states and international communities to discuss strategy and programme development (Pomerleau, 2001). In a meeting held in Geneva in March 2000, the three main objectives of the new global strategy in promoting breastfeeding by UNICEF, WHO, and the international community were set out as follows:

1. To improve the survival, health, nutritional status, and growth and development of infants and young children through optimal feeding. Ensuring the survival, health and nutrition of women, in their own right and in the context of their role as mothers, is fundamental to attaining this objective.
2. To guide government policy and action – and related support provided by the international community – for protecting, promoting and supporting optimal feeding practices for infants and young children.
3. To enable mothers, families and caregivers in all circumstances to make – and implement – informed choices about optimal feeding practices for infants and young children (Pomerleau, 2001:3).

These global aims were then translated into national strategy, policy, and action

plans that the actors working in medical institutions could implement as guides for their own policies. According to UNICEF (2015), breastfeeding has been promoted in five major areas to create a universal awareness of the benefits of breastfeeding: at the national level; at the health system level; at the community level; in communication and advocacy activities; and in uniquely difficult circumstances. The strategy of promoting exclusive breastfeeding has been institutionalised through policies and legislation. Breastfeeding practices have also been strengthened through creating curricula and training for health workers (WHO & UNICEF, 1989) and through providing health information systems such as infant feeding in emergency situations such as in the context of HIV/AIDS (UNICEF, 2015).

Outside of international organisations, in particular the WHO and UNICEF, individual countries have also played significant roles in promoting breastfeeding. Brazil is a useful example of the promotion of breastfeeding outside of the West. Even before the massive promotions from influential international organisations such as WHO, Brazil has been introducing interesting innovations to promote breast milk for babies (Gutierrez & de Almeida, 1998). One of Brazil's innovations was the establishment of human milk banks which serve to collect, store, manage, and process breast milk donated by breastfeeding mothers. These breast milk banks were started at the end of the 1930's, and they multiplied in the 1980's when the government helped to promote the programme. In 1980's the promotions became more structured and scientific, especially when a group of scientists in Rio de Janeiro established guidelines for milk banking procedures. Further in the 1990's, legislation on the human milk banks was then

enacted and controlled under the National Human Milk Bank Committee (Gutierrez & de Almeida, 1998:333).

Different from Brazil, which is predominantly Catholic, Islamic countries reject the idea of sharing breast milk due to cultural and religious factors. This rejection occurs despite the fact that Islam supports the importance of breastfeeding for the welfare and health of babies (Ramli et al., 2010). The issue is that Islam teaches that when a mother shares her breast milk with babies other than her own, she then becomes a mother to the babies through her breast milk. Thus, the practice of sharing breast milk cannot be done anonymously in these communities.

The promotion of breastfeeding or use of breast milk is also supported by the Catholic Church. Pope John Paul II, as the highest leader of Roman Catholic Church from 1978 to 2005, globally endorsed the practice and described breastfeeding as a duty of mothers towards their babies (Kippley, 2005). He confirmed that the UNICEF recommendation of exclusive breastfeeding was the best practice for mothers in front of participants in a study session on ‘Breastfeeding: Science and Society’ sponsored by the Pontifical Academy of Science and the Royal Society of Great Britain. Here, the Pope stated “the exclusive breastfeeding is for four to six months and to nurse up to second year of life or beyond” (Kippley, 2005:33–34). His successor, Pope Francis, has also often made statements which endorse breastfeeding and correlate breastfeeding and breastmilk with the global issues of hunger and recycling food (“Pope Francis encourages”, 2013). He has also supported breastfeeding in public spaces (“Pope Francis encourages”, 2013) and encouraged mothers to breastfeed even when attending mass (Kington, 2014; Linshi, 2015).

In this section, I have briefly discussed breastfeeding from the perspective of global institutions. The view of breastfeeding as the best practice has been widely mainstreamed and promoted by international agencies such as WHO and UNICEF. Many countries around the world have adopted the recommendations of these two international institutions into national policy. However, the promotion of breastfeeding in these frameworks is mainly linked to its perceived health benefits; the views and experiences of mothers, in comparison, are secondary. Influential religious institutions related to Islam and Christianity also believe that breastfeeding is a moral practice and that mothers are therefore obligated to do it.

1.1.2. Indonesia Context

Indonesia has promoted breastfeeding for many years. The reasons put forward by the Indonesian government for promoting exclusive breastfeeding in the first six months are related to the health advantages of breastmilk, the economic advantages for women and their families, the ability of breastfeeding to create a psychological bond between a mother and her baby, and the related decrease in child mortality (Baer, 1981). According to Joesoef et al. (1989), the promotion of breastfeeding in Indonesia began nationally in 1977. And specifically, the promotion began in Jakarta, the capital of Indonesia. In this context, health and economic issues were the content of breastfeeding promotions for mothers. Based on a study conducted by Joesoef et al. in the early years of such promotions, the impacts were more visible among lower-class mothers, because breastfeeding did not cost money. However, the study also demonstrated that the promotions could not be seen as a successful programme: only 50 per cent of mothers who gave birth in Jakarta hospitals in 1980's opted to stay in the same room as their newborns, and many hospitals still had posters promoting formula

displayed (Joesoef et al., 1989:38). This failure happened in part because of a lack of information among health workers about how and why to promote breastfeeding. The power of formula manufacturers in promoting their products also played a role in these behaviours.

Throughout the 1990's and 2000's, the government continued to look for other ways to promote exclusive breastfeeding and overcome barriers such as the massive promotion of formula and lack of support for breastfeeding in workplaces (Shetty, 2014). Several supportive policies surfaced through government, such as the Ministry of Health Decree 2004 on Exclusive Breastfeeding in Indonesia, the Ministry of Health's Letter 2006 on the Criteria and Facilities of Nursing Rooms, the Joint Regulations of 3 Ministers 2008 (i.e. the Minister of Empowerment of Women and Child Protection, the Minister of Manpower and Transmigration, and the Minister of Health) on Allowing Mothers to Express Breast Milk during Working Hours in the Workplace, and Government Regulation 2012 on Granting Exclusive Breastfeeding.

The Ministry of Health Decree in 2004, for example, recommended exclusive breastfeeding for the first six months of life and continuation up to two years with additional food. Health workers – especially midwives – are seen as key in the movement to support breastfeeding. They are vital in explaining the advantages of breastfeeding or breastmilk to pregnant mothers, supporting mothers in breastfeeding their babies within 30 minutes after giving birth, assisting mothers in breastfeeding properly, and teaching mothers not to bottle-feed their babies. Subsequently the Joint Regulations of 3 Ministers 2008 established requirements for employers to allow workers to breastfeed their babies or pump their breast milk.

However, it seems that the government was not satisfied with merely issuing such policies. These policies were not assertive enough to actually ensure that mothers breastfeed and to require stakeholders to support mothers in the breastfeeding practice. Thus, the controversial Health Law no 36 was introduced in 2009. It is controversial because it not only requires mothers to exclusively breastfeed for the first six months of life but also criminalises those who hinder exclusive breastfeeding programmes. As mentioned above, this law excludes mothers who cannot breastfeed due to medical reasons. Those found contravening the law, both mothers and anyone who prevent mothers from breastfeeding, can be sentenced to a term of imprisonment (maximum 1 year) and/or to a fine up to 100 m rupiah (£5,000). This law obligates every stakeholder, including families, local government, employers, and the community to support the practice. For example, employers must facilitate breastfeeding for mothers with a specific breastfeeding room.

In terms of medical reasons for not breastfeeding, the law does not give details on why mothers would be unable to breastfeed their babies. It merely mentions the decisions of medical or health workers as the basis of why a mother is permitted to not breastfeed exclusively. It is possible that the lack of criteria for medical indications could provide a larger scope for a broad interpretation. Since its passing in 2009, there have not been any cases of anyone being punished for breaking this law.

In 2014, the Minister of Health passed a health decree on the administrative sanctions for health workers and formula milk manufacturers and distributors (Menteri Kesehatan Republik Indonesia, 2014). It is mentioned in these sanctions that all relevant health workers, including midwives, are required

to do early initiation breastfeeding once a mother gives birth. They are not permitted to give formula to newborn babies. Distributors of formula milk are also not allowed to give samples of formula milk to health workers, pregnant mothers, or new mothers. Distributors cannot sell formula milk directly to health workers or to mothers either. Advertising formula milk for babies under six months is also banned. The administrative sanctions for those who contravene the health decree are divided into three levels: verbal warning, written warning, and revoking a license to practise.

Although the government prohibits advertisement of infant formula in the media, sales of infant formula remain high (Baker et al., 2016). According to maternal health experts in WHO's Indonesia office in Jakarta, many mothers still choose to bottle-feed their babies because of "a lack of knowledge and sociocultural, economic and personal reasons" (Shetty, 2014:234). The reasons for lack of success are therefore multiple and rooted in the complex economic, cultural, and religious realities of Indonesian society.

In addition to the legal requirement on mothers to breastfeed, a number of civil society organisations or non-governmental organisations are also involved in promoting breastfeeding. Two examples of this involvement are *Forum Peduli ASI* (a voluntary forum for exclusive breastfeeding) and *Asosiasi Ibu Menyusui Indonesia/ Indonesia's Breastfeeding Mother Association (AIMI)*. AIMI has been continuously campaigning on exclusive breastfeeding in Indonesia, especially concentrating their efforts on big cities. AIMI is a non-profit organisation which aims to disseminate knowledge and information on breastfeeding to increase the number of mothers who exclusively breastfeed their babies (AIMI n.d.). The AIMI secretariat is located in Jakarta, the capital of Indonesia, and the

organisation currently has several branches throughout the country. In April of 2013, a very famous AIMI campaign took place as part of the celebration of the 6th anniversary of the organisation (AIMI, 2013). The name of the campaign is ‘Bandung Lautan ASI’ (The sea of breast milk in Bandung³). A series of activities were undertaken in the campaign, including a national congress of this breastfeeding organisation, a workshop for breastfeeding counsellors and members of the organisation, and an AIMI anniversary celebration.

1.1.3. Breastfeeding Research in the Indonesia Context

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, but as mentioned above, any such research focuses on women from Indonesia’s Java island (Anggraeni et al., 2016; Februhartanty et al., 2012; Margawati, 2005; Mulyani et al., 2017); as is discussed further in Chapter 4, Java is the centre of governance in Indonesia, where most social, political, and economic resources are based. Moreover, even in the related research that discusses Java women’s perspectives, the focus is usually related to health benefits, and the research tends to portray breastfeeding as the best practice. Research on breastfeeding in Indonesia has focused on the following issues: policy issues (Inayah et al., 2017; Pramono & Mariska, 2017; Soekarjo & Zehner, 2011), medical issues (Damanik, 2009; Margawati, 2005), and mothers’ practices and experiences (Anggraeni et al., 2016; Margawati, 2005; Mulyani et al., 2017; Afiyanti & Juliastuti, 2012). The following section analyses those issues in more detail.

³ Bandung is the name of a big city in Java. It is the capital of West Java province.

Inayah et al. (2017) focus on health policy in their breastfeeding research. The research was conducted at a hospital in Yogyakarta, one of the larger cities in Java. The aim of the research is to evaluate the promotion of lactation in PKU Muhammadiyah Hospital, which is based on the Baby-Friendly Hospital Initiative (BFHI) programme. This programme is recommended by the Ministry of Health in hospitals throughout Indonesia. Inayah et al. investigate how this hospital has achieved success in implementing the BFHI programme. The research demonstrates how the success of the programme is based on the knowledge and skill of health workers, financial support, and facility support. In the same vein, Pramono and Mariska (2017) also focus on health workers in promoting breastfeeding as part of the health policy in Indonesia. The research demonstrates how low exclusive breastfeeding rates in Indonesia are influenced by many barriers such as culture, education, and information sources – but the role of the breastfeeding counsellor is no less important. The research suggests how the breastfeeding counsellor profession must be honoured and included in the category of professional health workers in order to promote breastfeeding successfully.

Soekarjo and Zehner (2011) argue that the breastfeeding policy in Indonesia should not only improve the number of exclusively breastfeeding mothers, but also provide official information about complementary food for babies 6–24 months old. They explain that the impact of exclusive breastfeeding for babies cannot be optimal if it is not followed up by consuming good quality food after six months of age. In developing such policy, Soekarjo and Zehner suggest the International Code of Marketing of Breastmilk Substitutes by WHO as the best guidance. This study supports breastfeeding as a good practice, in

agreement with what is commonly believed. However, the study fails to mention the importance of the role of mothers or women in making breastfeeding policy. This study also does not offer any information on how mothers can access high-quality complementary food.

A research conducted by Damanik (2009) investigates women's knowledge about how to increase their production of breastmilk. The research adopts focus group discussion as a tool in gaining data. This research is quite unusual within the academic literature, as it investigates women's experiences outside of Java. Damanik investigates a traditional herb called *torbangun*, which is used by Simalungun women, one of the ethnic groups in North Sumatera Indonesia, to increase breastmilk production. His research demonstrates that *torbangun* has been used by these women for many years. He also suggests that *torbangun* contains a specific substance which is beneficial for maternal health. However, ethnic women's knowledge is side-lined in the construction of maternal health policy.

In her study, Ani Margawati (2005) investigates women's experiences of breastfeeding in Java, specifically in Semarang. Her focus is also related to the importance of breastmilk for children's health and breastfeeding as the best practice. She examines the patterns of breastfeeding practice among Indonesian women living in peri-urban and urban areas in Semarang, one of larger cities in Java. Margawati applies a combination of qualitative and quantitative data collection methods. Her research finds that the breastfeeding patterns of the two groups of Java women were influenced by their backgrounds, particularly in education and income. In this research, she found that two different groups of women were different in their attitudes related to treatments after giving birth.

Women in urban areas, who tend to be more educated, chose the services of midwives and obstetricians, while women in the peri-urban areas preferred traditional midwives (*dukun bayi*). However, women in both areas admitted that breastfeeding was healthier, cheaper, and more practical than bottle-feeding.

Research by Afyanti and Juliastuti (2012) explores the influences of cultural practices and behaviour on breastfeeding in Jakarta, the capital of Indonesia. They examine how the cultural practices have contributed to the lack of success of exclusive breastfeeding. The lack of mothers' knowledge and decisions to wean the babies are identified as obstacles. The study demonstrates that the mothers had various reasons to wean their babies. For example, many mothers exhibited a lack of knowledge about good breastfeeding methods. There was also a prevailing view that formula milk is more nutritious and a lack of understanding of their babies' behaviour. This research, similar to the studies mentioned above, also promotes exclusive breastfeeding.

Research by Anggraeni et al. (2016), although not primarily focusing on women's experiences, demonstrates that there are some points that illustrate women's breastfeeding experiences in Demak, a town in Java island. The experiences alluded to are especially related to breastfeeding difficulties due to knowledge and breast engorgement. Meanwhile, Mulyani et al. (2017) focus on pregnant women in Surakarta, a town in Java island. This research investigates motivations among pregnant women for exclusive breastfeeding.

My research fills a key gap in the literature on breastfeeding in Indonesia by focusing on women's breastfeeding experiences and practices. Most of the research on breastfeeding in Indonesia has focused on breastfeeding from a health perspective, which sees breastfeeding as desirable. In other words, research tends

to begin from the perspective that breastfeeding is best. My research focuses on women's breastfeeding practices in Karoland and begins, instead, from the perspective of women's experiences. The existing research also tends to focus on the breastfeeding experiences of Indonesian women from Java. My research addresses another gap in the research by focusing on the experiences of Karoland, looking particularly at how ethnicity and religion impact Karo women's experiences. The research is not concerned with the issue of whether breastfeeding is best in terms of health. Instead, this thesis starts from a bottom-up perspective which provides a podium for the experiences and agency of women in relation to breastfeeding.

This thesis is divided into nine chapters. Chapter 1 explains the background of the research. Chapter 2 discusses the theoretical and analytical framework of the study. Chapter 3 covers the study's methodology. Chapter 4 describes the setting of the research. Chapter 5 explains the perspectives of the state and church on motherhood and breastfeeding, while Chapter 6 examines how mothers negotiate those institutional perspectives. Furthermore, Chapter 7 explains the issues in breastfeeding experiences – namely, issues related to body and space. Chapter 8 describes relationships between mothers and grandmothers in breastfeeding practices. Finally, Chapter 9 concludes the study and presents the research findings.

Chapter 2. Literature Review

This chapter discusses the theoretical approach and analytical framework used in the research. It is divided into two sections. The first section discusses the theoretical framework, particularly the application of feminist standpoint theory in this thesis. Feminist standpoint theory is useful in bringing attention to the particular experiences of Karo women who have been ignored in official Indonesian discourses, including discourses on motherhood and breastfeeding. The experiences of Karo women are constituted by a range of social factors such as gender, religion, ethnicity, state, and geographical location. I therefore use an intersectional framework to explore the ways in which those social factors intersect in shaping women's experiences of breastfeeding. Those two theories, feminist standpoint and intersectionality, are able to illuminate and explain the research questions related to being a Karo breastfeeding mother in the midst of the dominant breastfeeding discourse both globally and nationally. In the second section, I extend my analytical framework to explore key concepts within the literature on breastfeeding which are relevant to my area of research. These issues include the conceptualisation of bodies, breasts, motherhood, mother-family member relationships, and space issues.

2.1. The Theoretical Framework

My research is concerned with the particular experiences of Karo women who are breastfeeding. I am interested in their particular standpoint in relation to breastfeeding because, first, they are a marginalised group in Indonesia, where their perspectives and experiences have been ignored in official Indonesian

discourse. Second, very few studies have focused specifically on the perspectives and daily experiences of breastfeeding women outside the dominant religious and ethnic groups in Indonesia.

I use feminist standpoint theory in this thesis to investigate the experiences of Karo women who are breastfeeding. The theory provides an approach to understanding the perspective of oppressed and marginalised women (Harding, 1991; Hartsock, 1983; Collins, 1986, 1989, 1999, 2000; Smith, 1974). It can also be expanded to analyse the particular standpoint of others such as the poor, children, the elderly, or lesbians. Feminist standpoint theory is rooted in Marxian theory, which points to the ways in which material life or social class in society has structured social relations and constructed limits of human understanding. Human activities are structured into two different groups, namely the ruling class and the oppressed or proletariat. In a Marxist framework, the vision of the ruling class dominates and forces the oppressed to participate in accordance with its interests. This powerful class has shaped the false consciousness which is taken for granted by the oppressed. Such relations of dominance and oppression will never change unless the standpoint of the oppressed is taken into account as a means to expose the reality of social relations.

However, according to Hartsock (1983), feminist standpoint theory goes deeper than the proletariat standpoint because women's lives are more complex than that of a proletariat (male). While male proletariats experience oppression and are exploited by capitalists during the time their labour power is being used by the capitalist, this is different with women, because the oppression of women is manifold. Women carry a double burden in their roles as labourers for subsistence and as mothers or in childrearing. In such a life, women have to embrace the view

of the ruling groups (the capitalist and the patriarchy) that dominate their lives in both public and domestic areas. Thus women's standpoints are crucial in critiquing the hegemonic claims of certain institutions, and they enable us to have a clearer view of oppression than the perspectives of other groups.

In relation to breastfeeding Karo women experience alienation in their lives as they tend to be side lined within dominant discourses and practices. The breastfeeding mothers in my research, whose identities are at once Indonesian, Christian, and Karo, are caught in a contradictory situation between the views of dominant institutions (specifically the state) and their own experiences on breastfeeding practices, which are shaped by their particular ethnic, religious, and geographical positions. In this context, my research raises the important questions as to how Karo women articulate their breastfeeding practices in such a contradictory situation.

The contradictory situation experienced by Karo women can produce a special or unique way of viewing themselves and society. The work of Collins (1986, 1989, 2000) on the experiences of marginalised Black women in the United States is useful here. Collins (1986) describes the lives of Black women as 'outsiders-within', where this term is originally used to describe the social location of individuals situated on the border between groups where they no longer have a clear membership status from any one group. Collins modifies the term to "describe social locations or border spaces occupied by groups of unequal power" (1999:86).

What Collins means by the use of the term 'outsider-within' concerns the contradictions experienced by individuals – especially Black women – in their social locations. While these women are members of a particularly dominant

group (i.e. US citizens), they cannot enjoy the benefits of membership. In expressing the experience of Black women in the United States, Collins explains that while they are citizens of the United States, they are often treated as not true citizens or second-class citizens. However, according to Collins (1986), there are advantages to the outsider-within status, because it has gifted Black women with a unique standpoint in which there is a combination of close and distant feelings or caring and indifference to dominant systems. Black women who live in such a paradoxical situation thus produce a very useful point of view to see more fully how patterns of oppression and inequality exist. As they are not given the benefits by the system and they do not have interests in maintaining status quo, it is then easier for Black women to maintain critical thinking. This is because they are also not attached to dominant institutions. They can clearly see injustice and oppression. According to Harding (1991, 1995), this becomes the best location to maximise objectivity in research projects, something which she defines as ‘strong objectivity’. Starting from the experiences of marginalised women in research projects is also promising. This is because the women are reflexive and situated knowers in articulating their perspectives, sense of self, and knowledge in their everyday lives (Clisby & Holdsworth, 2016; Haraway, 1988). Thus women’s standpoints, particularly the perspectives and knowledge of marginalised women, are good points from which to start research projects due to their distinctive and unique social status.

In the context of my research, Collin’s view on outsider-within status can be applied to the experience of Karo women who are breastfeeding. Karo women are also outsiders to the dominant institution of breastfeeding (the state). They are told to adjust their breastfeeding practices to the expectations which are provided

by the state. However, they live in a paradoxical situation being both Indonesian citizens while being geographically and culturally distanced from the ‘Indonesian’ identity. To understand the standpoint and experiences of Karo women who are breastfeeding, attention therefore needs to be paid to the ways in which their experiences are constituted by their particular social, cultural, and geographical location. They are women, they are Indonesian, but they are also Karo, Christian, and located on the island of Sumatera. Within Indonesian society, they are therefore marginal in terms of ethnicity, language, and religion.

To help understand how their experiences are constituted by these various social positionings, I employ an intersectional perspective. It is not sufficient to see these breastfeeding experiences through a single lens – whether it is health, gender, or ethnic group categories. It is more than that, because the women who practice breastfeeding have various identity positions. The mutual constitution of these positions influences their experiences of being women, being mothers, and breastfeeding.

The concept of ‘intersectionality’ is often linked to Kimberle Crenshaw (1989), the African American feminist, in her work *Demarginalizing the Intersection of Race and Sex*. She says that the attempts to eliminate discrimination and domination by feminist theories and anti-racist policies often failed because of their own sexism or racism: “both are predicated on a discrete set of experiences that often does not accurately reflect the interaction of race and gender” (Crenshaw, 1989:140). In investigating the forms of oppression within society, gender and race have often been treated independently of one another, and therefore could not capture the particular experiences of Black women. To overcome such a problem, Crenshaw advocates an intersectional approach which

looks at how gender and race are mutually constituted. This would make visible the particular forms of discrimination that Black women experience which are not captured by mainstream (white) feminism or antiracist practices (which are dominated by men). Similarly, these interdependent relationships among social categories can also be understood by the term ‘matrix of domination’ articulated by Collins (2000:227–228). Collins argues how the various categories such as gender and race within society are connected, and we cannot see them as being separable. There are many aspects of women’s experiences that should not be ignored. These experiences are always organised by a range of interlocking oppressions and inequalities.

Furthermore, Crenshaw (1989, 1991) takes Black women as an example to explain how their experiences of oppression cannot be understood only in terms of being women or being Black. Instead, these experiences can only be understood by focusing on the intersection of gender and race. However, she also points out that in the intersections of gender and race, there are also many other categories which intersect to shape women’s experiences, such as class, sexuality, location (Crenshaw, 1991). For example, women’s experiences of intimate and domestic relations are not uniform, but informed by the ways in which patriarchal and racist structures intersect. Thus, Black and White women experience violence and discrimination differently. This also means that the forms of oppression experienced by white, abled, middle-class women are different from those experienced by black, disabled, poor, working class women.

In public health, ignoring the diversity of the subjects’ backgrounds and experiences can simultaneously lend privileges to one group and marginalisation to the other, for example when constructing the breastfeeding practice as a policy.

The policy usually tends to homogenise and generalise the experiences of groups within society by giving a priority to the view of the majority and marginalising others. It can also hide the real capacity of marginalised groups because the policy or dominant view is not able to represent their lives. To this end, I draw on both standpoint and intersectional theories to give voice to the particular experiences of Karo women in relation to breastfeeding. To understand their particular standpoint, we must be aware of the ways in which aspects of their identity – their gender, ethnicity and religion for example – intersect to inform their experiences and perspectives.

2.2. The Analytical Frameworks for Breastfeeding Studies

2.2.1. Motherhood

Breastfeeding cannot be separated from motherhood. Within state, religious, and cultural discourses, breastfeeding is often portrayed as the duty of ‘good’ mothers (Blum, 1999; Kippley, 2005; Knaak, 2010; Marshall et al., 2007; Murphy, 1999; Ryan et al., 2010; Wall, 2001). Breastfeeding is associated with mothers’ responsibility and love 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 (O’Reilly, 2004; Rich, 1986). The term ‘motherhood’ is defined by dominant (patriarchal) institutions, while the term ‘mothering’ refers to the authentic experiences of a woman as a mother. ‘Motherhood’ is constructed and produced by the dominant and patriarchal institutions that act in controlling women, while ‘mothering’ is related to women’s autonomy and negotiations with dominant institutions in their role as mothers. Adrienne Rich (1986), in her book

Of Woman Born: Motherhood as Experience and Institution argues about the distinction,

I try to distinguish between two meanings of motherhood, one superimposed on the other: *the potential relationship* of any woman to her powers of reproduction and to children; and the *institution*, which aims at ensuring that potential –and all women– shall remain under male control (13)

This distinction is important to this thesis. For Rich, dominant and patriarchal institutions reproduce a form of surveillance on women's mothering in relation to breastfeeding, food feeding, educating, childcare, and even clothing. These institutions are like a mirror, and every woman needs to see herself whether she acts properly or not. These institutions construct the norms, procedures, and official teachings about whether women are fit to be a mothers. Moral judgements are also made on how women choose to feed their babies. My research explores how Karo mothers who are breastfeeding negotiate such social constructions of motherhood, especially by the dominant institutions such as the church and the state. The study aims to bring into focus women's own experiences of breastfeeding.

The official and institutional breastfeeding practices have constructed moral responsibility views for the mothers (Ryan et al., 2010; Wall, 2001). The views are common in society. The breastfeeding practice is often seen as an expression of maternal love of a mother for her child. The child is seen as the centre focus, and the mother is the responsible party. According to Wall (2001) in her investigation on Canadian health education material, breastfeeding is primarily linked to the advantages for a child and not for a mother. What is constructed in that official health discourse –specifically about breastfeeding – is the view that when the advantages or interests of the child are fulfilled, it will

automatically provide satisfaction and happiness for the mother. The official breastfeeding discourse (which in this case is Canadian) is strengthened and sustained by such a responsibility and moral perspective. Wall points out that the advantages for women in the context of breastfeeding are rarely mentioned. Only a few advantages are mentioned relating to breastfeeding mothers, such as the possibility of weight loss and avoidance of breast cancer, where such views are generated from a patriarchal perspective.

The effects of moral responsibility commonly imposed on breastfeeding mothers are also explored by Ryan et al. (2010) through the research on 49 women from the United Kingdom. Ryan et al. explain how the mothers tried hard to show their moral work regarding breastfeeding. What these mothers did is rationalise their choices and actions to stay in line with the social expectations of moral responsibility in the breastfeeding practice. For example, when a mother could not breastfeed a child as she did with her previous child, she immediately rationalised the situation and emphasised that she had done her best to be a good mother. Such mothers would confess those reasons to health professionals who would find a solution for them. In this context, women discipline themselves to meet social expectations on their breastfeeding practices. They maintain a social identity as a good mother.

Although most mothers try hard to meet the social expectations of a 'good mother' label in breastfeeding practices, it can be said that they are not always passive. There are possibilities to negotiate their breastfeeding practices (Carter, 1995; Marshall et al., 2007; Murphy, 1999). In her study concentrating on the United Kingdom, Carter (1995) shows how mothers in Western countries negotiate with the concept of being good mothers related to their choice to bottle-

feed their babies. She points out that these mothers use the views of certain authorities such as doctors to rationalise their formula-feeding choice. Although their arguments are not built on their own views, the mothers are still able to demonstrate their autonomy in mothering practices. They do not breastfeed, but through their argumentation and rationalisation, they make others responsible for this. For example, one of the mothers in Carter's study said that she was not afraid of formula feeding her baby because a doctor said she did not need to be too rigid and worried about her mothering related to the feeding method she chose.

The experience of negotiating maternal morality in the breastfeeding discourse is also explained by Marshall et al. (2007). 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, Murphy (1999) explains how the mothers negotiated their choice on whether to breastfeed or bottle-feeding. 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. Although they choose to bottle-feed their children, they do not want to be seen as irresponsible, selfish, wrong, and bad mothers.

They admitted that formula feeding is based on their responsible decisions as mothers.

My research looks at how Karo women who are breastfeeding negotiate institutional perspectives on motherhood – especially in relation to the ‘good mother’ label constructed by the state and religion. My research investigates the issues of motherhood in relation to Karo women’s lives. Thus, the study takes the analysis of breastfeeding and motherhood out of the Western context that has been described in this part. I am interested in how breastfeeding is linked to women’s own sense of being a mother, and how this is linked to state and religious discourses on motherhood. This study gives attention to particular aspects of the culture and experiences of Karo Indonesian Christian breastfeeding mothers. For example, it investigates how they perform mothering through clothing; their relationships with grandmothers, husbands and children; birthing; naming a baby; leisure time; and working. It also witnesses their breastfeeding experiences including frequency and formula feeding. All of their experiences and practices are adapted by negotiations between mothers and institutions.

2.2.2. Bodies and Breasts

Breastfeeding is an embodied practice that is culturally defined. The custom gives specific meaning to women’s bodies and their breasts in particular. Its analysis within feminist literature is linked to broader discussions of the extent to which the body is a natural or a cultural entity (Avishai, 2007; Bartlett, 2002a; Bartlett, 2005; Britton, 2003; Carter, 1995; Dykes, 2006). The term ‘natural’, in Bartlett’s (2005) view has a contested meaning, especially in relation to a woman’s body. Breastfeeding is a cultural practice which cannot be stabilised into just the natural realm. It is not regular and unchanged. The practice is dynamic

and is related to social changes within society. To illustrate the cultural quality of breastfeeding, Bartlett (2005) suggests the practice be seen as a ‘performance’ or an ‘act’ which she takes from Judith Butler’s idea in *Gender Trouble* (22). What Bartlett means by these terms is:

What happens when breastfeeding is considered an act? It can be an act of defiance, or an act of conformity; an act of love or an act of duty; an act of necessity, of pleasure or pain, of theatricality, or all of these things and others. The limitations of such acts are much less finite than the limits placed on speaking of breastfeeding as natural (Bartlett, 2005:22)

Bartlett’s view is also supported by Dykes (2006), who defines breastfeeding as a discourse. The term discourse here is related to Foucault who explains discourse as ‘power’ that creates the world, the way people think, talk, and act. Discourse also works to construct something believed as a ‘truth’ (58–59). What Bartlett means is that breastfeeding is not merely a natural thing, but it should be seen as part of the social system to regulate and discipline women’s bodies. For Dykes discourses on breastfeeding are fluid and dynamic, arguing that we have to look at how “industrialisation, mechanisation, factories, and biomedicine influenced women’s bodies and their experienced life” (2006:7). The body in the breastfeeding discourse becomes the site for disciplinary projects.

Both Bartlett (2005) and Dykes (2006) explain how the social meaning of bodies and breastfeeding is informed by the development of biomedical technology and shifting scientific discourses. Discourses on breastfeeding normalise particular practices and legitimate the social and institutional regulation of accepted practices. For example, breastfeeding becomes a practice which is not only a mother’s business but also the business of experts such as a doctors,

midwives, and scientist. In this process, decisions over women's bodies and what is best for them become separated from the women themselves.

An additional factor to consider when discussing breastfeeding is the cultural perception of breasts more generally and the extent to which they are sexualised (Carter, 1995; Campo, 2010; Carathers, 2017; Galupo & Ayers, 2002; Norwood & K. Turner, 2013; Stearns, 1999; Ward et al., 2006; Young, 2005). Young (2005), in her experience as a Western woman, shows the 'importance' of breasts as a kind of existence medium for herself. She says:

The chest, the house of the heart, is an important center of a person's being. I may locate my consciousness in my head, but myself, my existence as a solid person in the world, starts from my chest, from which I feel myself rise and radiate. At least in Euro-American culture, it is to my chest, not my face that I point when I signify myself (Young, 2005:75-76)

The breasts are a sign of someone's gender identity. The breasts are usually seen and treated differently from other parts of a women's body. This view is situated in a specific culture – specifically in western society. However, in Young's view, treating breasts as a part of women's existence can also be meant as an objectification where the breasts become separated from the subject or a women herself. In patriarchal hetero-normative Western capitalist society, women's breasts are thereby constructed for the male gaze as sexual objects. They are also exploited for profit oriented for capitalist business in which the pursuit of the 'right' kind of breasts becomes something that impacts women's consumption. Examples of this can be seen via the clothes that are bought or through cosmetic surgery. For Young, the greater possibility to desexualise breasts exists in a non-patriarchal and non-capitalist society. Breasts in a society without the male gaze

then have similar meanings to other parts of the body. They are not sexualised and objectified.

Young (2005:77) argues how “breasts are a scandal because they disrupt the border between motherhood and sexuality”. 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 this context, a mother is required to have a consciousness about her surroundings when she is breastfeeding. She should not attract attention when breastfeeding her baby, particularly in public spaces. It is seen as the way to desexualise women’s breasts.

In a society with strong heterosexual and masculine values, breastfeeding is often seen as a sexual matter (Carathers, 2017; Norwood & K. Turner, 2013; Ward et al., 2006). The breasts are sexualised as society constructs women’s bodies as sexual objects existing for sexual pleasure. Often mothers who breastfeed in public do not feel comfortable and always cover up their breasts. They feel ashamed and inappropriate. The sexualisation of breasts can also influence mothers to choose bottle-feeding or not to breastfeed (Forrester et al., 1997; Johnston-Robledo et al., 2007). The embarrassment of showing the breast during breastfeeding and the fear of unattractive breasts drive women to choose not to breastfeed or wean.

A research conducted by Galupo and Ayers (2002) in the United States also suggests how breastfeeding is influenced and surrounded by the tension between maternal and sexual breasts. When women decide to breastfeed, they face the challenge of choosing between motherhood and sexuality or balancing between both. However, Galupo and Ayers find how the women in their research –

who are mostly white women in a particular US community – can actually negotiate under such tension. The experience of these women shows that breastfeeding can liberate women from being sexualised because this practice has given them a new identity as a mother. Through breastfeeding, there is a shift from the sexualised body to the maternal body. This offers women freedom from sexual objectification.

In my research, I explore the meaning of breasts in breastfeeding practices specifically from the views of Karo women – including mothers and grandmothers. I am particularly interested in the differences between Western and Karo women the differences between Karo women and other groups of women in Indonesia concerning the experiences and views of breasts. I also uncover how this relates to cultural ideas on women’s bodies, the extent to which women’s bodies are sexualised, and how this impacts women’s breastfeeding.

2.2.3. Spaces

The logic of space gives specific meaning to breastfeeding practices. It also manages and controls how breastfeeding should be performed. There are several issues and debates about space linked to breastfeeding. These include women’s space for breastfeeding and expressing breastmilk such as lactation rooms, women’s negotiation of space to breastfeed, the appropriateness of breastfeeding in public, and the regulation of space for breastfeeding (Bartlett, 2002b; Boyer, 2011; Boyer, 2016; Mahon-Daly & Andrews, 2002; Leeming et al., 2013; Porter & Oliver, 2016; Smyth, 2008). Central to such issues is the dichotomous division of space into public and private and the gendering of such spaces where domestic space is most closely associated with women and public space with men.

Engels (2010), taking a historical materialist perspective, states that the placement of women for the first time in domestic space could be understood and traced back through the economic shifting process in ancient society, specifically from the hunting, agriculture, and settlement activities. That transition created the practices of the accumulation of personal possessions and the control of men, or patriarchy. Capitalism eliminated women from productive activities and created a segregation of social roles between women and men. Women were controlled and expected to perform the reproductive activities in domestic space which were considered as non-productive. Meanwhile, men freely performed their social and economic roles in the public domain.

As breastfeeding is a reproductive activity, it is therefore taken for granted that breastfeeding should be practiced in secret or in a domestic space (Boyer, 2011; Leeming et al., 2013). It is commonly accepted that the practice must be out of sight, and it is not proper to breastfeed in public spaces. Such a belief becomes problematic for women because in addition to their identity as mothers, they are also workers. Women who breastfeed also perform activities in public spaces, where they sometimes bring and breastfeed their babies or pump breastmilk.

Breastfeeding in the public sphere is also considered a socially sensitive practice as it relates to the feelings of others who see it (Leeming et al., 2013). In this context, women feel responsible for managing their lactating body in front of others to reduce discomfort in the public sphere. To anticipate this, some efforts have been made, such as breastfeeding picnic campaigns by breastfeeding support groups in the United Kingdom (Boyer, 2011). The campaigns were held in many UK city parks in 2008. Their aim was to give people insight that breastfeeding in

public spaces is not taboo and embarrassing. Breastfeeding picnics have destabilised the view that breastfeeding should be practiced in a domestic place.

In modern societies where equity has become obligatory, women who work in public and formal institutions can ask and struggle for their right to breastfeed or express breastmilk in an appropriate space. Formal institutions also consider providing the space (K. Bai et al., 2015; Porter & Oliver, 2016; Mills, 2009). One example of providing space for women to express breastmilk is the US college Virginia Tech, which is investigated by Porter and Oliver (2016). The university is seen as a good example for being attentive to female workers who need private space for expressing breastmilk. However, there are some workers who say that the provision of space is actually a strategy to improve the image and prestige of the university. However, the provision of space alone is not sufficient, because other issues are neglected such as the issue of cultural behaviour. There are difficulties or inconveniences experienced by female workers in using the spaces because the institution is tied to a formal situation so it is difficult to imagine any other role such as breastfeeding or pumping breastmilk which are related to reproductive activities. This issue is not brought into the conversation. Because of such cultural views, the use of space eventually becomes less effective.

Although the borders between private and public space are so clear and strict in breastfeeding practices, they can still be blurred by landscape settings. However, feeling discomfort and embarrassment to breastfeed has not disappeared in the context of blurred spaces. In contemporary Western society, breastfeeding has given rise to debates about the dualistic character of space and the potential blurring of the boundaries between public and domestic that breastfeeding can

bring forth. This is seen through the expression of Bartlett (2002b) in using the term ‘scandalous’ – which was originally derived from Young (2005) – to explain how the activity of breastfeeding outside the domestic area is sometimes perceived. Bartlett (2002b:111) explains further:

I want to show how lactating breasts when they are taken outside the home are capable of disrupting the borders of morality, discretion, taste and politics; in short, breasts are capable of transforming legislation, citizenship, and cities themselves. Lactating breasts are particularly scandalous, and I want to read the scandals they have recently provoked as crucial elements in cultural change.

Bartlett puts the scandalous practice of breastfeeding in the context of city landscape. She started with the social changes in Australia in the late 20th century, which had allowed more opportunity for women to be involved outside the domestic space and perform paid work. It had become unusual for a modern woman to stay at home. More women were also having babies later in life – starting in their thirties – because of careers. In that context, the border between ‘home’ and ‘public’ was very strict. The first was always seen as the arena for women to express their motherhood, including breastfeeding, while the second area was nothing to do with the ‘natural’ practices of a mother. The term ‘home’ was always seen as inferior to ‘public’ references.

However, Bartlett argues that changes to city landscape in the early 21st century have contributed to blurring the dualistic character of space. The facilities in this new face of the city supported women in activities out of their homes while still ‘feeling at home’. Examples of such places include shopping centres, cafés, and restaurants. Many women come to these facilities with their children, but they many continue not to feel allowed to breastfeed openly. Breastfeeding, as a private motherhood activity, is still regarded as a scandal in the public domain. A woman

can breastfeed in those public spaces ‘as long as a woman was “discreet” or found a “discreet” place to sit’ (Bartlett, 2002b:117).

In my study, I investigate the meaning of space for Karo people in terms of its relevance for breastfeeding practices. The literature I have discussed here relates to women in the Western world. I am interested in how non-Western practices, here those performed by Karo, may compare or contrast to those in the literature. Furthermore, I explore the meaning of space in everyday life, such as how dualist types of spaces are perceived (domestic and public), what the spaces for women and men are, and how Karo mothers perform breastfeeding in public areas.

2.2.4. Mother-Family Member Relationships

Family supports are also an important issue in understanding the experiences of a breastfeeding mother. This is especially true of the support received from grandmothers and husbands or fathers (Brown & Davies, 2014; Freed & Fraley, 1993; Grassley & Eschiti, 2008; Kong & Lee, 2004; Lavender et al., 2006; Reid et al., 2010; Rempel & Rempel, 2011; Scott & Mostyn, 2003). In my study, I want to investigate the influences of extended family members, especially grandmothers, in constructing mothers’ breastfeeding practices. A grandmother is a figure that has an influence on a new mother to initiate or continue breastfeeding. In addition to grandmothers, I also investigated the relationships of mothers and husbands to see what kind of influence and role husbands have in breastfeeding practices.

Practicing breastfeeding is influenced by modes of relationships between a mother and a grandmother. Research conducted by Grassley and Eschiti (2008) on US mothers in North Texas shows how the mothers expect the support of

grandmothers in their breastfeeding practices. The mothers do not expect grandmothers to be an expert in breastfeeding practice, but grandmothers are expected to be encouraging companions during breastfeeding. Based on the experience of these breastfeeding mothers, grandmothers transfer their past knowledge and experience during breastfeeding, so that mothers are advised in dieting. If the grandmothers did not breastfeed exclusively in the past, they will also share their experience on giving artificial milk or formula to babies. In this research, mothers do not first expect such breastfeeding information or knowledge. There are several functions of grandmothers during breastfeeding, such as helping mothers become confident to breastfeed, giving value to breastfeeding; and making breastfeeding desirable.

Furthermore, not all grandmothers want to be involved in the mother's decision to breastfeed. A study by Reid et al. (2010) in southwest Sydney, New South Wales shows how grandmothers recognise that contemporary mothers have their own views and methods for gaining knowledge in practicing breastfeeding. These grandmothers do not really need mothers to follow their views and habits because according to them, contemporary mothers are more independent to decide which is best in breastfeeding practices. This was especially true for mothers who live in an urban area. These mothers have more opportunity to access information about breastfeeding either through professionals or media. In this study, the grandmothers help mothers if mothers do not get the information they need from midwives or other health professionals.

My research investigates the relationships between a Karo grandmother and a mother based on the support, influence, and knowledge of grandmothers. I assume that the social context in which my participants live have influenced their

relationships. Forms of grandmothers' involvement and grandmother responses to breastfeeding practices are important points to be explored in this study. This research focuses on several points. First, I explore the role of grandmothers in the Karo society. Second, I investigate the past experiences of grandmothers in breastfeeding practices. Third, I also explore the relationship between participant grandmothers and mothers in daily lives and breastfeeding practices.

The role of husbands is also explored in my research because all participant mothers have and live with their husbands. A study conducted by Kong and Lee (2004) on mothers in Hong Kong shows that most husbands prefer mothers to breastfeed over giving formula to babies. Likewise, a study conducted by Freed and Fraley (1993) shows how mothers are more confident to continue to breastfeed when there is support or encouragement from partners or husbands. However, in reality, father involvement in childcare is not always supportive of breastfeeding. According to Lavender et al. (2006) in a study in the northwest of England, the increasing number of active or primary fathers in child caring has been one of the barriers in the breastfeeding practice because they may prefer to provide formula or artificial milk to babies while mothers admit they have difficulty expressing milk at the workplace.

Furthermore, according to research by Brown and Davies (2014), the father or husband may feel neglected or left out in breastfeeding relationships. They feel they are not getting enough information about breastfeeding which is needed to support mothers. Fathers find themselves excluded from breastfeeding education in both the antenatal and post-natal phases. Related to that, a study conducted by Rempel and Rempel (2011) shows that fathers or husbands feel they need to be assumed as a team with mothers for the success of the breastfeeding

practice. In this case, fathers are very appreciative of breastfeeding mothers and feel the need to support it by searching for information and having a lot of knowledge about breastfeeding. Another form of support the father provides during breastfeeding is sharing housework. In my research, I also investigate some mothers' views of husbands' involvement during breastfeeding. How the mothers view their relationships with the fathers and the role and support of the fathers during breastfeeding are important points in this study.

2.2.5. Ethnographic Studies of Breastfeeding

Most academic studies of breastfeeding are informed by medical discourses in which breastfeeding is seen in general as 'best practice' for the health of children and mothers. Breastfeeding is often framed and universalised within the idealism of the dominant international organisations active in the field of healthcare such as the WHO and UNICEF (Barnes et al. 2015; Binns et al. 2016; Marwati 2014; Soekarjo & Zehner 2011).

There is however some academic research on breastfeeding which takes an alternative approach to the dominant health 'breast is best' approach. These studies draw on ethnographic methodology and situate breastfeeding as a complex practice informed by social and cultural forces interacting with local environmental and political conditions. There have been some 'classic' ethnographic works based on conventional ethnographic methods such as ongoing participant observation and interviews. These are widely used as a reference and provide a new discursive perspective on breastfeeding, outside the medical framework, such as *The Anthropology of Breast-feeding: Natural Law or Social Contract* edited by Vanessa Maher (1992); various works of Penny Van Esterik

(1995; 2002; 2012); and *Ethnographies of Breastfeeding: Cultural Contexts and Confrontations* edited by Tanya Cassidy and Abdullah El Tom (2015).

The edited collection by Maher (1992) analyses the experiences of breastfeeding mothers from various countries and cultural backgrounds many of which are from the developing world. Included in the book are essays from Northern Tunisia, Turin, Shi'ite Islamic Iran, Rural Nepal and Seventeenth and Eighteenth Century Iceland, all of which accentuate the social and cultural dimensions of breastfeeding. This ethnographic work aims to be non-judgemental about whether mothers breastfeed or not and offers critical interpretations of breastfeeding in cultural rather than health, or medical model terms. For example, the chapter by Creighton's from Northern Tunisia on breastfeeding among the Khmir people provides an understanding of the wider cultural meaning of breastfeeding. This essay highlights the relationship between a mothers' 'flowing' breast milk and a thriving baby as a sign of 'baraka,' a life sustaining force emanating from the mother which benefits not only the baby, but the whole household and everyone associated with it. Other chapters in the collection, for example the essay by Balsamo et al. from Turin, investigate the issue of choice and breastfeeding and how hospitals and medical professionals control and disempower breastfeeding mothers by ignoring their perspectives on the issue.

Van Esterik (2002; 2012) contributes significantly to the use of ethnography in understanding breastfeeding practices. Van Esterik (2002) argues how the existing approaches in breastfeeding research have so far focused too much on areas such as public health, international nutrition and clinical nursing. Locating breastfeeding practices in ethnography, for Van Esterik, has provided an opportunity to uncover broader issues which are not just related to health but also

to sexuality, gender, bodies and so on. Through ethnographic research Van Esterik demonstrates how "breastfeeding is embedded in gender ideology and systems of household production and consumption in the increasingly globalized economy" (2002: 258). Such a statement becomes a reminder that breastfeeding-related policies must pay attention to broader social factors such as poverty, religion, ethnicity and even geographical location.

Van Esterik (2012) argues that ethnography is a reminder that the practice of breastfeeding is also shaped by local culture. This shows that the practice of breastfeeding is actually a process embedded in contexts which are informed by shared values, beliefs and norms. Mothers or breastfeeding women do not live in isolation but are embedded in the structure of their communities. In breastfeeding experiences, they do not only interact with children or other breastfeeding mothers; they also have to integrate their breastfeeding practices with local cultural beliefs and values. The lives of breastfeeding mothers become possible to understand when using ethnography, especially feminist ethnography, because it provides a space which allows mothers to reconstruct the narrative of their breastfeeding experiences (Van Esterik 2012).

Another work which looks at breastfeeding from the anthropological perspective is the edited book *Ethnographies of Breastfeeding: Cultural Contexts and Confrontations* (Cassidy & Tom 2015). This volume describes the experience of breastfeeding mothers from many countries with diverse social, cultural and political contexts. Beginning with a foreword from Penny Van Esterik who prefers the term 'human milk' instead of 'breastmilk', she argues that breasts have become sexualised in Western culture. In that culture, breasts are seen in sexual ways. Breastfeeding women are treated unfavourably. They also face judgement

for breastfeeding in exhibitionist manner especially in public. Van Esterik also interprets breastfeeding practice as an ongoing process between pregnancy, birth, and the process of lactation. But in this process, which is not only biomedical but also social and cultural, the relations between the process and the product or human milk cannot be ignored. Other chapters from this collection also investigate how the cultural dimension influences breastfeeding in various regions around the world, for example chapter one explores issues around promoting breastmilk in Brazil; chapter two investigates the practice of milk sharing in US; chapters six and seven are about milk banking in Italy and Sudan. Breastfeeding is seen as the practice that defines motherhood, femininity, class and also social status. There is intersubjectivity in this practice that creates kinship, affinal, and enmity relationships.

In addition, not to stop at 'classic' ethnographic works, in terms of methods of data collection, ethnographic studies of breastfeeding also draw on other methodological approaches such as online ethnography (Bridges et al. 2018) and ethnographic videos (Stevens et al. 2018). Both works serve as examples to show how a 'non-classical' approach in ethnography can also be used to investigate breastfeeding practices. The aim of online ethnography is to understand virtual communities through online observation and online interviews. Bridges et al. (2018) for example, examine breastfeeding in a closed Facebook group namely the Australian Breastfeeding Association (ABA), a group formed to provide support for breastfeeding mothers. In this study, all wall posts, comments, and pictures were captured to understand the interaction and information sharing between mothers and professional members. In investigating the interactions between members, it can be seen how the focus of members is related to the

management of breastfeeding; breastfeeding and health; and breastfeeding and work. Further, the use of video by Stevens et al. (2018) is deployed to investigate breastfeeding by using a non-classical ethnographic approach. This study uses video recordings placed by the researchers to observe the relationship between mother and baby, also between mothers and health professionals such as midwives and obstetricians in the practice of promoting skin to skin contact in the operating room. However, there are some limitations of those two ethnographic research methods, online and video filming, which need to be considered. They capture just snippets of the women's daily experiences of breastfeeding for example, and are limited in being able to capture a more complete network of relationships built around the mothers.

In terms of geographical location, most of the existing ethnographic research of breastfeeding investigate the experiences in peripheral regions or marginal communities in both western and non-western countries (Armar-Klemesu et al. 2018; Cricco-Lizza 2007; Jessri et al. 2012; Maharaj & Bandyopadhyay 2013; Romero et al. 2006; Sachs et al. 2006). Armar-Klemesu et al. (2018), for example, investigates the household behaviours in Southern and Northern Ghana. The aim of this research is to understand the habits of households in rural areas as input for improving existing nutrition programs. Another example is Jessri et al. (2012) which explores the Middle-Eastern mother's perspective, the experience of breastfeeding and their perceptions of the attributes of the health care system, community and society on their feeding decisions after migration to Canada. In this work, migrant mothers from the Middle East are a new group and can be categorized as marginal and minority in terms of race and religion in Canada.

Based on the brief review of the ethnographic research above, my research can be categorised as a ‘classic’ or conventional ethnography in terms of data collection in that the data were collected by participant observation in the field supplemented by interviews with 16 mothers, 5 grandmothers, 4 midwives, 2 priests and 1 traditional babysitter. The study was conducted in Karoland which is defined as marginal in terms of geographical location, religion and ethnicity specifically in the Indonesian context. Conducting a research study in such a marginal location is actually common across the ethnographic studies, however my research is still unique and new because an ethnographic study of breastfeeding has never been conducted in Karoland. In addition, research about breastfeeding practices outside Java, the most developed island in Indonesia, is also rarely done. Thus within the Indonesian context, Karo women are categorized as marginal women as they are both Christian and non-Javanese. Furthermore, my research is also non-judgemental about breastfeeding because I do not start from the assumption that ‘breast is best’. Instead my aim is to understand and explain breastfeeding practices from the perspective of Karo women as they are. Therefore, my ethnographic research is also important because it will contribute and enrich feminist ethnographic studies especially in the Indonesian context.

2.3. Conclusion

An analysis of literature exploring breastfeeding practices raises a number of issues pertinent to my research. For example, to what extent is breastfeeding linked to the idea of being a good mother in the Karo context? How are these ideas perpetuated by dominant institutions such as the state, or church, or traditional beliefs and rituals? How are breasts conceptualised in Karo society,

and how does this impact on Karo women's breastfeeding practices? What impact do the babies' grandmothers have on women's care of their babies and the ways they feed their babies? How is breastfeeding spatially organised in Karo society? Is it a private or public practice?

Chapter 3. Methodology

This chapter explains the methodology used in this research and the research methods employed to gather data. This chapter is divided into five main sections. The first section describes why I chose ethnography as a method. The second section narrates the process of getting to the research location. Next, the third section describes the techniques used in choosing research participants. In this section, I present the background lives of the participants. The fourth section explains how I collected data. Finally, the fifth section explains the techniques used in analysing the data.

3.1. Feminist Ethnography as a Methodology

My research is about women's experiences of breastfeeding in Karoland. All the women here are globally non-Western and locally non-Java. It is important to use the categories of Western and non-Western as well as Java and non-Java in order to highlight the particularly located experiences of the Karo-Christian-Indonesian women who are my participants. These women are both a marginal entity in the global context and in the local context of Indonesia itself. The marginality that these women experience is expressed in the exclusion of their voices and experiences in many policies, including breastfeeding policies. They are marginalised on both ethnic and religious grounds. This study thus investigates the experiences of the 'other', namely Karo women, in relation to breastfeeding. Their voices need to be heard. To accomplish this aim, it was important to develop and employ the most suitable methodology.

In this research, I use feminist ethnography because my concerns are the experiences and the lives of women. In my view, ethnography is perfect to help a researcher to recognise women's experiences with breastfeeding and how women interpret the world around them. According to Hammersley and Atkinson (2007), ethnography is always related to the direct participation of researchers who are living in a specific community for an extended period of time, observing, listening, and collecting other data. Clifford (1997) mentions travel, fieldwork, and 'going out' from our place as ways of understanding and even experiencing other people's lives. These are thus the primary activities for doing ethnography research generally.

Ethnography was developed as an explicitly feminist methodology during the second wave of feminism in the 1960's and 1970's (Davis & Craven, 2016). Reinharz (1992:51) explains that feminist ethnography has three aims: "(1) to document the lives and activities of women, (2) to understand the experience of women from their own point of view, and (3) to conceptualize women's behaviour as an expression of social contexts". Skeggs (2007) argues that ethnography has contributed significantly to feminist methodology, as it makes the experiences, voices, and lives of the women heard and understood. The emergence of feminist thinking into the intersections of gender, race, class, sexuality, and other identities has further impacted the development of feminist ethnography. Feminist ethnography is based on gender as a category and tool of analysis, but it can also be employed to understand the lives and the experiences of women where gender intersects with other social realities such as class, religion, ethnicity, political ideology, and so on.

Ethnography has also been applied in other breastfeeding studies. The ethnographic contribution to the study of breastfeeding enables the exploration of best practice for improving the health of children (Armar-Klemesu et al. 2018; Bridges et al. 2018; Stevens et al. 2018) and gives opportunities to discuss other issues beyond health such as gender, sexuality, body, economy and so on (Cassidy & Tom 2015; Maher 1992; Van Esterik 2002; Van Esterik 2012). Van Esterik (2002) argues that ethnography is a reminder that breastfeeding practices must be seen in a broader context because this practice is not solely related to health but embedded in local culture. By applying ethnography in my study, many pertinent issues emerge such as body issues, motherhood, space, relationships between a mother and her family members, even relations with the dominant institutions in Karoland such as the State and the Church. Importantly within this framework ethnographic methodology gives space for Karo women to narrate and reconstruct their breastfeeding experiences.

In terms of epistemology, ethnography is always placed under the umbrella of non-positivist epistemology (Becker, 1996; Hammersley & Atkinson, 2007; Fetterman, 2010). In non-positivist epistemology, to know or to obtain knowledge, researchers do not have to apply rigid or standardised procedures. However, researchers also cannot depend on any one specific tool for gaining data, but need to start from the context in which we are doing research. Here, the epistemology of feminist ethnography is valuable because it can encourage self-reflection and attention to one's particular standpoint (Naples & Sachs, 2009). Naples and Sachs (2009:196) point out the importance of such epistemology:

Here we explore how ethnographers informed by feminist standpoint epistemology use self-reflection to avoid reproducing inequalities in ethnographic investigation and in ethnographic accounts. Although self-reflection is not a

cure for this dilemma, we argue that researchers can be self-conscious about the ways in which they reproduce power through their work, and that sustained attention to these dynamics will enrich ethnographic accounts.

My research participants, namely Karo women, are a group who are marginalised and excluded because of the relationship between Karo and Indonesia itself. Here, feminist standpoint epistemology helps to clearly illuminate the power relations between communities and institutions and to highlight my own power as a researcher.

The feminist standpoint epistemology starts from the lives of women themselves, especially those who are marginalised by the system (Harding, 2008; Hirsh et al., 1995). The core of this epistemology is valuable in shaping the logic of my research, as it is focused on the knowledge and experiences of marginalised Karo women. The experiences of women who live in Java have consistently been presented as representative of Indonesian women in general. Developing research from the perspectives of Karo women's everyday lives, specifically their experiences of breastfeeding, enables me as a researcher to challenge the dominant perspectives of the Indonesian state.

As I am also a Karo woman, it is also important to explain my position in this research. I have not lived in Karo since 2001; I have been living elsewhere, namely Java. Nonetheless, I am still an insider, or more precisely, a partial insider, as I still have strong memories of living in Karoland. Being a partial insider has its advantages and disadvantages in this research. The advantages are related to the ability to speak the local language, the facility in gaining access to research participants, and my memory of living in Karoland, all of which proved crucial to my understanding more about the present Karo. However, there are also disadvantages to being a partial insider. In particular, my familiarity could

make me less able to see or less critical of the power relations that structure people's lives. However, my time spent away is useful in making the familiar strange again. During the data-gathering process, I believe that I was able to step back from the Karo *adat* (customs) to scrutinise embedded issues of gender inequality.

I used feminist ethnography in my research for three reasons. First, feminist ethnographic research is the most suitable kind of research to be applied because the main aim of my study is to understand women's experiences with breastfeeding practices from the women's perspectives. Second, this methodology helped me to study breastfeeding practices in detail. Through this method, I have been able not only to understand how women give meanings to their environment, but also to observe the daily routines of the women in close detail and their use of space and place. Finally, I chose ethnography because Indonesia is a country where various community cultures exist alongside each other, and ethnographic research is the best way to study the multiple layers of cultural systems.

3.2. Journey to Karoland

My journey from England to Karoland was very long. It took many hours by plane. After landing at Kuala Namo Airport in the North Sumatera province, where Karoland is located, I continued on to Medan, the capital of the North Sumatera province, which took more than an hour by public transportation. When I arrived in Medan, I still had to take public transportation to get to Kabanjahe, the capital of Karoland. This town was where my fieldwork would take place. Kabanjahe itself is the central government of the Karoland regency. It took more than two hours to get there because the route was a typical winding and climbing mountain road. Steedly (1993), in her ethnographic book about

Karoland, mentions that the route from Medan (lowland) to Karoland (highland) was rebuilt permanently by the Dutch in the 1900's. Since this more permanent road was built, the Karoland people have become more integrated into Sumatera's economy. In contrast, however, the roads in Java were better developed than those in Karoland, an indication of the inequalities in development between Java and Sumatera (as is discussed further in Chapter 4).



Picture 1. Bus Station in Kabanjahe

Even though the bus fare from Medan to Kabanjahe was very cheap – around Rp. 13.000 or 70 pp – the journey was not very comfortable. Cigarette smoke, loud music, and inconsiderate drivers are all common for this form of transportation. However, nobody can complain because there are no other choices, especially for those who do not own cars. On my own bus ride, a woman sat down right in front of me and shouted out to a driver to be careful. The driver only laughed and said that he would not endanger the woman's life. On my journey, I also saw buses stopping anywhere, whenever someone flagged them, rather than stopping at designated bus stops.

Eventually, I arrived at the house of the family with whom I was going to stay during my 9 months of fieldwork. Before leaving England, I had contacted this family and explained my aim to come to Karoland. Developing a good relationship with the people in the research location was also a key part of the research process. Doing so was not that difficult because of my status as a partial insider. However, sometimes they treated me as an outsider or a foreigner because they knew that I was no longer living in Karoland. For me, this type of treatment had advantages because the people there gave me more information and in more detail, as if they were introducing Karo and everything in it to a new person.

3.3. Research Participants

This research includes 28 participants whose names and other information have been anonymized. In addition, I also chatted with many people in the research location who gave me valuable information about present-day Karo. I did not interview these other people formally, but I made field notes, noting everything they said which related to my research. I met these individuals in a market, church communities, schools, clinics, gardens (*juma*), traditional cafes, and on public transports, and some of them visited me out of a desire to have a conversation or to share their experiences. The non-participant contributors were the consequence of my developing good relationships with the people in the research location. Locals were always willing to share information about Karoland.

The most difficult activity in this research was recruiting breastfeeding mothers as the main research participants. There were indeed many breastfeeding mothers in the research location, but not all of them were able to be involved intensely in this research. Some of them said that they were willing to be

involved, but when I tried to contact or see them, they were always busy. One woman who agreed to participate in this research and even read the research information sheets unfortunately had to move to another place with her family.

This situation forced me to quickly locate others who would not feel bothered by my visits over my nine months of fieldwork. It was key that the participants would have time for interviewing. An important part of feminist ethnographic research is that the participants should feel free and be happy to take part in the research. The researcher must respect and be honest with the research participants. Skeggs (2007) explicitly mentions respect and honesty as part of the feminist ethics in ethnographic research. Skeggs (2007:433) points out, “Feminist researchers often use prescriptive ethics such as reciprocity, honesty, accountability, responsibility, equality, etc., in order to treat participants of ethnography with respect. This enables an acknowledgement that their time is important and establishes the intention of non-exploitation”.

In the research process, I told the participants about the research information. As a part of that feminist ethic, I also gave them time to decide whether they were willing to be a participant or not. I assured them that I would adjust my schedule to theirs and that they would be given access to the results of this research. To be noted here, approval to enter the research site, approach the participants and gather data in order to carry out this study, was gained from the Faculty of Arts and Social Science Research Ethics Committee, the University of Hull, in July 2015, before I travelled to Karoland.

Before recruiting the participants and even before arriving in Karoland, I contacted gatekeepers. I communicated information about my research and asked for the gatekeepers’ help in selecting the participants based on the focus of my

research. The two gatekeepers, who also the participants, were Malem (a mother, 33) and Nini Cantik (a grandmother, 61). I also discussed the participants' research consent forms with both gatekeepers. They told me that many people in Kabanjahe, Karoland would be very happy and honoured by my request for them to participate in my research.

As mentioned earlier, breastfeeding mothers were the main research participants. Of the 28 participants in total, 16 were breastfeeding mothers of varying ages with babies of varying ages. Three of them, Merandal (28), Matawari (27), and Erbunga (31), were pregnant for the first time. There were also three mothers whose babies were over six months old, namely, Teridah (31), Merim (31), and Dalin (28).

The processes of identification and recruitment were based on the identity of potential participants, namely Karo people and Christian. Karo people are mainly Christian (Protestant and Catholic). Besides Christianity, some other faiths, such as Islam, are practised in Karoland. However, it is important to note that Christianity is practised by the majority of people in Karoland, which distinguishes them from many communities in Indonesia, which are mostly Islamic. Most of the main participants were thus young productive mothers aged 20-36 years old. In this research, we more often used the Indonesian language, but sometimes we communicated using both the Indonesian and Karo languages, especially when there were concepts we could not express in Indonesian and therefore had to use the Karo language. In terms of socio-economic status, such as education, income, and occupation, there were no significant differences among the mothers. Ten of them were attending universities or had a bachelor's degree, while others, namely Teridah (31), Rende (24), Merandal (28), Meciho

(35), Mesai (22), and Mehuli (21), had only a senior high school certificate. Terkelin (30), Merim (31), and Mejile (29) were working at the local government office. Megara (31) and Malem (33) were working as teachers, and the rest of the women run their own small businesses.

In addition, five grandmothers participated in the fieldwork. I categorised them into old grandmothers and young grandmothers. Two of them, namely Nini Baik (77) and Nini Kasih (88), already had great-grandchildren and they spoke Karo language only. Three of the grandmothers, namely Nini Cantik (61), Nini Anggun (63) and Nini Cinta (57), were bilingual. It should be noted that most Indonesians are bilingual, including Karo people, who speak both Indonesian and their Karo ethnic language. In this research, I often used two languages. However, most of my interactions and conversations with the grandmothers, even the young grandmothers, were in their ethnic language; I felt that using this language made the grandmothers feel more comfortable and natural when sharing their views and experiences. I often participated in the grandmothers' activities, such as attending church and gardening (*juma*). Two of these five grandmothers had a family relationship with mother participants. All of the grandmothers in this research were introduced to me by the grandmother in whose house I stayed during my fieldwork. The grandmothers were very welcoming, and I could see how proud they looked when I asked them to participate. Nini Cantik (61) and Nini Anggun (63) began to speak Indonesian in the interviews, but I told them that it was fine if they wanted to use the Karo language. For me, these two participants' use of Indonesian may have been a sign that they viewed me as an outsider; it also could have been their way of showing their seriousness, or a way of demonstrating status.

When interviewing the midwives and the priests, I always spoke in Indonesian. I met the midwives at their clinics regularly. Before coming to their place of work, I telephoned them and introduced myself. All of them were very welcoming, and this attitude helped me greatly in doing observations at their clinics. Five midwives on my list stated that they would like to participate, but one of them withdrew after reading my research information. I visited the four remaining midwives several times before conducting my interviews. The midwives spanned a range of ages, but there were no significant differences in terms of their views on breastfeeding practices based on age. There was a difference of views between the older grandmothers and the younger grandmothers. I met the two priests in this research in the same way I midwives: I telephoned them before meeting and scheduled an appointment with them. Pastor Kolose (63) is a Catholic priest and is older than Pendeta Titus (30), a Protestant priest. I chose these two priests because both of them were actively involved in social activities. Pastor Kolose had much experience with Karo people, especially with the elderly, while Pendeta Titus knew much about the current issues in Karoland, especially those related to state institutions. The experiences of the two will enrich and complete each other regarding the social reality in Karoland.

I also decided to interview a traditional babysitter, because four of my participants took their babies to her nursery. It was useful to consider what happens regarding breastfeeding when the mothers had to work. One of working mothers introduced me to Nenek Rembulan (a traditional babysitter, 65). The term 'traditional' does not refer to Karo tradition in this case. I use the term 'traditional' to contrast her nursery to a modern one, which would have professional babysitters who are usually certified. Among the research

participants, this traditional babysitter, Nenek Rembulan, was the only Muslim and non-Karo person involved. The details of the research participants can be seen in the table below.

Table 2. Research Participants

No.	Categories of Participants	Anonymized Names	Age (years)	Age of babies first time met	No. of Interviews	Religion	Birth	The State of Breastfeeding
1.	Mothers (16 participants)	Teridah	31	10 months	4	Catholic	1 Normal	Exclusive
		Megara	31	3 months	4	Catholic	2 Caesarean	Mix
		Malem	33	6 months	4	Protestant	2 Caesarean	Mix
		Aloi	29	6 months	4	Catholic	1 Caesarean	Exclusive
		Terkelin	30	4 months	4	Catholic	2 Normal	Exclusive
		Rende	24	1 week	1	Protestant	1 Caesarean	Mix
		Merandal	28	0 (pregnant)	4	Catholic	3 Caesarean	Exclusive
		Merim	31	7 months	4	Protestant	2 Normal	Mix
		Matawari	27	0 (pregnant)	4	Protestant	1 Normal	Exclusive
		Erbunga	31	0 (pregnant)	2	Protestant	1 Normal, 2 Caesarean	Exclusive
		Dalin	28	8 months	1	Protestant	1 Normal	Breastfeeding then bottle-feeding
		Meciho	35	2 months	4	Protestant	2 Caesarean	Exclusive
		Suari	27	2 months	4	Protestant	2 Normal	Exclusive
		Mesai	22	1 month	4	Protestant	1 Normal	Exclusive
		Mejile	29	4 months	1	Catholic	1 Normal	Breastfeeding then bottle-feeding
		Mehuli	21	2 months	4	Catholic	1 Normal	Exclusive
2.	Grandmothers (5 participants)	Nini Cantik	61		1	Catholic		
		Nini Anggun	63		1	Protestant		
		Nini Cinta	57		1	Protestant		
		Nini Baik	77		1	Protestant		
		Nini Kasih	88		1	Protestant		
3.	Midwives (4 participants)	Bidan Natal	48		1	Protestant		
		Bidan Vena	45		1	Catholic		
		Bidan Anas	26		1	Protestant		
		Bidan Artta	32		1	Catholic		

4.	Priests (2 participants)	Pendeta Titus	30		1	Protestant		
		Pastor Kolose	63		1	Catholic		
5.	Traditional babysitter (1 participant)	Nenek Rembulan	65		1	Islam		

3.4. Data-Gathering

Data were gathered in 2015–2016 over a period of nine months. During that time, I lived in Kabanjahe, the capital of Karoland regency, with a Karo Catholic family. The family consisted of a grandmother, who was one of my research participants, and her husband, while their married children lived far away from Karoland. I attended their church services, traditional ceremonies (wedding and funeral), and other activities. Such activities were also a part of my data-gathering process, as I engaged in participant observation at these events. Even though I am a Karo woman, I gained a new sense of Karo during my fieldwork. I had been away from Karoland since 2001, when I moved to Yogyakarta in Java island to study and work. The long period of time I had not lived in Karoland provided me the opportunity to reflect on who the Karo people are, especially when I consider them in Indonesia as a whole. Further, the research timeline's research activities included data-gathering activities such as participant observation, formal interviews, informal conversation, and transcription. As Alsop (2005) notes, ethnography is a research methodology which can encompass a range of research methods. Table 3 provides a summary of the research activities.

Table 3. Research Timeline

Activities	Year									
	2015				2016					
	Month				Month					
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Talk to gatekeepers in research location	■									
Develop interview guide	■									
Participant recruitment	■	■								
Participant observation	■	■	■	■	■	■	■	■	■	■
Interview I (Mothers)		■	■							
Interview II (Mothers)				■	■					
Interview III (Mothers)						■	■			
Interview IV (Mothers)								■	■	
Interview with priests								■		
Interview with midwives							■	■	■	
Interview with grandmothers								■	■	
Interview with a baby sitter in 'traditional' nursery									■	
Transcription of interviews		■	■	■	■	■	■	■	■	■
Leave the research location										■

Before I began the process of gathering data through participant observation and interviews, both formal and informal, I gave the participants time to read the research information sheet. After ensuring that they understood the aims of my research and answering all their questions, I asked them to sign the consent form to be interviewed, and, where applicable, to be observed in their daily activities and/or to be photographed or audio-taped. Below I outline the data-gathering techniques used during my fieldwork.

3.4.1. Participant Observation

One of the techniques I used in my data-gathering process was participant observation. Spradley (1980) mentions awareness of the situation in the research location as the key to successful participant observation. Participant observation also requires our involvement in current activities; in my case, participant observation specifically meant that I had to be more aware of everything I saw during fieldwork, especially since I am a Karo person which could provoke me to take everything I saw for granted. To increase my awareness, I selected and mapped which aspects of the environment I would need to investigate and relate to the aims of this breastfeeding research; by mapping these aspects, I gained a new awareness of the situation in Karoland. Many aspects of the environment in which my ethnographic research occurred were important. Each time I encountered a new aspect during fieldwork, I noted it. Table 4 presents the aspects in simple categories.

Table 4. The Aspects of Environment during Fieldwork

No.	Aspects	Notes
1.	Daily life of the research participants including the breastfeeding mothers, grandmothers, and other participants	<ul style="list-style-type: none"> • The practices of breastfeeding • Informal conversation which related to the research • Observation of their activities at home • Performances of religious Karo women • Relations between wives and husbands • Relations with mothers-in-law
2.	Church	<ul style="list-style-type: none"> • Christmas celebrations • Easter celebrations • Mass and church services (every Sunday) • Community prayer
3.	Tradition	<ul style="list-style-type: none"> • Weddings • Funerals
5.	Traditional market or <i>pajak</i>	<ul style="list-style-type: none"> • People's, specifically women's, interactions • People gathering in the market • Breastfeeding mothers in the market • Mothers and children whom I saw at the market • The beauty shops
6.	Traditional café or <i>kede kopi</i>	<ul style="list-style-type: none"> • People gathering, specifically Karo men • Social activities

7.	Clinics	<ul style="list-style-type: none"> • Midwives' activities • Locations of clinics
8.	Nursery	Activities of the traditional babysitter, especially in nursing the babies
9.	Shops & advertisement	Formula milk
10.	The local government	The view of Karo people, especially the mothers and the grandmothers, which I formed from both formal interviews and informal conversations
11.	Relations between Karo and Indonesia (Jakarta/ Java island)	Narration of old Karo women
12.	Traditional medicine	<ul style="list-style-type: none"> • The heritage of ancestors • Visiting places where traditional treatment is given
13.	Lactation room	<ul style="list-style-type: none"> • The existence of lactation rooms • The practices of breastfeeding in public spheres
14.	Museums (Karo national hero museum and Karo tradition museum)	The "Indonesianisation" of Karo
15.	Karo kinship system	The relations among Karo people, and the status of grandmothers and mothers
16.	Traditional house	The communal space of Karo society
17.	The farm or field or <i>juma</i>	The activities of the research participants, especially the grandmothers and the mothers

Participant observation presented some challenges. In this research, I wanted to understand the meaning of space in Karoland related to breastfeeding practices; to approach this aim, I categorised spaces as dominated by the activities of either women or men. I observed that traditional cafes are male-dominated spaces (explained in Chapter 7). Thus, when I went to observe a traditional cafe and realised that it was frequented by males only, I felt very awkward being the only female visitor. In this case, my awkward feelings began to fade when the café owner, who was a woman, approached me and chatted with me during my observations. I had a similar experience when I visited a place for traditional treatment, where most of the visitors were mothers with their children and also husbands. The fact that I was the only one without a baby attracted people's attention. To overcome the awkwardness, I asked one of my research participants if I could accompany her to that place; she agreed, and having her there helped me to attract less attention.

I wrote about participating in and observing those aspects of the environment in my diary regularly. I wrote the field notes mainly in Indonesian, but I also recorded a few sentences in the Karo language. In every visit to a participant's home, I also wrote down my observations and reflections about the characteristics of the location immediately after the experiences. Doing so helped me contextualise further the words and actions of the women I was observing.

3.4.2. Formal Interview

I constructed interview guides before beginning my fieldwork. However, after I had confirmed my participants, which included having informal conversations with them and observing their activities in their homes, I developed these guides further.

I encountered some challenges in interviewing the research participants, especially at the first round of interviews. Even though the participants and I are all Karo people, we have different backgrounds. Our differences created a power relationship between them as the interviewees and me as the interviewer. Moreover, they knew that I was in the midst of studying abroad, which they considered to be prestigious. To address this problem, Ning (2002) explains how empowering participants and letting them redefine their lives in their own words is crucial in the interview process. Similarly, Oakley (1981) argues that the mainstream method of the masculine interview, wherein the interviewer is more exploitative and dominant, has to be challenged in the feminist interview, wherein the interviewer should create a space for listening to women's voices.

In addition, my familiarity with the Karo culture also brought some challenges to the interview process. The challenges involved the participants assuming that I would not need cultural experiences explained. For example, participants several times glossed over details by simply stating "*you know what I*

mean”. It was obvious that they expected me to already know the answers to my own questions because I am a Karo woman and a Christian as well. Another example arose when I asked a participant about the importance of her religion in her life. She responded, while also making a joke, *“Of course it is important, you know it is the most important thing in life. Why did you ask me that question? Have you become an atheist now that you’ve lived abroad for a while?”*

Most of the formal interviews with the mothers were conducted in their homes. Two of the formal interviews were interviewed at a traditional market because the mothers worked there. Each formal interview consisted of four parts, and each part addressed a specific topic. Most of the breastfeeding mothers were interviewed four times. Of the 16 breastfeeding mothers, three of them, namely Rende (24), Dalin (28), and Mejile (29), were interviewed just once, while Erbunga (31) was interviewed twice. The grandmothers, the midwives, and the traditional babysitter were also interviewed at their houses, while the priests were interviewed at offices near their churches; all of these participants were formally interviewed only once, but in addition I met many of them informally and chatted with them then too.

The construction of the interviews was based on my observation of the lives of the participants, especially the lives of the mothers, who were the main participants in this research. There were four interview guides for the breastfeeding mothers in this research. The first interview guide addressed issues in the family, the *adat* or tradition, religion, and the state. Thus, in the first round of interviews, I explored the mothers’ views of the general issues related to their roles in their households, their relationships with their husbands, their relationships with their mothers-in-law, their roles in traditional ceremonies, and their activities in the church, as well as their views on the state policy in general. The second interview guide was more detailed than the first one, as it addressed their experiences during

pregnancy, giving birth, and breastfeeding. This guide also aimed to explore their relationships with their mothers and mothers-in-law. Their experiences with their midwives were also examined in this guide. The third interview guide concerned their views regarding their bodies, more detail about their views on grandmothers, their leisure time, and their thoughts about the timing for stopping breastfeeding and beginning the weaning process. Finally, the fourth interview addressed the mothers' views on the breastfeeding law in Indonesia, any other issues related to motherhood, and other issues not covered in previous interviews.

The interview guide for the grandmothers was concerned with their past experiences with breastfeeding practices, their views on young mothers or their daughters and daughters-in-law, and other experiences related to the aims of this research. Meanwhile, the interviews with the four midwives were related to their professional experiences and their views on breastfeeding law. They were also asked about their experiences with pregnant and breastfeeding mothers. The priests in this research were asked about the teachings of both the Protestant and Catholic Churches regarding motherhood and breastfeeding practices. I also asked their views on the breastfeeding law. I also interviewed the only traditional babysitter, who was also the only non-Karo and non-Christian in this study. I asked her about the practice of bottle-feeding while the mothers are working.

3.4.3. Informal Conversations

I met with the participants, especially the mothers, many times during my fieldwork. I met with some of them at least once a week, and others two or three times a month. We met in their houses, in churches, at markets, and at traditional ceremonies. There were two mothers who often came to the place where I was staying. They came with their babies, just wanting to have a conversation with me. These conversations gave me an opportunity to understand more about their views

and lives. Such informal meetings were important, as often the participants were more relaxed, particularly when they knew they were not being recorded. For example, in the formal interviews, the grandmothers tried hard to speak Indonesian because they saw I was recording our interviews. It seems to me that the formal situation with the tape recorder made them less 'natural' in sharing their views.

3.4.4. Leaving the Research Location

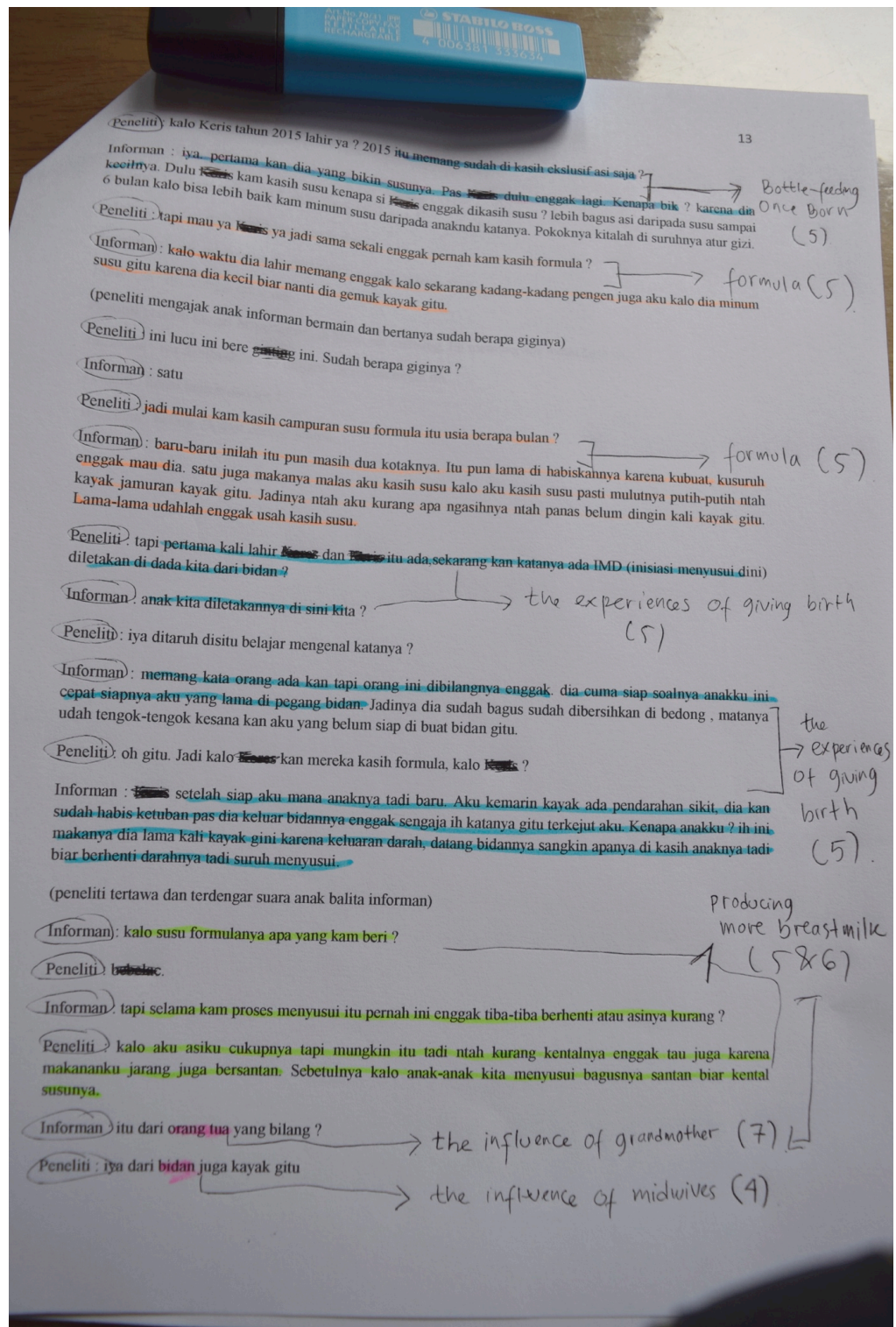
Leaving the research location was an important consideration in the research process. My departure related to the relationships that I had developed with the research participants. For me, it was the most difficult moment emotionally, because for months I had been involved in the lives of these people. Once the data I had gathered were sufficient and the research questions had been answered, though, it was time for me to leave the research location. I had also discussed the timing for leaving with my PhD supervisors. Before leaving Karoland, I had several tasks to complete in preparation. First, I evaluated the process of the research, which had begun the day I had arrived in Karoland. Next, I met with the gatekeepers and together we evaluated my methods of collecting data. By doing this evaluation, I was able to determine what additional activities had to be done before leaving, specifically activities related to the research data. Second, I verified that all data, including interview transcripts, voice recordings, photographs taken during fieldwork, and field notes had been saved in specified folders. Third, I checked everything related to the data to ensure that nothing would be left behind at the location. Any papers used in this research that I did not need to keep had to be destroyed; this step was very important in terms of the research participants' confidentiality. Fourth, I visited the participants one by one to say goodbye, and for those who I was unable to visit, I telephoned them to say goodbye and thank you.

3.5. Data Analysis and Writing

I finished transcribing all the interviews before I left the research location. I did not translate the interviews into English before leaving, but rather after I had returned to England and finished organising and classifying the interview transcripts. The translation was also done in accordance with constructing the chapters of this thesis. 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 involved drawing upon my memory and experiences of my fieldwork. Being involved in the participants' lives for months helped me greatly in better understanding the context of their statements. While reading the data, such as the interview transcripts, I used highlighters to mark important statements made by the participants. In highlighting key statements, I correlated colours with specific concepts such as 'experiences in giving birth', 'producing more breastmilk', 'relationships between mothers and grandmothers', and 'non-sexualised breasts', to name a few. This method proved very helpful to me in managing and classifying the data, and it helped me to organise the data according to the main themes, which in turn further helped me with the process of constructing and developing the chapters of my thesis. Hammersley and Atkinson (2007:162) also point out the importance of using 'concepts' to understand the reality in a situation:

The initial task in analysing qualitative data is to find some concepts that help us to make sense of what is going on in the case or cases documented by the data. Often, we will not be sure why what is happening is happening, and sometimes we may not even understand what is going on. The aim, though, is not just to make the data intelligible but to do so in an analytical way that provides a novel perspective on the phenomena we are concerned with, builds on previous work, and/or promises to tell us much about other phenomena of similar types.



Picture 2. Page Highlighted during the Interview Transcript Analysis

My second step was to categorise the data. In this process, I found that the concepts I had identified and used while reading and highlighting the data proved to be very helpful, such as the influences of grandmothers, the influences of midwives, the experiences of giving birth, body images, and so on. Categorising my data, in my

view, aided me in mapping the concepts I had identified while highlighting the data. Indeed, Hammersley and Atkinson (2007) mention that identifying concepts can allow researchers to develop and expand not only their analysis but also their writing. Next, I organised and classified the research data, including the interview transcripts and the field notes, according to the concepts. For example, regarding the concept of ‘relationships between mothers and grandmothers’ or ‘the influences of grandmothers’, I would look for the data which related to this concept. I then explored, organised, and entered every relevant statement, transcript, field note, and observation into the concept category.

My third step was linking the categories. Hammerlsey and Atkinson (2007) describe 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. For example, identifying the relationship between the categories of ‘body image’ and ‘breastfeeding patterns’ or between the categories of ‘experiences of giving birth’ and ‘bottle-feeding’ allowed me to see what was actually happening in the women’s lives. In my view, the process of linking the categories is also based on researchers’ ideas as well as on what researcher’s sense during their involvement in participants’ lives. Hammerlsey and Atkinson (2007) also argue that a researcher can be very useful in giving meaning to the data, but that the researcher must also consider the truth about the data, as the truth can sometimes change a researcher’s ideas.

The fourth step was writing. Once I finished linking the categories, I was ready to start writing. Ethnographic writing is distinct from other research writing:

Rather than having a single narrative or a single authorial viewpoint, ethnographic texts would have more variegated textures, combining different kinds of writing style, and shifting viewpoints. These ‘alternative’ textual formats include ethno-drama, in which research findings are transformed into

dramatic enactments, fictionalized narratives, and poems.
(Hammersley & Atkinson, 2007:203-204)

Hammersley and Atkinson's view of ethnographic writing suggests that the character of ethnographic writing is very flexible, giving space for a researcher or an ethnographer to express their writing style. I wrote this ethnographic thesis in a 'dynamic' way by combining my interview transcripts and observation notes with my own memories of when I lived in Karoland years ago. I have tried to illustrate critically the webs of meaning by which reality is constructed without taking anything for granted. In my writing, I have also strived to present my participants' experiences, especially those of the Karo women, in sensitive and reflexive ways.

3.7. Conclusion

This chapter has described the methodology and methods I used in my research. I have also discussed why I chose feminist ethnography as the methodology. I recognise not only the power differentials within Indonesian society which marginalise Karo women, but also the power dynamics between myself as researcher and the participants in my study. While I am also Karo, the fact that I had lived away from Karoland for many years made me a partial outsider. However, throughout the research process, I reflected continually on my status as a researcher. Underpinning my research was the aim to give voice to the experiences of Karo women. Through both formal and informal interviews and informal participant observation over the 9-month period when I was totally immersed in the field, I was able to gather a wealth of detail about Karo women's experiences of breastfeeding discussed in detail in the following chapters.

Chapter 4. Understanding Karo

In this chapter, I describe three important aspects of the environment where my ethnographic research occurred: ethnic tradition, religion, and state. These three aspects shape and influence the modern Karo people. The three aspects are also important in clearly understanding the Karo culture. Karo is an ethnic group in the Sumatera island of Indonesia. Karo people inhabit the highlands of North Sumatera. The highland is called 'Taneh Karo' (Karoland), and it is one of the regencies in the North Sumatera province. Administratively, Indonesia's regions are divided into 34 provinces, 416 regencies, and 98 municipalities (Badan Pusat Statistik, 2015). As well as living in the highlands, Karo people also inhabit other locations in the North Sumatera province, such as Medan city (the capital of North Sumatera), the Langkat regency, and the Deli Serdang regency. One should bear in mind that hundreds of ethnic groups live in Indonesia, each with their own language, traditional houses, ceremonial clothing, food, and other traditions. Most Karo people, as well as other ethnic groups, are bilingual, speaking both Indonesian and the Karo language.



Picture 3. Karoland in Sumatera Island, Indonesia

This chapter sets the scene for my fieldwork. I started by looking back at the lives of the Karo people of the past and their relationship with the state (Indonesia) as well as with religious institutions (Christianity). I especially looked back at the things I experienced when I lived in Karoland. After considering the Karo of the past, I shifted my attention to present-day Karo. Making this shift consciously helped me to better understand, adapt to, and describe in detail the present scene where my participants live. It also helped me to understand and how their ethnic group has experienced several recent periods within their lifetimes that have influenced the form and positioning of their identities related to church and state. Here, I examine the ethnic traditions, the church, and the state to explain present-day Karo, because those three elements influence all Karo people's lives, especially in modern Karo. The chapter is divided into four sections. It begins by exploring the history of Karo and placing Karo within contemporary Indonesia. The next section examines the meaning of ethnic tradition for Karo people. Finally, the last two sections explore the influences of the churches (both Protestantism and Catholicism) in Karo society. All four sections together help to present a contemporary picture of Karo.

4.1. Historicising and Imagining Karo in Indonesia

The history of Karo is uncertain. When one is asked to explain the written history of Karo in the context of Indonesia, not much can be said. Purwanto (2006) views this situation as a result of Indonesia's inability as a nation-state to bring together the past and the present of the people which are very diverse in their religion and local cultures. He continues to illustrate how Indonesia as a nation-state is always represented by Java, so there is almost no space for the lives of everyday people or for knowledge outside of Java. Even Karo's experiences of being colonised

by the Dutch that are recorded in historical literature and other media, such as in the arts and films, are usually represented by Java.

For outsiders, Karo is known as a subgroup of the Batak ethnic groups along with Toba, Simalungun, Pakpak, Angkola, and Mandailing (Kipp, 1990). However, Karo people, including myself, do not name themselves as Batak. Moreover, these Batak ethnic subgroups (Karo, Toba, Simalungun, Pakpak, Angkola and Mandailing) have their own distinct languages and traditional clothing. The only similarity among all the Bataks, except Mandailing, is their religion, as most of the people are Christian (Badan Pusat Statistik, 2010). The Karo people, as a subgroup of the Batak ethnic groups, are described in all Indonesian history classes throughout the country as Batak. Furthermore, they are always categorised as Batak in the national population census (Badan Pusat Statistik, 2010, 2015).



Picture 4. Sipiso Piso Waterfall in Karoland

According to Masri Singarimbun (1975), an ethnographer who is himself Karo, not much is known about the history of Karo, especially its pre-colonial period. Singarimbun only found a few sources related to the pre-colonial history of Karo. One was an indigenous script written by Karo traditional priests on bamboo.

Another was a Karo folklore story named 'The legend of Puteri Ijo', which narrates the conflict between the Karo people and Acehnese⁴. However, none of these sources explain the origins of the Karo people clearly and chronologically. Meanwhile, according to Gintings (2015), the origin of the Karo people is related to the Haroe people, who are referred to in the Bible and who were descendants of the Semites. The term 'Haroe' is considered to mean 'the faith in God the Creator'. The Haroe people came to Sumatera island through Belawan Port, where they coexisted and intermarried with the indigenous people. The offspring of these intermarriages were eventually known as Karo people. The phrase of 'the faith in God the Creator', which is attached to the Haroe people, is also known as the Hebrew term *Batakh*. Gintings did not refuse to attach the term 'Batak' to the Karo people, as many Karo people have done recently. For Gintings, the term 'Batak' is not related to a specific ethnic group but rather as an expression of the belief in God as the creator.

Other sources of Karo history were written by Dutch missionaries who came to Karoland, such as J. H. Neumann (1972). According to Neumann, the existing clans (Karo people) who occupied Karoland were not from one common ancestor. The ancestors of each clan came from different places. Neumann explained that, in the past, the ancestors who came and gathered in the area which is now called *Taneh Karo* (Karoland) made a collective decision to join together as a new community named Karo or *merga silima* (people of the five clans). Further discussion about *merga silima*, or the five clans, is included in the next part of this chapter. Some of the clans were believed to have the same ancestors as Toba and Simalungun (both

⁴ Aceh is the ethnic group that inhabits the most northern part of Sumatra Island. Most of the people are Muslims. According to Kipp (1990), the Acehnese are fanatic Muslims compared to the majority of Muslims in Indonesia. This ethnic group was also the most difficult group for the Dutch to conquer. The Dutch had suffered enormous financial loss in the war against Acehnese. To block the influence of Acehnese Muslims in Sumatera and to maintain tobacco plantations in Deli, North Sumatera, according to Kipp, the Dutch gave permission to missionaries to come and Christianise other ethnic groups which are referred to as 'Batak' in the highlands, including the Karo people. The chances of successfully Christianising the Batak people were strong, because they were known to be pork eaters, a practice which is forbidden in Islam.

also called Batak) and even India. Further, popular books about Karo that I found at bookstores in Karoland also describe a version of Karo history that is similar to Neumann's version. They mention that several Karo clans have the same ancestors as other Batak ethnic groups, such as Toba (Bangun, 1986; Peranginangin, 2004).

Most Karo people do not like to be identified as Batak. Those I met in Kabanjahe clearly expressed their dislike of this term. For example, when I asked Nini Cantik (a grandmother, 61), whose house I stayed in for nine months, about her views regarding attaching the term 'Batak' term to Karo, she responded:

Of course, we are not Batak. Batak is usually used for naming 'kalak Teba',⁵ and we are totally different from those people. Once someone called me 'inang'⁶ at a bus station, and I really didn't like it. He should have called me 'nande'⁷ or 'bibi',⁸ because I am a Karo person. (Nini Cantik, grandmother, 61)

Another time, I met a Karo female writer who was also a journalist, and I asked about her views about Batak. Similar to Nini Cantik's response, this woman also disliked being referred to as Batak:

I don't care what the literature says about Karo being Batak. I really disagree with that. Karo is Karo, not Batak, and it will never be Batak. You know, when I drove from Medan to Kabanjahe, someone crashed into my car from behind in the middle of a traffic jam. When I stopped, wondering who had crashed into my car, I saw a man with a broken wagon. I immediately forgot about my intention to sue him because he looked so miserable. But I had to hold back my emotion when he called me 'ito'⁹ instead of 'turang', even though he absolutely knew that he was walking on the land of Karo.

The contradictions between the common understanding and the Karo people's view of the term 'Batak' are becoming increasingly apparent in our digital times,

⁵ Karo people usually call Toba 'kalak Teba'. Toba is one of the Batak ethnic groups. People outside Batak often consider all Bataks (Karo, Toba, Simalungun, Pakpak, Angkola, and Mandailing) to be the same. However, the outsiders see Toba as the only representation of Batak. This view can be understood because since long ago, the Toba people used to wander up to Java island. Doing so made them known outside Sumatera.

⁶ 'Inang' is a Toba word, literally 'mother' in English. However, in Karo, this word has a meaning associated with working class Toba women who usually sell fish and onions in markets.

⁷ 'Nande' is a Karo word, literally 'mother' in English.

⁸ 'Bibi' is a Karo word, literally 'aunt' in English.

⁹ 'Ito' is a Toba word while 'turang' is a Karo word, but both literally mean 'sister' in English.

particularly in relation to social media sites such as Facebook. A group on Facebook called *Karo bukan Batak* (Karo is not Batak) is very popular. The page has thousands of members, men and women, young and old, living in Karoland and not. I met some of these members 'real' life, who expressed their opinion that 'Karo is not Batak'. My new friend, a female Karo writer who I met in Karoland, told me that the debate raised on the Facebook site was even discussed at one of the universities in North Sumatera.

For many minority ethnic groups in Indonesia, the freedom to identify and define their own ethnic identities was impossible before 1998 (Bertrand, 2004; Guinness, 1994; Hatley, 1994, 1999). For more than 30 years (1967-1998), the military regime under Suharto, the second president, repressed any ethnic groups who demanded the recognition of their identities. The first president, Sukarno, was ousted as Indonesia transitioned to the Suharto regime in 1966. Sukarno was the leader of Indonesia's nationalist movement during the Dutch colonial period, and for more than a decade, he was under Dutch detention until he was released by Japanese forces during the Second World War. Sukarno and Mohammad Hatta (the first vice president) declared Indonesian independence on 17 August 1945, and Sukarno was appointed as the first president (1945-1967).

Table 5. List of Presidents of Indonesia

No	Names of President (birth–death)	Term of Office	Sex	Origins	Religions
1.	Sukarno (1901–1970)	18 August 1945 to 12 March 1967	Male	Java	Islam
2.	Suharto (1921–2008)	12 March 1967 to 21 May 1998	Male	Java	Islam
3.	Bacharuddin Jusuf Habibie (first president from outside Java) (1936–)	21 May 1998 to 20 October 1999	Male	Sulawesi	Islam
4.	Abdurrahman Wahid (1940–2009)	20 October 1999 to 23 July 2001	Male	Java	Islam
5.	Megawati Sukarnoputri (first female president and the daughter of first president Sukarno) (1947–)	23 July 2001 to 20 October 2004	Female	Java	Islam
6.	Susilo Bambang Yudhoyono (1949–)	20 October 2004 to 20 October 2014	Male	Java	Islam
7.	Joko Widodo (1961–)	20 October 2014 to Present	Male	Java	Islam

The transition from Sukarno's presidency to Suharto's began after the kidnapping and killing of six generals. These generals were six of the military's most senior officers in Jakarta, the capital of Indonesia. This tragic event is now known as the 30th September Movement (G30S). Some academicians state that the identities of those responsible for this act are still not known today (Cribb & Brown, 1995; Crouch, 2007). However, the Indonesian army has its own theory, in which they name the PKI (Indonesian Communist Party) as the mastermind. This version is accepted as 'the official truth' by most people in Indonesia today. The theory that the PKI was responsible was nationally documented and taught in schools throughout the country during Suharto's era. The PKI was one of the largest parties in Indonesia, and they had a close relationship with the first president Sukarno, although Sukarno himself was not affiliated with that party (Anwar, 2006; Hindley, 1962). On the

contrary, the PKI did not have a good relationship with the Indonesian military group, especially the army and religious institutions (especially Islamic and Catholic) and religious political parties. After the killings of the six generals, Suharto, who was a major general in the military, mobilised Special Forces to control the situation in Jakarta. Suharto gained public sympathy and was finally appointed as the second president by the national assembly (MPRS) after Sukarno's impeachment.

Once Suharto became the president and started to run the military regime, talking politically about ethnicity interests became considered taboo (Guinness 1994; Hatley 1994; Hatley 1999). The government made a great effort to replace traditional ethnic and territorial loyalties with new ones based on a 'national culture'; in other words, the government worked to establish uniformity of language and history. The result of this effort was that the local histories of many ethnic groups were repressed or claimed not to reflect national culture (Guinness 1994). The government implemented a strategy of national stability and unification which was secured by military force and controlled by economic development programs. The new order state, with the official national motto *Bhinneka Tunggal Ika*¹⁰, or 'unity in diversity,' had worked hard to reduce the possibility of ethnic conflicts in the vast territory of Indonesia. The strategy for reducing the conflicts was to make society uniform by transforming the ethnic groups, which were seen as backward and isolated, into a more 'civilised society'. The method used to transform *suku terasing*, literally 'isolated ethnic groups', was 'top-down' through development programs brought from Jakarta and Java to local areas or outside Java (Guinness 1994; Higgins 1957).

The introduction of a national curriculum in schools was an example of an attempt to homogenise and indoctrinate all people and communities, especially through 'Pancasila Education' (Morfit 1981; Weatherbee 1985). Pancasila is the

¹⁰ 'Bhinneka Tunggal Ika' is an old Javanese phrase. It is also mentioned in the constitution of Indonesia or 'Undang-Undang Dasar Republik Indonesia 1945'.

official philosophical foundation of the Indonesian state. It consists of five principles: belief in one God; humanitarianism and justice; national unity; democracy; and social justice. It should be noted that it was the first president, Sukarno, who had first promoted Pancasila as the foundation of Indonesia. However, the Suharto regime reinterpreted that official philosophical foundation in accordance with the interests of Suharto's government in order to unite all people in harmony and consensus, to justify the regime, and to condemn their opponents as 'extremists' who rejected the state interpretation of Pancasila (Morfit 1981; Weatherbee 1985). Before starting anew school year in Indonesia, the students were required by the state to attend upgrading courses called *Penataran P4 or Pedoman Penghayatan dan Pengamalan Pancasila*, literally, 'The upgrading of Guidelines, Appreciation and Practice of Pancasila' as a prerequisite to graduation.

During the Suharto regime, some terms related to ethnicity, especially those from Javanese, were employed to avoid the influence of 'negative effects' or 'threats' from outside Indonesia and to form or support national or Indonesian identity (Hatley 1994; Hatley 1999; Hatley 2008; Jones 2013). The government took contradictory positions: on the one hand, the government repressed the freedoms of minority ethnic groups, but on the other hand, it supported and protected some ethnic traditions in order to universalise the view and value of over 300 ethnic groups in Indonesia. One form of government support was the regular broadcasting of ethnic performances, such as dancing, singing, and folklore, on the state-owned television network TVRI (*Televisi Republik Indonesia*)¹¹. The government also established cultural bureaucracies and academic institutions for supporting traditional dance,

¹¹ TVRI was the only television network until 1989. Today, it is based in Jakarta and has 22 regional broadcast stations across Indonesia. The numbers of television stations in Indonesia are growing rapidly, including cable television. The stations broadcast diverse genres ranging from music, films, news, sports, religion, etc.

music, and other forms of ethnic performances in cities across Indonesia in order to promote standards of ‘national culture’ (Hatley, 1994, 1999).

Table 6. Total and Percentage of Population in terms of Ethnic Group
Based on the 2010 Population Census

Ethnic Groups	Total	Percentage
1	2	3
Ethnic groups in Aceh	4 091 451	1,73
Batak	8 466 969	3,58
Nias	1 041 925	0,44
Melayu	5 365 399	2,27
Minangkabau	6 462 713	2,73
Ethnic groups in Jambi	1 415 547	0,6
Ethnic groups in South Sumatera	5 119 581	2,16
Ethnic groups in Lampung	1 381 660	0,58
Ethnic groups in other parts of Sumatera	2 204 472	0,93
Betawi	6 807 968	2,88
Ethnic groups in Banten	4 657 784	1,97
Sunda	36 701 670	15,50
Jawa (Java)	95 217 022	40,22
Cirebon	1 877 514	0,79
Madura	7 179 356	3,03
Bali	3 946 416	1,67
Sasak	3 173 127	1,34
Ethnic groups in West Nusa Tenggara	1 280 094	0,54
Ethnic groups in East Nusa Tenggara	4 184 923	1,77
Dayak	3 009 494	1,27
Banjar	4 127 124	1,74
Ethnic groups in other parts of Kalimantan (Borneo)	1 968 620	0,83
Makasar	2 672 590	1,13
Bugis	6 359 700	2,69
Minahasa	1 237 177	0,52
Gorontalo	1 251 494	0,53
Ethnic groups in other parts of Sulawesi	7 634 262	3,22
Ethnic groups in Maluku (Mollucas)	2 203 415	0,93
Ethnic groups in Papua	2 693 630	1,14
Indonesian Chinese	2 832 510	1,20
Foreigners (<i>Warga Negara Asing/ WNI</i>)	162 772	0,07
Total	236 728 379	100

(Badan Pusat Statistik, 2010:31)¹²

¹² There are Indonesians who are the products of mixed marriage; however, according to the population census, ethnicity is seen as patrilineal, meaning that an individual is identified with the ethnicity of his father.

When I was a child, my school in Kabanjahe Karoland was invited by the regional television station in Medan to perform a Karo ethnic dance. I remember how busy we were preparing our dance for weeks. It was very exciting to be in traditional costume, and we believed that we were doing something great, both as a symbol of ethnic pride and as good citizens of Indonesia. Using the slogan *TVRI menjalin persatuan dan kesatuan*, literally, ‘TVRI to weave unity and entity’, the government had the ambition to unite all ethnic groups and create a ‘national culture’ as the identity of Indonesia. The government intended to depoliticise ethnicity and control entertainment originating from outside Indonesia, as these were considered incompatible with the ‘national culture’ (Hatley, 1994, 1999).

On 21 May 1998, Suharto stepped down after an increase in political violence and protests in many cities across Indonesia. Several months before the fall of Suharto, the situation had become serious because of an economic crisis. A wide economic gap existed between the rich and the poor, while the numbers of unemployed increased radically (Blackburn, 2004). In response to the economic situation, a women’s organisation named *Suara Ibu Peduli (SIP)*, literally, ‘Voice of Concerned Mothers’, was formed by a group of women intellectuals in Jakarta, who became the first to protest against the government. The protest was known as a ‘prayer for milk’, and it focused on the sharply rising prices of food and especially milk for babies. The protest carried out by these middle-class educated women, the ‘Voice of Concerned Mothers’, was eventually followed by protests by other civil society organisations, especially students from universities across Indonesia.

After the fall of the Suharto regime, the process of democratisation began in Indonesia, though its progress was slow (Abdulbaki 2008; Aspinall & Fealy 2003; Nordholt & Klinken 2007). Suharto was replaced by vice-president, Bacharuddin Jusuf Habibie. However, the government reform process did not go so smoothly, as it

was followed by ethnic and religious conflicts in several regions (Bertrand 2002; Bertrand 2004; Bertrand 2008; Heryanto 1999; Van Klinken 2007). The bloodiest ethnic conflicts occurred between the Dayak ethnic group and the Madura ethnic group at Sampit, Kalimantan (Borneo) Island, where thousands of people were victims. Violence against Chinese Indonesians also occurred in many cities. Chinese Indonesians, especially before the reformation of 1998, had always been regarded as outsiders or non-Indonesians, even though their ancestors had been born and raised in Indonesia (Bertrand 2004). During the Suharto era, the Chinese Indonesians' business activities were protected by policies under a system of patronage for the interests of the regime. This situation created economic differences between the Indonesian Chinese and non-Indonesian Chinese peoples, which incited hatred towards the Indonesian Chinese. Violence, especially the rape of Chinese women in Jakarta, took place after the fall of Suharto (Heryanto 1999). Meanwhile, according to Fealy (2016), religious conflicts also occurred between Islam and Christian people in many regions throughout Indonesia, including Sumatera, Java, and Papua. Many churches were burned down because of hatred against minorities. The Christians today still have problems today, especially in Java, in securing permits for their churches (Hefner 2017; Ali-Fauzi et al. 2011). Minority Muslim sects, such as the Ahmadiyah, also still struggle to practise their faith in this world's most populous Muslim country (Human Rights Watch 2013).

Despite the slow process of democratisation and reformation and the pessimistic views expressed regarding these movements, the fall of the Suharto regime, in some aspects, provided opportunities for people to express their freedom (Aspinall 2011; Hoon 2009; Juliawan 2011; Reuter 2009; Subianto 2009). Freedom of expression is enjoyed by various groups in Indonesia, including ethnic and religious groups, as well as labour groups. Some could say that such a climate also

affects the Karo people, as seen in their courage to express themselves as different from the Batak ethnic group. However, not all Karo people agree with the effort to de-Batak themselves. Malem (a mother, 33), one of the participants in my research, expressed her disagreement:

I think “*Karo Bukan Batak*” (literally ‘Karo is not Batak’) movement is just a useless activity. People talk about it every day on Facebook, and they’ve just provoked Karo people to hate others. They are better off working on their farms to feed their children. (Malem, mother, 33)

Other participants, Matawari (mother, 27) and Meciho (mother, 35), held a similar opinion:

I think it is better for Karo people to express themselves at the national level such as being involved in national film, political parties. Such activities are far better than just speaking about ‘*Karo Bukan Batak*’. (Matawari, mother, 27)

Nowadays, many Karo people marry those from other ethnic groups, especially Toba people. So, it is just useless to say Karo is different from Batak. (Meciho, mother, 35)

For these women, Karo identity is not about differentiating themselves from Batak, but it is more importantly about the practical activities which have a direct impact on their lives.

The Karo imagination can be seen in contemporary Indonesia from the presence of national figures that are regarded as national Indonesian heroes and heroines. In terms of national heroines, most of the research participants mentioned Kartini from Java in our interview sessions. Only one participant named Suari (a mother, 27) mentioned a Karo woman named Likas br Tarigan, though she has not officially been appointed as a national heroine. Likas br Tarigan is the wife of Djamin Gintings, a national hero from Karoland. Suari (a mother, 27) said:

Likas Br Tarigan should be our Karo heroine. She was a good wife and loyal to her military husband. I knew her from one programme in television.

The literature contains stories of national heroes and heroines from Aceh, Java, Bali, and even Minahasa, but none from Karo. Most of Indonesia is familiar with national heroines such as Cut Nyak Dien from Aceh and Kartini from Java, and even Martha Christina Tiahahu from Maluku, but few people know about Likas Br Tarigan from Karoland. Yet, there a change began after Joko Widodo become the 7th president of Indonesia. Less than a month after the presidential inauguration, a Karo person named Lieutenant General Djamin Gintings was appointed as a national hero of Indonesia by President Joko Widodo on 7 November 2014. A film that tells the story of Likas Br Tarigan accompanying her husband, Lieutenant General Djamin Gintings, at the time of the independence war was also made and launched nationally. In fact, students at one senior high school in Kabanjahe Karoland were required to watch the film. The title of the film is *Tiga Nafas Likas*, literally, ‘The three breaths of Likas’, and the film producer was the daughter of the hero and heroine featured.



Picture 5. The Museum of Lieutenant General Djamin Ginting

In regard to religion, from the beginning of the Suharto regime in 1966, the government officially recognised only five official religions: Islam, Protestantism, Catholicism, Buddhism, and Hinduism (Persoon 1998; Kipp 1995; Schiller 1996). Indonesian citizens were required to record their religion on their national identity card. Any citizen who did not embrace one of the five approved religions would be labelled an atheist; in Indonesia, atheism is illegal. The country's state foundation is *Pancasila*¹³, whose first principle mandates "belief in the one and only God".

The policy resulted in mass religious conversions across Indonesia, including in Karo, after Suharto became president. Nini Kasih (grandmother, 88), told her story of conversion to Catholicism in the 1960's:

I remember when Pastor Lisi, "kalak Belanda"¹⁴ came to our village, Rumah Rih. He was a very kind person. He often visited our people and finally invited us to build a church in Rumah Rih village. I was in my 30's at that time and became a widow. Then, I and my children were christened because we would not have friends if we did not go to the church. It was strange if you did not have a religion. (Nini Kasih, grandmother, 88)

Pastor Lisi Fasol was a Catholic Dutch missionary. He is still remembered by many Karo people including some Protestant church members I met in Karoland. Nini Baik (a grandmother, 77) also described her experience related to religious conversions:

We should go to church, because everybody did it. But I was happy to convert at that time because I had a lot of friends in the church. (Nini Baik, grandmother, 77)

Before the mass religious conversions in the 1960's, missionaries as far back as the end of the 19th century had strived to convert the Karo people to Christianity (Gintings 2015; Kipp 1994; Kipp 1995; Kipp 1996). According to Gintings (2015), missionaries generally failed in their efforts to convert the Karo people for decades; for years, missionaries reported only having successfully christened six individuals.

¹³ Pancasila has five principles as the Indonesia's philosophy foundation.

¹⁴ 'Dutch' in English.

Kipp explains that many of the Karo people converted to Christianity only after 1965; prior to that year, the Karo people had little interest in conversion, as the missionaries were not yet offering things like literacy, education, and health care (Kipp 1994; Kipp 1995; Kipp 1996). Today, however, Christianity is the majority religion in Karoland.

4.2. The meaning of ethnicity: *merga silima*, language and clothing

For Karo people, the visible markers of their ethnicity are “*merga silima*” (or ‘five clans’), language, and clothing. Even though the people have their own traditional houses, ceremonies, values, and other important legacies, these three markers (*merga silima*, language, and clothing) are the most enduring in Karo people’s lives. Other markers of ethnicity can be changed or diminished, but not so for those three elements. Consider, for example, traditional Karo houses which are no longer occupied or Karo traditional ceremonies which are no longer held because of the influence of Christianity.

Merga silima is the primary identity of the Karo people, but more than that, it is also a heterosexual gender system which is institutionalised and seen as a foundation of Karo people’s lives. While the Karo language is another visible representation of the Karo ethnic group identity, it is considered inferior by the rest of Indonesia because it is often seen as the language of ‘isolated’ people, which is in contrast to the Indonesian language used by the urban educated middle-class people. Traditional clothing carries great significance for the Karo people. Today, traditional clothing encompasses a variety of garments that have become so popular that are not used only in traditional ceremonies, but modified as modern fashionable clothing and commodified by the market. In this section, I will describe these three elements in order to define the meaning of ethnicity for contemporary Karo people.

4.2.1. Merga Silima and Beru Silima

People will know that someone is a Karo member from the *merga/beru*, or clan name, which is added to the Karo member's given name. The term *merga* means 'male' and *beru (br)* means 'female'. Karo women add *beru/br* to their name to indicate that they are female, for example, *Ame 'br' Ginting*. A Karo male, however, needs only to mention his clan after his given name, for example, *Tongat Ginting*. Nevertheless, many Indonesian people, especially those who live outside of North Sumatera, are unable to distinguish clan names amongst Karo, Toba, Simalungun, and other Bataks. They assume that anyone from North Sumatera who has a clan name is Batak, and in their view, Batak is always associated with Toba.

Karo people are known as the people of the five clans because they have five grand clans. The five clans are called *merga silima/beru Silima*: Peranginangin, Ginting, Tarigan, Karo-Karo and Sembiring. Each grand clan is comprised of several sub clans. The Peranginangin clan has 18 sub clans, which include Pinem, Bangun, Keliat, Pencawan, Singarimbun, and Sinurat, among others. Ginting has 16 sub clans, which include Suka, Garamata, Babo, Jadibata, and Sugihen, to name a few. Karo-Karo has 18 sub clans and Sembiring has 17 sub clans, while Tarigan has 13 sub clans. The members of a clan are traced through the fathers only. However, these clans do not necessarily reside as groups in a particular location, nor do they know every member. Members of the same clans and sub clans are not always related by blood. They are required to practise exogamy, so a person from the Ginting Suka is forbidden to marry a person from the Ginting Garamata clan. The ethnic tradition, or *adat*¹⁵, does not allow two people of the same clan or sub clan to marry, even if there is no traceable blood relation between them. For example, members of any of the 18

¹⁵ *Adat* is local customary and tradition which has been institutionalised in to various communities. *Adat* contains norms and rules. However in Indonesia context, *adat* is not always related to state law. It only affects certain communities.

sub clans of the Perangin-angin clan, are not allowed to marry. All clan relations are merely imaginative since most of them have no blood relation. Those who are in the same clan, for example Perangin-angin Pinem and Perangin-angin Singarimbun, are seen as family or brothers and sisters (*erturang*).

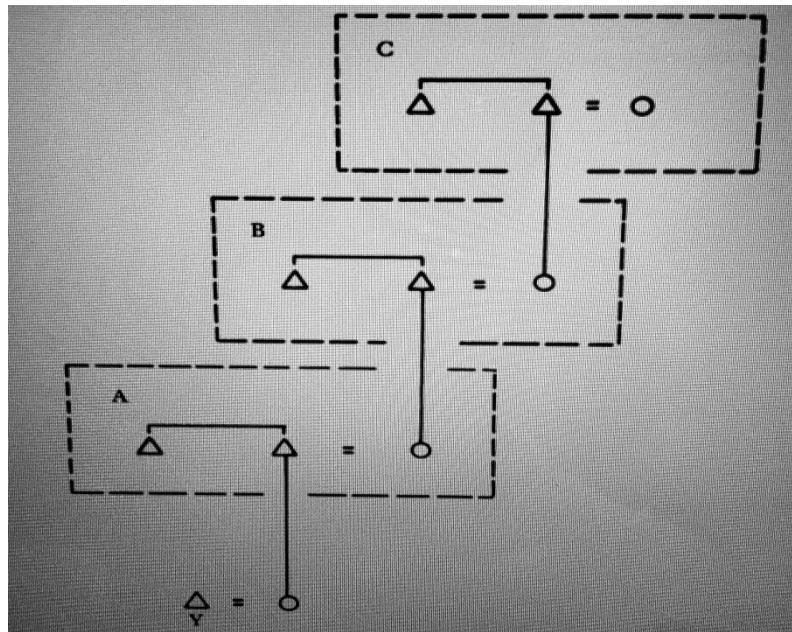
Table 7. List of Karo Clans and Sub clans

Ginting Clan (16 Sub clans)	Perangin- angin Clan (18 Subclans)	Karo-Karo Clan (18 Sub clans)	Tarigan Clan (13 Sub clans)	Sembinging Clan (18 Sub clans)
1. Ajartambun 2. Babo 3. Beras 4. Bukit 5. Capah 6. Garamata 7. Gurupatih 8. Jadibata 9. Jawak 10. Manik 11. Munte 12. Seragih 13. Sinusinga 14. Sugihen 15. Suka 16. Tumangger	1. Bangun 2. Benjerang 3. Kacinambun 4. Keliat 5. Laksa 6. Mano 7. Namohaji 8. Perbesi 9. Penggarun 10. Pincawan 11. Pinem 12. Sebayang 13. Singarimbun 14. Sinurat 15. Sukatendel 16. Tanjung 17. Ulunjandi 18. Uwir	1. Barus 2. Bukit 3. Gurusinga 4. Jung 5. Kaban 6. Kaciribu 7. Kemit 8. Ketaren 9. Purba 10. Samura 11. Sekali 12. Sinubulan 13. Sinuhaji 14. Sinukaban 15. Sinulingga 16. Sinuraya 17. Sitepu 18. Surbakti	1. Bondong 2. Jampang 3. Ganagana 4. Gereng 5. Gersang 6. Pekan 7. Purba 8. Selangit 9. Sibero 10. Tambak 11. Tambun 12. Tegur 13. Tua	Those who do not eat dog meat 1. Bunuhaji 2. Busuk 3. Berahmana 4. Colia 5. Depari 6. Gurukinayan 7. Keling 8. Milala 9. Muham 10. Pandia 11. Pandebayang 12. Sinukapur 13. Tekang Those who eat dog meat 1. Keloko 2. Kembaren 3. Sinulaki 4. Sinupayung

When I met my research participants for the first time, they spontaneously asked me, ‘what is your *beru*?’ They asked this question when they discovered that I am a Karo female. After I told them what my *beru* is, they then asked about my mother’s *beru* or *bere-bere*. Once the participants learned my *beru* and my mother’s *beru*, I was able to build an imaginative kinship with them. So is the same case with Karo men. People would ask about his *merga* and his mother’s *beru* before pursuing an imaginative kinship. This practice is called *ertutur*, or in Singarimbun’s term

(1975:108), 'the identification procedure', and it is a common practice of the Karo people when they meet new people. This practice does not exist in any other ethnic groups in Indonesia but it still exists in the life of Karo society.

One imperative in Karo society is that a child receives a clan name from his or her father's lineage. Nevertheless, a mother's clan name still has significance for someone's identity amongst Karo people, because her clan is seen as 'the visible gods' for a father's clan. A traditional ceremony cannot be performed if the mother's clan is not present. When a Karo woman is married, she becomes a member of her husband's clan, yet retains her father's clan name in her own name. She instantly has many new relatives from her husband's clan. The Karo woman's relatives from before her marriage are called *kalimbubu*, or bride givers. After marriage, the relatives of her husband's sisters are called *anak beru*, or bride receivers. The *adat* describes the *kalimbubu* (bride givers) as 'the visible gods'. The *kalimbubu* are believed to influence the new couple's fertility, health, and economic welfare. There are various kinds of *kalimbubu*: the *kalimbubu* for marriage, who receive a *tukor* (dowry); the *puang kalimbubu*, or the *kalimbubu* of *kalimbubu*; and the *puang ni puang*, or the *kalimbubu* of *puang kalimbubu*. The *anak beru* are required to treat the *kalimbubu* with high regard. The *anak beru* are responsible for assisting traditional ceremonies of *kalimbubu*. However, the statuses of *anak beru* and *kalimbubu* are not associated with social class; there is no hierarchy defining their statuses. Rather, every Karo man simultaneously becomes both an *anak beru* and a *kalimbubu* after marriage. He becomes *anak beru* for his wife's clan and *kalimbubu* for his sisters and for his sisters' new families after the sisters marry.



Picture 6. *The Various Kinds of Kalimibu* (Singarimbun, 1975:109)

The diagram above shows the position of a married Karo male, or Y. In this position, Y's role—including his wife, as after marriage, his wife is a member of his family and clan—is as *anak beru* to his wife's extended family. Section A represents his (Y) *kalimbubu* by marriage, or his wife's family or clan. Section B represents *the puang kalimbubu*, or his mother-in-law's (his wife's mother) family or clan, which is also referred to as the *kalimbubu* who receive the *berebere*. Meanwhile, section C represents *the puang ni puang*, or the family or clan of his wife's maternal grandmother, which is also referred to as the *kalimbubu* who receive the *perkempun*.

Being a true Karo person requires belonging to a clan or a *merga/beru*. Clan membership is essential and foundational in Karo society. Without a *merga/a beru*, one cannot identify himself/herself as Karo. For Karo people, *merga/beru* even reflects a person's character. For instance, a common understanding of the Karo people is that a female from the Ginting clan is a chatty person but a hard worker, while the male does not talk much. Likewise the Sembiring clan is known for the kindness of its females. On one visit with my participant, Aloï (a mother, 29), I asked why her baby girl was so fractious. I thought the baby was sick. She said,

My daughter is just fine. She is *beru Ginting*, and it is normal for her to act like that. I've tried many times to calm her down. But as you know, it's not easy for me, because I do many things at home like cooking and washing clothes. Her father is a good person, but unfortunately, he can't help me. He has to work at *ladang* (farm). (Aloi, a mother, 29)

Karo mothers usually describe their baby's character based on their clan, even for newly born babies. Aloi is an educated woman who graduated from a university in Medan; nonetheless, she believes that clans carry particular traits. She often referred to clan character when we chatted about her baby girl, as most mothers did in Karoland. Likewise, Malem (a mother, 33), who teaches in senior high school, spontaneously described her daughter's character based on clans when I asked about her daughter's activities at home. She said:

My daughter cannot be quiet even for a minute. But of course, I'm not surprised because she is *beru Perangin-angin*. You know what I mean. When I asked her to be quiet, she was first mad at me. But her father can calm her down. Both of them are very closed. They sometimes ignore my presence. It is normal, isn't it? Because both of them are *Perangin-angin*. (Malem, a mother, 33)

In the same way, a Karo male's character is also described by his clan, or *merga*. Mejile (a mother, 29), who is a middle-class, educated woman, said,

The father of my son is a stolid man. He doesn't even show his emotions when I am crying. I have to understand this because he is *merga Ginting*. Fortunately, he is a responsible father and husband. He is also a frugal person. It seems that all male from *Ginting* clan are the same.

The women in my study often used clans as a justification for why their children and husbands behaved in certain ways. In every meeting and conversation, I often heard them implicitly complaining about some aspect of their lives: their children's behaviour; feeling tired from domestic work; the interrupted nights to breastfeed a baby; and even their inconsiderate husbands. But they tried to convince me that clans were the cause of everything, particularly someone's actions. Most of them were trying to look tough and happy in front of me. As I became more involved

with these Karo women's lives and spent more time listening to them, I was able to uncover more about their experiences, which were indeed connected to intersections of gender and ethnicity.

The generalising of female and male characters which are associated with five clans, or *merga silima/beru silima*, stabilise and normalise the gender system. *Merga silima/beru silima* is a compulsory system that prevents people from crossing or mixing gender roles. According to the Karo people, a person is destined only to be either a heterosexual woman or a heterosexual man. They also view gender as a binary concept that is crucial to social cohesion, social order, and kinship in Karo society. The gender system requires a man or woman to act and to speak according to the roles assigned to males and females at birth. The gender system itself is related to gender roles in society which define males and females as different and create experiences through interactions (Alsop et al. 2002; Ridgeway & Lovin 1999). Here, the kinship of Karo society can be seen as the system in which members of all clans are required to learn the ideals of femininity and masculinity. There are no other options beyond these two roles.

Another Karo tradition involves generalising names for Karo people. Every Karo person has a *rurun*, or a nickname, depending on her/his clan. All females from a specific clan have a special name, as do the males. In other words, there are homogenous names for females as well as males. The nicknames are gendered and distinguished for females and males in every clan. When a baby girl is born whose father is a member of the Ginting Suka clan, she automatically receives the *rurun Merih*. If the baby is a boy, then he receives *Gajut* as a *rurun*. In the Perangin-angin Pinem clan, the nickname for a female is *Lompoh* while the male nickname is *Ramban*. The *rurun* not only identifies a person's clan, it also identifies a person's gender.

The importance of *merga silima/beru silima* in Karo society is not only reflected in one's name, but also through song lyrics and romance. Karo pop songs, which were being played on the radio during my time there, often described the romance between a woman and a man. The feelings of romance were expressed by calling another 'beloved one'. Yet again, the names are based on *merga* and *beru*. One of hit Karo songs which was often requested and played on the radio while I was living in Kabanjahe Karoland was *Sada Min Arihta*, which literally means, 'One Heart'. The song is written by Plato Ginting, a young Karo man who studied music at a university in Yogyakarta Java island, and it is also sung by Ginting, along with a popular female singer in Karoland, Averiana br Barus. The song was very popular among young Karo people because it combined traditional Karo music and modern music. Some of the lyrics are:

A female:

I remember the promise you made, my love *Mama Iting*
For me, my love *Nande Karo*
You begged me to be your *sirukat nakan*¹⁶
There will be no one else

A male:

I remember the promise you made, my love *Nande Karo*
For me, my love *Mama Iting*
You told me that you would be my *sirukat nakan*
There will be no one else

Most Karo pop songs were like this song: they had seductive and gendered lyrics for a heterosexual couple. The calling names for 'beloved one', which are based on *merga silima/beru silima*, always appear in the lyrics; for instance, a male from the Ginting clan is called *Mama Iting*, while a female from the Karo-Karo clan is called *Nande Karo*. The Perangin-angin clan uses the names *Nande Tangin* and *Mama Nangin*; the Tarigan clan uses *Nande Tigan* and *Mama Tigan*, and so on.

¹⁶ *Sirukat nakan*, literally, 'someone who scoops rice', which refers to wives. The word is an idiom and is usually related to romance.

Singing is also a ritual for a bride and groom in a Karo wedding ceremony. The newlyweds sing while dancing the *landek*, or Karo dance. The bride and groom sing alternately to each other. They use the calling names of their beloved according to their clans. As they are singing and dancing, family and friends come forward and put money in a basket at their feet or slip money between a couple's fingers as wedding gifts. One of research participants, Mejile (a mother, 29), told her story:

“A few weeks before the wedding I had to learn singing and dancing. Actually, I am not so good at singing and dancing. But we must do both. What would people think if the newlyweds were not singing and dancing at Karo wedding?” (Mejile, a mother, 29)



Picture 7. Newlyweds Singing and Dancing

For a Karo woman, romantic love is reflected in a man calling a woman by her own clan name; this is an important sign that a man is attracted to a woman and is perhaps even expecting her to be his wife. The romance could save her from being viewed negatively as a spinster in society. Being married is likely a dream for all Karo women. Being called by the name of her own clan is a source of pride for the Karo woman. This fact was reflected in my participants' comments:

I will buy and listen to CDs which call me *nande karo*. (Erbunga, a mother, 31)

Actually, I do not like that song of Plato's. But when I heard he was calling my name, *nande nangin*, I really wanted to hear it again and again. (Suari, a mother, 27)

Every Karo woman likes to be called by her clan, *nande iting* or *nande karo* and other *nande*. Even I would play radio channels which broadcast Karo songs calling my *beru*. (Aloi, a mother, 29)

You see the women here are not rational, including me. You just need to put their clan names in one song, and you would get so much money. (Mejile, a mother, 29)

In these comments, we see examples of how *beru silima*, or the name of five clans, is very important to women. They even selected the songs they wanted to listen to based on which ones mention their clan names. The romance in the names of *beru silima*, namely *nande nangin*, *nande iting*, *nande tigan*, *nande biring*, and *nande karo*, is a feature of the Karo identity, and responsiveness to these names is considered part of being a 'true' Karo women.

4.2.2. Karo Language

The other very visible marker of the Karo ethnicity is *cakap Karo*, literally, 'Karo language'. I have chosen the Karo language as a focus on ethnicity because I believe it to be seriously overlooked by academicians as one of the sources of inequality between Java island and the country outside Java. Most of Indonesia, including the Karo people, is bilingual; they speak both Indonesian and their own ethnic languages. Ethnic languages can therefore be used as a differentiator among ethnic groups in this country. The ethnic languages are not only spoken by the elderly, but also by the young. While other ethnic languages have been extinct for years around the world (Moseley, 2007; Evans, 2010; Austin & Sallabank, 2011), many ethnic groups in Indonesia, and especially in Karoland, still use their ethnic languages on a daily basis.

Most of the participants in this research spoke both Indonesian and the Karo language, with the exception of the two grandmothers, Nini Baik and Nini Kasih. Both grandmothers spoke only the Karo language. During my interviews, the mothers and I usually chatted in Indonesian, but sometimes they inserted Karo words to describe concepts that could not be adequately translated into Indonesian. However, when I asked questions in Karo, the mothers could respond fluently in Karo. For Karo people, being seen as able to speak the Karo language is very important. This ability is seen as compulsory and inherited, passed down from generation to generation. This reality is demonstrated in a Karo song which satirised a girl who suddenly was unable to speak the Karo language after living in Jakarta. The title of the song is *Is Melana*, literally, ‘What a Shame’. It is very popular and well-known by almost everyone in Karoland, even though it was released in the 1990’s. The song was modified again in 2014 and is often played on radio stations in Karoland. Some of the lyrics include:

What a shame
She’s just graduated from high school
Go to the capital¹⁷ for studying
Her parents worked hard and sold chicken, pigs and
cattle
so that she could go to the capital

Since been living there for three months
Everything has changed even the style of her dress and
hair

What a shame
Too advanced, too carried away with the times
The worst thing is she pretends that she is not able to
speak Karo language anymore.

This song clearly critiques the influence of modernisation on the use of the Karo language, especially by the youth who have moved to Jakarta and other cities in Java island. For Karo people, modernisation is a threat to the customs of Karo, such

¹⁷ The capital is Jakarta City in Java. This is the capital of Indonesia.

as its language and the style of dress worn by the common people of Karoland. A Karo person feels by speaking Karo reveals their ethnic pride, as well as their fear of losing their language. Before the 21st century speaking Karo was still seen as countrified, while speaking Indonesian was seen as more educated. This attitude is not the case anymore. Nini Cantik (a grandmother, 61), described her memories:

When I was still studying at a college, I had a friend who had just started his study at the same college in Medan. Once a month, he wrote a letter to his father who lived at home village in Karoland. Actually, he did not really like to write letters, but his father urged him to write it because his father was very proud of his son who was a college student of Medan. The most interesting thing was that my friend had to use Indonesian in the letter because, according to her father, it was absolutely futile for young Karo who studied in one of colleges in cities like Medan to still be writing a letter using the Karo language.

Astonishment at me using Indonesian instead of the Karo language indeed arose during my fieldwork in Kabanjahe Karoland. When I bought some vegetables and fruits at a traditional market, I spoke to a young female seller in Indonesian. I used Indonesian because I assumed that as a young person, she would prefer to speak Indonesian. However, I felt she treated me differently than she treated the other people there who used the Karo language. I felt as if she regarded me as if I was an educated person because I was speaking Indonesian. I also remember a time around two decades ago when I visited my ancestral homeland, Juhar village in Karoland. When I spoke in Indonesian, many children who were playing nearby looked at me as if I was the most 'civilised' person. These experiences help illustrate the inequality between ethnic minority groups like the Karo and those working at the centre of government in Jakarta or in other big cities where people mostly speak Indonesian on a daily basis. Notwithstanding the fact that Karo people still use Indonesian at school and in formal institutions, people who speak Indonesian are judged as more superior, more educated, and more 'urbanist'. Bourdieu (1991)

argues that language is not merely a tool for communicating, but also something that can produce power or allow someone to pursue their interests, as well as to show off their competence. Here in Karoland, a person's competence in speaking Indonesian is an indicator of someone's background and capital in terms of education, culture and social class.

People from various ethnic groups throughout Indonesia have their own unique accent when they speak the national language, or Indonesian, which is influenced by their own ethnic language. Because there are so many ethnic groups with their own languages and accents in Indonesia, there really should not be a sense of any one accent being more appropriate than another when speaking the Indonesian language. However, the accents of people from Jakarta and generally the people of Java island are deemed as the most appropriate, the most modern, even the most 'civilised' of accents. My personal experience could serve as an example. Decades ago, when I first arrived to study at university in Yogyakarta on Java island, many people I met smiled in a strange way when I spoke in Indonesian. I realise now that their responses had to do with my Karo accent. It seems that, in accordance with the view of Bourdieu (1991), language, as well as the way it is spoken, can be both 'wrong' and 'right' when it intersects with power and location.

Karo people also struggle to promote their language nationally. Karo is not a well-known language in Indonesia and has always been thought to be the same as the Toba language. Toba is understood nationally as the single representation of Batak. The Karo language is believed to be similar to the Toba language, even though in reality they are very different. When people outside North Sumatera meet a Karo person, they automatically greet her/him with the word *horas* which means 'hello' or 'welcome'. The word *horas* is very popular outside North Sumatera and is often used in television shows. However, the word *horas* does not belong to Karo, but to Toba,

the other Batak. Karo has its own word for greeting people, which is *mejuah-juah*. *Mejuah-juah* is similar in meaning to *horas*, yet *mejuah-juah* also has the connotation of welfare, peace, and well-being. During the fieldwork, my participants told me their views about being greeted in Toba:

It is really annoying me when someone greets me with the word *horas*. I would directly correct their word and emphasise that we are Karo people and have *mejuah-juah*. (Nini Cantik, a grandmother, 61)

I was very proud when famous people of Karo mentioned *mejuah-juah* in television show. (Suari, a mother, 27)

People out there are always wrong to use the word in greeting us. How many times we have to tell them that we have *mejuah-juah*. (Erbunga, a mother, 31)

It seemed to me that most Karo people, including my research participants, take pride in speaking the Karo language and are disappointed when outsiders do not know the difference between the Karo and Toba languages. Nevertheless, *mejuah-juah* once became a trending topic in social media such as Facebook. It happened when Karo-born celebrity Tanta Ginting stated that *mejuah-juah* is his own ethnic word, not *horas*. He made the statement in response to a master of ceremonies who had used the word *horas* when he announced Tanta Ginting as one of the winners of the Indonesian Movie Awards 2016, held on the 30 May 2016 in Jakarta. Tanta Ginting's intervention received praise from many Karo people in social media and elsewhere. This example of unapologetically speaking the Karo language and expressing its salutation in front of outsiders, especially in a forum like television, reflects the ethnic pride of the Karo people.

4.2.3. *Uis Gara*: From Karo Clothing to Karo Fashion

Karo people have their own traditional clothing named *uis gara*, literally, 'red clothing'. It is known as the red clothing because the dominant colour is red

combined with other colours such as black and white. *Uis gara* is very important to the Karo people. It is about not only covering and protecting the body, but also about presenting as a Karo person. Karo people must wear specific clothing for each type of ceremony they attend. From weddings to funerals, the people wear specific of clothing for each specific type of ceremony. The colour of clothing worn at a funeral ceremony is dominated by dark colours, while at wedding ceremonies and new house ceremonies, the colours are brighter.



Picture 8. Karo Women Wearing Uis Nipes Benang Iring (Uniquely Karo Clothing) at a Funeral Ceremony

The people of Karo have about ten types of clothing, including *uis nipes*, *beka buluh*, *kelam-kelam*, *arinteneng*, and *jongkit*, to name a few. Yet *uis nipes*¹⁸ and *beka buluh*¹⁹ are the most popular. Generally, Karo women may put *uis nipes* on one of their shoulders, or sometimes they will wrap it around their waists, while Karo men put *beka buluh* around their necks and shoulders. However, the type of clothing that is worn in ceremonial performances depends on a person's role and whether she or he is a *kalimbubu* (the clan or family of a Karo male's wife) or *anak beru* (the clan

¹⁸ *Uis nipes* is a fabric worn similarly to a shawl. The colour of *uis nipes* is traditionally red, but now it is modified with many colours. It is usually worn by Karo women.

¹⁹ *Beka buluh* is the fabric which is used to cover Karo men's heads, but it is also put around their neck and shoulder. It is also dominated by red colour and combined with white and golden colours.

or family of a Karo male's married sister). If we attended traditional Karo ceremonies, we would identify people's role in *adat* through the types of clothing they wore. Someone who does not wear the appropriate clothing can be regarded as deviant.

As noted by Crane (2000), clothing is a powerful tool in constructing one's identity, such as their social status and gender. She goes on to explain how specific items of clothing such as hats could give signals of occupation, religion, and social class. In Karo tradition, everybody who sees a specific item of clothing is expected to recognise the meaning of wearing it. However, the meaning behind specific clothing is not the only consideration; clothing is also related to behaviour and attitudes toward someone who wears a certain item of clothing. The use of Karo traditional clothing, such as *uis nipes* for Karo females and *beka buluh* for karo males, is the marker of how ethnic identity as well as the gender role are also stabilised.



Picture 9. Children Dancing at the Catholic Church Christmas Celebration in Kabanjahe, Karoland in *Uis Nipes* and *Beka Buluh* (Karo Clothing)

The importance of Karo clothing was apparent in the lives of my research participants. Most of the mothers and grandmothers in my research admitted that they had many different items of clothing. For them, special ethnic clothing must be

worn when attending Karo ceremonies and sometimes church ceremonies. They attended Karo ceremonies, which were usually held on the weekend, at least four times a month. The invitations of Karo ceremonies were not only from their relatives but also from neighbours, colleagues, and church friends. On those occasions, Karo people are required to wear *uis gara*. The guests who do not wear Karo clothing are regarded as non Karo people or as Karo people who lack good manners. Recently, some Karo clothing items have not been worn merely in traditional ceremonies, but are sometimes modified into modern dresses, purses, and handbags.

4.3. Church

I now move on to some of my observations and experiences related to religion while living in Karoland during my fieldwork, as well as memories from my childhood when I used to live in the town. Karo people are said to be religious. Almost all of its people belong to a specific religion. When I asked how the participants in my study, especially the mothers, view their roles as a mother and as a wife, many associated their roles and responsibilities with their religion. Some mothers explained how their belief in God gave them the strength to be a ‘perfect’ mother for their children and a ‘perfect’ wife for their husband, regardless of any problems with their husbands, mothers-in-law or jobs:

Since the death of my mother, I’ve felt the only way to remain strong is surrendering everything to God so that I am able to take care of my son and be a good wife. Moreover, I have told you that previously my husband was a Muslim and till now he hasn’t wanted to come to church every Sunday. But I am still thankful because he is always willing to take me to church. (Teridah, a mother, 31)

My mother-in-law’s words often hurt me. It is really uncomfortable living with your mother-in-law. Everything I do seems to go wrong. But I have no choice because we don’t have money to live in another place. But now I have a principle. If my mother-in-law won’t be changed, then I have to change. Doesn’t the Bible say so? The point is I just need

to pray to God to give me an open hand and a willing heart. What I am thinking now is how to take care of my two sons well. (Meciho, a mother, 35)

When I was on my maternity leave, the school where I worked as a teacher sought someone to replace me. Once I wanted to go back to that school, the headmaster told me that I was no longer needed because there was someone new. I was so sad at that time. But one thing that made me still strong at that time was God. I believed there would be another good fortune. God doesn't sleep. (Matawari, a mother, 27)

It seems that for those mothers, God is explicitly able to relieve their tensions and make them stronger. Religion plays an important role in their lives. It is not only ethnicity, as discussed earlier, but also religion that defines who the Karo people are. When I asked the participants in their interviews what was most important in their lives, whether church, state or ethnic tradition, most of them answered that church was the most important one. I did not doubt their words, because the influence of religion, especially Christianity, was very apparent in their lives. Regarding religion, they had the following to say:

Church teachings are the best because they can lead my children to a better life. (Terkelin, a mother, 30)

I think religion is the most important. It can make my children be more polite, have good manners, and love their parents. Above all, it teaches the understanding of God. (Mesai, a mother, 22)

Church teachings are the most influential in my life. Since I was a child, I have been given the teachings. That's the primary thing in my life. If you are talking about state, honestly I didn't know what the state was until I studied at school. (Megara, a mother, 31)

My religion shows me the way to heaven. It cannot be done by state or even by *adat*. What are we living for if we do not know the way to heaven. It is also my responsibility to teach my children. (Malem, a mother, 33)

Religion, state, and *adat* are the same. I mean, they are the same because I am living here in Karoland. Maybe if I were

living in Jakarta, *adat* wouldn't be so important. (Merandal, a mother, 28)

These mothers saw the importance of religion first for its effect on their children. Their statements relate to how encouraged they felt knowing that they were part of a specific religion that could provide positive teachings to their children. Only Merandal (a mother, 28) stated that religion, state, and ethnic tradition were the same to her.



Picture 10. A Church of Batak Karo Protestant (*Gereja Batak Karo Protestant/GBKP*) in a Dutch Style

Christianity is embedded in the lives of the Karo people. Their lives are difficult to understand without knowing about their relationship with Christianity. However, the Christian churches are relatively new in Karoland. According to Gintings (2015), following the arrival of the Protestant Church missionaries in 1890, the first christening of the Karo people was held on 20 August 1893. Six persons were christened by *Pendeta*²⁰ Wijngaarden: their names were Sampe, Ngurupi, Pangarapen, Nuah, Tala, and Tabar (Gintings, 2015:23). However, only 25 Karo people were christened up to 1900. Gintings argues that the Karo people's persistence in maintaining their old religion, named *Sipemena*, was the biggest

²⁰ In Indonesia, *Pendeta* always refers to Protestant priests while *Pastor* refers to Catholic priests

challenge the missionaries faced. Later, around the 1940's, missionaries from the Catholic Church came to Karoland (Steenbrink 2007). According to the priest in my research, Pastor Kolose (63), membership in the Catholic Church began to grow from the end of the 20th century, especially from 1965 when, as discussed earlier in this chapter, the new order regime forced every citizen to choose one of the five official religions.



Picture 11. A Catholic Church in the Style of Karo Traditional House

Karoland is home to hundreds of church buildings. Each church has several *perpulauan*, or small church communities, to which most of the Karo people belong. The communities focus on people's everyday lives along with their social cultural circumstances. These communities form binding relationships with other members of the church, and church celebrations are regarded as the centre of their lives. All the participants in my study are church members, both Protestant and Catholic. However, most Karo people do not really recognise the difference between Catholicism and Protestantism. I often hear it said: *"It is not important whether you are a member of a Protestant or Catholic Church or whatever your church is, as long as you believe in Jesus Christ"*.

4.4. Conclusion

In this chapter, I have explained the three elements essential to understanding Karo, namely the Karo ethnic tradition, Christianity, and Indonesia as the state. An understanding of these three elements is important because all three strongly influence Karo society, especially in this contemporary era. Each element has its own features, but the three elements need to be seen together to understand Karo. The chapter has also explored Karo's position in the midst of Indonesia as a nation-state. Through examining the history of Karo, one can see how Karo as a minority ethnic group has strived to establish and maintain their 'unique' ethnic identity. This chapter also described how the people negotiate by serving their hidden interests, especially to de-batak themselves. I also presented relevant aspects of Indonesia's history which are useful in imagining who is actually Karo, as a member of this ethnic group in the country. Further, I explored the meaning of ethnicity by using the elements visible on a daily basis in the lives of the Karo people, namely *merga/beru silima* (the five clans of Karo), language, and traditional clothing. These three elements of ethnicity are very important to better know Karo. I provided a brief discussion about Christianity in Karoland, both Protestantism and Catholicism. The churches play a very important role in the lives of the Karo people, and the interviews and observations clearly demonstrated that the research participants, especially the mothers, were religious people. This chapter is considered as the foundation chapter on which I view and present the experiences of Christian breastfeeding mothers in Karoland. In the next chapter, I explore the themes of mothering and motherhood to see how the breastfeeding mothers negotiated with the institutions, namely the church and the state, regarding breastfeeding practices.

Chapter 5. Institutional Perspectives on Motherhood and Breastfeeding in Karoland

The chapter focuses on dominant institutional discourses on breastfeeding and motherhood in Karoland, looking specifically at the discursive construction of breastfeeding and motherhood within Karo traditional culture, within state policies, and church teachings. This chapter demonstrates that the discourses of ideal motherhood and breastfeeding are interlinked. Breastfeeding a baby is seen as intrinsic to motherhood. Breastfeeding is constructed as a natural and desirable aspect of motherhood by both the church and the state.

This chapter begins by discussing the meaning of motherhood in Karoland. The chapter then examines state policies regulating motherhood and aspects of that policy, including breastfeeding. The following section is concerned with church teachings on motherhood and breastfeeding. It should be noted that Karoland is Christian, and the two biggest Christian denominations are Protestantism and Catholicism.

This chapter presents participant observation and interview data from 16 mothers, four grandmothers, four midwives, and two priests to inform the analysis which is also underpinned by analysis of relevant secondary literature. Furthermore, I insert my personal memories and experiences as ‘a partial insider’ to this research. The experiences of living in Karoland until mid-2001, in my view, are useful in investigating the subject of this research. This research finds that there are many similarities between past and current Karo society. The fact that I live on Java island is also valuable in that it allows me to be more reflective in seeing how Karo mothers negotiate their customs with those of Javanese people as expressed in breastfeeding discourse.

5.1. Motherhood in Karoland

5.1.1. *Ibu* and *Nande*

*Ibu*²¹ is a title given to adult women in Indonesia. This term is commonly related to motherhood or to a woman who gives birth and nurtures. However, in Indonesia, upon meeting a mature woman, regardless of knowledge of her age, she is referred to as *Ibu*. This title is a form of respect. It is rude for Indonesians to call a woman by her name without *Ibu* as a prefix. The term is also associated with homeland and country. Indonesia as a country that is often referred to as '*Ibu Pertiwi*' (motherland).

In the era of nationalist pro-independence movements and post-independence, the nation was defined as *Ibu* (Blackburn 2004:148). There are several *lagu wajib dan perjuangan* (obligatory and patriotic songs) that mention *Ibu* or a mother to personify the nation, such as *Ibu Pertiwi* (The Motherland) by Ismail Marzuki, *Ibu Kita Kartini* (Our Mother Kartini) by Wage Rudolf Soepratman, *Indonesia Pusaka* (Indonesia's Heritage) by Ismail Marzuki, and the national anthem, *Indonesia Raya*. Most of these lyrics depict Indonesia as a mother who needs to be defended, who is grieving and being consoled by her children, who nourishes and comforts. Some of the lyrics from *Ibu Pertiwi* are as follows:

I see the motherland
She is grieving
The tears are falling
Fond of gold and diamond

Forests, mountains, fields, and oceans
Storing the wealth
Now mother is burdened
Sighing and praying

I see the motherland

²¹ *Ibu* is a term in Indonesian language that literally translates to 'a mother'.

We come filially
Look at your sons and daughters
Encouraging mother

Mother, we still love you
Your faithful sons
Maintain the legacy
Of the homeland

(Translated from *Ibu Pertiwi* by Ismail Marzuki)

Other lyrics from *Indonesia Pusaka* are as follows:

This is my birthplace
Lulled and raised by mother
The shelter for someone's last days
The place to pass away

(Translated from *Indonesia Pusaka* by Ismail Marzuki)

When I was child, the lyrics of these songs had to be memorised and sung in front of the class in *pelajaran kesenian* (art classes). Every student had pick one *lagu-lagu wajib dan perjuangan* (obligatory, patriotic song), and the teachers would assess whether we had memorised the lyrics and sang the songs in accordance with the correct tones. In each Independence Day celebration, students were also required to sing *Indonesia Pusaka*. In addition to this, every Monday, students and teachers were also required to sing one of the patriotic songs at *upacara bendera* (the flag ceremony). The sense of belonging with Indonesia was created through romanticising and homogenising the concept of *Ibu* in the national songs.

Karo women also 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.²² In Karo society, the name of the first child 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 be referred to as 'Nande Mejile'. People will even eventually forget the woman's real name. The term *Nande* itself is derived from the word *ingan tertande*, which mean '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. This identity means that Karo women are honoured within their society.

Despite the honour afforded to *Nande*, traditional Karo society states that being a 'good' and an 'ideal' mother involves being able to provide offspring to her husband's clan, particularly male offspring, because only boys can continue the existence of family clans (as explained in Chapter 4). This view is common among Karo people. Before Christianity was prevalent in Karoland, men were allowed to be polygamous, particularly when their wives did not give birth to sons. This polygamy can be also seen in the story of Nini Kasih, an 88-year old grandmother whose father remarried to have a son. Similar experiences are easily found among Karo women who lived in the late 19th and early 20th centuries. The story of Nini Kasih's mother illustrates that being a successful and an ideal mother for Karo people involves being able to give birth to boys.

The view has now changed, and it is common to find families without sons and where the father has not remarried. However, most families will still decide to

²² This term is different from Indonesian custom, where the term *Ibu* is used for adult women, regardless of whether they have children or not. In Karo society, it is customary to call adult women *Bik* or *Bibi*, which means 'auntie', instead of *Nande*. However, in Karo traditional society, the term *Nande* is also used to indicate someone as a Karo woman, whether young or old, while the term *Mama* is used for a Karo man. For example, to indicate that somebody is a female from the Ginting clan, she will be referred to as *Nande Ginting*, whereas a man from the same clan will be called as *Mama Ginting*. These *Nande* and *Mama* are often found in typical Karo song lyrics, as discussed in more detail in chapter 4.

have children until they have a son. Not surprisingly, there are still many families who have up to six or more children.

Furthermore, a reflection about an 'ideal' or a 'good' mother is also easily found in Karo song lyrics, such as *Nande* (a mother) by Fitra C. Barus; *Nande Kekelengen* (a beloved mother) by Angelo Purba, *Robah Aku Nande* (I am sorry mother) by Untung Purba, and *Rudang Kegeluhen* (a flower of life) by Sastrawan Tarigan. The following are examples of these song lyrics:

(1)
Despite raining, you keep working, *Nande*
Despite the sun burning, you keep struggling
Falling together your tears and sweat
For nurturing us, your children
Nande

(Translated from *Nande* by Fitra C. Barus)

(2)
Despite the rain
Despite the burning sun
You always struggle
You always stand
For us, your children

You are never hopeless
You are never frustrated
Giving advice
You are a place to lean

How great is your love
Endlessly

(Translated from *Nande Kekelengen* by Angelo Purba)

Most of the Karo song lyrics about *Nande* share a similar theme: a mother who works hard (specifically in the fields) for her children, who sacrifices her happiness for her children, and who serves as advisor to her children. The song lyrics contain a message about a child who regrets not making her/his mother happy because of her/his conditions (poverty) and not listening to the mother's advice.

It is clear that an 'ideal' mother must first meet the basic and economic needs of the children and possess the ability to send her children to university (this is a common view in Karoland). However, having lived in Karoland I am not aware of any specific method of nurturing children, such as breastfeeding, being associated with being a 'good' or 'ideal' mother. The views on breastfeeding in Karoland in relation to 'ideal' motherhood are explored in Chapter 6.

5.1.2. Colonialism

In Indonesia, motherhood is constructed for various purposes by the state. Not only is motherhood the symbol or personification of the state, state discourses of motherhood are constructed in line with its broader interests. There have been shifting discourses constructing motherhood in Indonesia since the establishment of the colonial state (Blackburn 2004).

In the colonial state at the beginning of the 20th century, the dominant discourse of motherhood focused on modernising practices to bring them in line with Western standards, which were perceived to be superior (Blackburn 2004; Gouda 1995). The Dutch assumed that mothers, particularly those in Java, had no knowledge about being a 'good' and a 'healthy' mother because these 'indigenous' communities had no awareness of or education on maternal health, childbirth, hygiene, or childcare. In the colonial state, the women were more traditional than Dutch women. For example, mothers in Indonesia were usually helped by *dukun* or traditional midwives when they gave birth. Indonesian women's knowledge and understanding of childbirth differed fundamentally from that of the Western Dutch women.

According to the responses of grandmothers in this study, namely Nini Kasih (88) and Nini Baik (77), mothers and other Karo women did not go to the hospital when giving birth in the colonial era at the beginning of the 20th century.

Neither of the two women gave birth at a hospital after independence either. These two women did not prepare anything for the birth, stating that:

I didn't go to the hospital when I was giving birth (*mupus*): I just waited for my time. The older women at *Siwaluh Jabu*²³ helped and took care of me. My mother-in-law also came to help me. It was usual for women, including my mother, to be helped by older women of *Siwaluh Jabu* in the past. There were no midwives or doctors in *Kuta* (village). We could only find them in Kabanjahe. Indeed, there were several women in *Kuta*, who knew how to cut *the* placenta. When we felt pain and it seemed that we were going to give birth, we called these women. I said to them that I was in a lot of pain and ready to give birth. When I talked to these women like that, they came to my house. My mother and many other women have had similar experiences. After giving birth, the woman who cut the placenta wrapped my baby with *an old fabric*. I did not breastfeed my baby because I was very weak. The old women in *Siwaluh Jabu* gave my baby water and put me close to the fireplace. It was almost a week before I could breastfeed my baby. (Nini Kasih, grandmother, 88)

I was helped by my mother-in-law when giving birth in the 1960's. No midwives, no doctors. Actually, there were midwives, but only in Berastepu. It is very far from *kuta* (her village). My mother also had similar experiences. No midwives helped her, only older women in the field. After giving birth, my mother-in-law gave the baby warm water. I breastfed my baby the day after. (Nini Baik, a grandmother, 77)

Reflecting on the interviews of those two grandmothers, it may be seen that during the period of Dutch colonialism, traditional birth rituals persisted. Doctors and midwives often encountered difficulties in accessing remote villages. Many mothers had similar experiences in Java during the colonial era. According to Blackburn (2004), women in Java also still preferred traditional methods, particularly in terms of childbirth, despite the availability of doctors and midwives with Western education. However, Java was more advanced than Karoland in terms of the adoption of Dutch-style motherhood. Early women's organisations in Java adopted modern

²³ *Siwaluh Jabu* is Karo traditional house with eight parts that is resided in by eight families. This structure is communal. However, Karo people no longer live in that type of house, and current houses are much more modern.

practices established maternity hospitals, and trained midwives. The involvement of these indigenous women supported, to some extent, the production of 'new Indonesian mothers or women' in Java (Blackburn 2004; Gouda 1995).

Furthermore, abortion was also practiced by mothers in Karoland even before Dutch colonialism. However, there is no documentation stating the view of the colonial state in relation to abortion practices in Karoland. During the colonialist era, Karo mothers practised home abortions. This practice remained common in the post-colonialism era before the widespread use of contraception in the late 1980's. In informal conversations, the grandmothers who contributed to this study namely, Nini Cantik (61), Nini Baik (63), and Nini Anggun (77), told stories about Karo mothers who had had abortions both in their generation and their mothers' generations. The abortion practices were known among Karo women with the term *Ngagoi*, which may be translated as 'taking out'. According to these women's grandmothers, this practice was carried out using a specific plant, *Tengkua*. The Karo mothers performed the *Ngagoi* practices secretly when they had had sons or a large number of children. By performing *Ngagoi*, *these women* could still continue to work in the fields. According to the interviewed grandmothers, time in the fields would be wasted if the mothers got pregnant again and took care of babies.

5.1.3. Post-colonialism: Lady Kartini and *Kebaya*

In the post-colonialist era, the adoration of the sanctity of motherhood manifested visibly in the figure of *Raden Ajeng Kartini* (Lady Kartini). In the figure of Kartini, motherhood and womanhood were combined by the state: To be a woman is to be a mother. Kartini was a Muslim-Javanese woman and a national heroine for Indonesia. Kartini was born on 21 April 1879 into an aristocratic Javanese family, where at that time, Java had been colonised by the Dutch. Kartini's father sent her to a Dutch school in Jepara, Central Java, where she learned Dutch.

Her ability to speak Dutch gave Kartini the opportunity to read Dutch magazines and books. This reading also influenced her perspective on gender discrimination in Java society. At the age of 12, Kartini had to be secluded (*dipingit*), according to Javanese tradition and was no longer allowed to go to the school. During this seclusion, the young Kartini wrote letters to her Dutch friends, who lived in the Netherlands, about the Javanese tradition of gender discrimination. Kartini's letters were published in the Netherlands by J. H. Abendanon (1911), the director of Colonial Department of Education. According to Taylor (1974, 1976), Abendanon was a key person in constructing the figure of Kartini. Taylor (1974:84) stated "in Kartini, he (Abendanon) had perceived the best product of Dutch education, and he promoted her thoughts and aspirations as a demonstration of the righteousness and success of the Ethical Policy". The title of the published letters is *Door Duisternis tot Licht* (Through Darkness into Light), which was translated into Indonesian as *Habis Gelap Terbitlah Terang* (Kartini 2009) and into English as *Letters of a Javanese Princess* (Kartini 1976). Her letters, on gender discrimination in Java society and Dutch colonialism inspired pro-independence Indonesian activists to oppose Dutch colonialism.



Picture 12. Lady Kartini²⁴

Kartini's marriage was arranged by her father, and she married the regent of Rembang (a Javanese district), who already had three wives and twelve children. With her husband's approval, Kartini started her own school for Javanese girls. Kartini died at the age of 25 in 1904 when giving birth to her first child.

Kartini's birthday, which falls on 21 April is celebrated annually as Kartini Day and is referred to as Women's Emancipation Day. The celebration emphasises the idea of 'modern Indonesian women', although women are still obliged to be mothers according to this concept, and so *Ibu* comes before Kartini's name. Moreover, on the day of celebration, most women wear the traditional *Kebaya*. The symbol of celebration appears in wearing *Kebaya*. Every schoolgirl, working class woman, career, and professional woman wears *Kebaya* in their workplace or school in order to show that they are celebrating Kartini's day. *Kebaya* itself is a national dress for Indonesian women. This dress can be made from a variety of materials such as silk, cotton, lace, semi-transparent nylon, or polyester. Nowadays, the *Kebaya* is adorned with many types of embroidery and designed in a more modern style.

²⁴ Source: <http://mitrawacana.or.id/wp-content/uploads/2013/04/RA-Kartini.jpg>

Kartini is always portrayed in *Kebaya* because, in her era, the dress was worn by all women, including Dutch women. The most visible contemporary legacy of Kartini is not the understanding of the spirit of her published letters, but instead her wearing of the *Kebaya*. According to Lukman et al. (2013), *Kebaya* was the traditional clothing for women in Java. However, at the end of 19th century, Dutch women also started to wear *Kebaya*, which was then modified with more luxurious fabric and decorated with white lace imported from Europe to differentiate the Dutch women from indigenous Indonesian women. The modification to the *Kebaya* was made to affirm the hierarchical relations between the two racial groups. Because of the common depiction of Kartini in the *Kebaya*, it seems that every Indonesian woman regardless of ethnic group, should imitate the way she looked, including her hairstyle. It is not Kartini's ideas, struggles, sadness, or even her *Habis Gelap Terbitlah Terang* book that is elaborated and discussed to celebrate Kartini Day, but rather it is to perform *Kebaya*, which is more important. The restrictive nature of the *Kebaya* seems to be at odds with the celebration of women's emancipation associated with Kartini.



Picture 13. Karo Women Wear a Combination of *Kebaya* and *Uis Nipes* (Karo traditional clothing) at a Wedding Ceremony

When asking participants about the most iconic figure of the Indonesian woman, most of them mentioned *Ibu Kartini*. None of these participants had ever read Kartini's letters but were of the idea that she was an ideal mother and career woman. For these women, Kartini is the symbol of an educated Indonesian motherly woman. Some of them stated that:

Ibu Kartini is probably my favourite figure (*laughing*). You know, she struggled so that women could go to school. Because of her, we not only become housewives and mothers, we can go to school and work. (Terkelin, a mother, 30)

Kartini is definitely my favourite figure. A long time ago, only men could go to school, while women stayed at home. Now we can be both housewives and professionals (Megara, a mother, 31)

Ibu Kartini struggled for us to be able to go to school. (Mehuli, a mother, 21)

Women are not inferior to men. In fact, we are more powerful than men. It's all because of Kartini. We can be both as a mother to our children and work. They (men) could not do that. (Dalin, a mother, 28)

These women's comments were unsurprising. Once a year, Indonesians celebrate Kartini Day and everybody knows the song *Ibu Kita Kartini* (Our Mother Kartini), which means that all Indonesians are familiar with Kartini. The constructed Kartini is strong; a modern woman, an educated woman, and a mother. The state, through the song, emphasises *Ibu* before her name. *Ibu*, which means mother, was given to Kartini though she died before having time to care for or breastfeed her baby, and so she could not act as a mother. The following are the lyrics of *Ibu Kita Kartini*:

Our mother (*Ibu*) Kartini
The true woman
The woman of Indonesia
Her fragrant name

Our mother (*Ibu*) Kartini
The warrior of the nation
The warrior of her people (women)

For emancipation

Oh, our mother (*Ibu*) Kartini
The noble princess
Her ideas were so great
For Indonesia

(*Ibu Kita Kartini* by Wage Rudolf Supratman)

According to Taylor (1976), using the word *Ibu* before Kartini's name emphasises her domesticity. Kartini, with her ideas of emancipation and rights for women, whether or not they are married, is defined by the state first as *Ibu* and second as an independent and modern woman. Because of *Ibu*, Kartini is memorable and perceived as a 'a true woman'. Her status also suggests that to be a 'perfect Indonesian woman', a woman must be both an educated and a mother.

Further, combining the *Ibu* and the *Kebaya* in the self of Indonesian woman makes state more powerful in controlling, domesticating, and taming women. The *Kebaya*, which restricts the movement of women's bodies, is worn by most Indonesian women including my mother, my sisters, and I. Karo women have entire collections of *Kebaya*, not just one or two. Indonesian women often have a dozen *Kebaya* because they are not just worn in celebration. *Kebaya* are worn as costume in many ceremonies, such as traditional weddings, Christmas and Easter celebrations, churching, official ceremonies at offices, and funerals, while we ignorant that this costume makes us less mobile. When attending Karo traditional ceremonies, women wear *Kebaya* combined with *Uis Nipes* (traditional Karo clothing). Participant Suari (a mother, 27), who is also a dressmaker, told me how busy she was making *Kebaya* for Karo women during Christmas and Easter. Even the wives of state officials wear *Kebaya* in public, including the first lady. The wife of President Soeharto, *Ibu* Tien Soeharto, always appeared wearing *Kebaya* in public, whereas other first ladies tend to wear 'modern' dress in public. A woman

who does not wear *Kebaya*, particularly in ceremonies such as weddings and celebration of Independence Day, is regarded as ‘deviant’.

Kebaya performs someone as ‘truly’ woman, as an *Ibu*. Wearing *kebaya* signifies that every woman is destined to be a mother. *Kebaya* is also seen as a symbol of Indonesian womanhood. The participants told me that they felt proud in *Kebaya*, even though they also admitted that wearing the dress meant that it was difficult to breastfeed their babies. There is a contradiction between the performance of state motherhood (*Kebaya*) and the experiences of breastfeeding mothers. The mothers in this study said that:

It is impossible to not wear *Kebaya* in *Kerja Adat* (a traditional ceremony). People would badmouth us. However, it was difficult to breastfeed my baby who was crying and hungry. It was so difficult to breastfeed my baby because my *Kebaya* has so many buttons. (Malem, a mother, 33)

I have to wear *Kebaya* in ceremonies. Moreover, I am a *Nande* (a mother). Sometimes, I’ve been too lazy to wear it because I was breastfeeding, and so my husband goes to ceremonies without me. If someone asks my husband where I am, we have the perfect reason: I stayed at home because my baby is unwell. (Matawari, a mother, 27)

5.2. State Regulations on Child Numbers and Breastfeeding

5.2.1. *Keluarga Berencana* (Family Planning)

In addition to the contemporary mandatory breastfeeding law, the state has also introduced a programme to control the numbers of babies born where population growth is seen as an impediment to development. This programme is known as *Keluarga Berencana* (*KB*), which may be translated as Family Planning. The efforts to control the population as a national programme started in the 1970’s during the regime of Suharto (1966-1998). The phrase ‘*Dua anak saja cukup*’ (two children are enough) is portrayed as the ideal family structure. This phrase has been used to counter the common expression among Indonesian families ‘*banyak anak*,

banyak rejeki' (many children, much good fortunes). Before introducing the *KB programme*, it was common for a family across the region of Indonesia to have up to ten children.

The *KB programme* was successful, as illustrated in Table 8, which shows the fertility decline in Indonesia between the late 1960's and the end of the 1970's (Hull et al. 1977; Hull 1994; McNicoll & Singarimbun 1983; Warwick 1986). However, it may be argued that the woman was the primary object of this programme because their maternal bodies were always chosen, treated, and controlled through methods of contraception, while no method specifically targeted men. According to McNicoll & Singarimbun (1983), the success of *KB*, particularly in Java and Bali, as the most populated islands, was due to the widespread use of contraception. In such a context, couples, particularly women, decided to use contraception early in their marriages. The programme was backed by the Suharto regime (Hull et al. 1977; Hull 1994; Warwick 1986).

In its early stages, the regime focused on Java and Bali as the most populous areas in Indonesia, and thousands of clinics were built to promote and implement the programme. Access to contraception was made easier and cheaper. Due to the programme's success in Java and Bali, *KB* was extended to areas outside Java and also brought success, which was shown through the decline in fertility. The programme not only has support from the government, but is also viewed positively by Islamic organisations and is still used today, though not as aggressively as during Suharto's governance (Menchik 2014). However, the paradigm of the 'small family' is commonly accepted, and the government continues to support family planning programmes (Hull & Mosley 2009; Menchik 2014).

Table 8. Fertility Rates in the Provinces of Indonesia in 1971, 1980, 1985, 1990, 1991, 1994, 1997, 1998, 1999, 2000, 2002, 2007, 2010, and 2012

Province	1971	1980	1990	1991	1994	1997	2000	2002	2007	2010	2012
Aceh	6.27	5.24	4.37	3.76	3.30	2.81	2.44	-	3.10	2.79	2.80
Sumatera Utara	7.20	5.94	4.29	4.17	3.88	3.10	2.84	3.00	3.80	3.01	
Sumatera Barat	6.18	5.76	3.89	3.60	3.19	3.06	2.95	3.20	3.40	2.91	2.80
Riau	5.94	5.44	4.09	-	3.10	2.77	2.45	3.20	2.70	2.82	2.90
Jambi	6.39	5.57	3.76	-	2.97	2.67	2.37	2.70	2.80	2.51	2.30
Sumatera Selatan	6.33	5.59	4.22	3.43	2.87	2.88	2.33	2.30	2.70	2.56	2.80
Bengkulu	6.72	6.20	3.97	-	3.45	2.68	2.49	3.00	2.40	2.51	2.20
Lampung	6.36	5.75	4.05	3.20	3.45	2.65	2.42	2.70	2.50	2.45	2.70
Bangka Belitung	-	-	-	-	-	2.60	2.53	2.40	2.50	2.54	2.60
Kepulauan Riau	-	-	-	-	-	-	-	-	3.10	2.38	2.60
DKI Jakarta	5.18	3.99	2.33	2.14	1.90	1.63	1.66	2.20	2.10	1.82	2.30
Jawa Barat	6.34	5.07	3.47	3.00	3.17	2.51	2.28	2.80	2.60	2.43	2.50
Jawa Tengah	5.33	4.37	3.05	2.85	2.77	2.06	2.14	2.10	2.30	2.20	2.50
DI Yogyakarta	4.76	3.42	2.08	2.04	1.79	1.44	1.79	1.90	1.80	1.94	2.10
Jawa Timur	4.72	3.56	2.46	2.00	2.22	1.71	1.87	2.10	2.10	2.00	2.30
Banten	-	-	-	-	-	2.72	2.37	2.60	2.60	2.35	2.50
Bali	5.96	3.97	2.28	2.00	2.14	1.89	2.03	2.10	2.10	2.13	2.30
Nusa Tenggara Barat	6.66	6.49	4.98	3.82	3.64	2.92	2.69	2.40	2.80	2.59	2.80

Nusa Tenggara Timur	5.96	5.54	4.61	-	3.87	3.37	3.46	4.10	4.20	3.82	3.30
Kalimantan Barat	6.27	5.52	4.44	3.94	3.34	2.99	2.62	2.90	2.80	2.64	3.10
Kalimantan Tengah	6.83	5.87	4.03	-	2.31	2.74	2.21	3.20	3.00	2.56	2.80
Kalimantan Selatan	5.43	4.60	3.24	2.70	2.33	2.33	2.30	3.00	2.60	2.35	2.50
Kalimantan Timur	5.41	4.99	3.28	-	3.21	2.50	2.32	2.80	2.70	2.61	2.80
Sulawesi Utara	6.79	4.91	2.69	2.25	2.62	2.12	2.10	2.60	2.80	2.43	2.60
Sulawesi Tengah	6.53	5.90	3.85	-	3.08	2.75	2.81	3.20	3.30	2.94	3.20
Sulawesi Selatan	5.71	4.88	3.54	3.01	2.92	2.56	2.55	2.60	2.80	2.55	2.60
Sulawesi Tenggara	6.45	5.82	4.91	-	3.50	3.31	3.14	3.60	3.30	3.20	3.00
Gorontalo	-	-	-	-	-	2.70	2.63	2.80	2.60	2.76	2.60
Sulawesi Barat	-	-	-	-	-	-	-	-	3.50	3.33	3.60
Maluku	6.89	6.16	4.59	-	3.70	3.39	3.29	-	3.90	3.56	3.20
Maluku Utara	-	-	-	-	-	3.17	3.04	-	3.20	3.35	3.10
Papua Barat	-	-	-	-	-	-	-	-	3.40	3.18	3.70
Papua	7.20	5.35	4.70	-	3.15	3.28	2.38	-	2.90	2.87	3.70
INDONESIA	5.61	4.68	3.33	3.00	2.85	2.34	2.27	-	2.6	2.41	2.60

Source: Population Census 1971, 1980, 1990, 2000, and 2010; Survei Demografi dan Kesehatan Indonesia (SDKI) 1991, 1994, 1997, 2002, 2007, and 2012²⁵

²⁵ Source: <https://www.bps.go.id/statictable/2009/02/20/1271/angka-fertilitas-total-menurut-provinsi-1971-1980-1985-1990-1991-1994-1997-1998-1999-2000-2002-2007-2010-dan-2012.html>

However, *KB* was not particularly successful during the regime of Suharto (1966-1998) in Karoland. The lack of success can be seen through the experiences of grandmothers in this study, many of whom have had more than two children. Furthermore, my mother, aunts, and other older Karo women I know have had more than three children. The failure of *KB* in Karoland, particularly during the Suharto regime, was further illustrated when the mothers in this study admitted that each of them had more than two brothers or sisters. According to Nini Cantik (61) and Nini Baik (63), mothers of their generation viewed the use of contraception as potentially dangerous.

Table 9. Number of Children

No	Categories of participants	Anonymized names	Age (Years)	Number of children
1	Mothers (16 participants)	Teridah	31	1
		Megara	31	2
		Malem	33	2
		Aloi	29	1
		Terkelin	30	2
		Rende	24	1
		Merandal	28	2
		Merim	31	3
		Matawari	27	1
		Erbunga	31	3
		Dalin	28	1
		Meciho	35	2
		Suari	27	2
		Mesai	22	1
		Mejile	29	1
		Mehuli	21	2
2	Grandmothers (5 participants)	Nini Cantik	61	5
		Nini Anggun	63	4
		Nini Cinta	57	3
		Nini Baik	77	6
		Nini Kasih	88	3

However, the data collected from the young mothers who contributed in this study was different. Young mothers were more open to using contraception. Teridah (31) was the only mother in this study who did not use contraception and fell pregnant when her baby was a year old. Teridah felt miserable and guilty,

particularly towards her one-year-old baby. When she discovered that she was three months pregnant, Teridah tried to avoid me when I called her and tried to arrange an interview time. I assured her that everything would be fine and she did not need to be worried. Once she was able to calm down, she sent me a message asking me to meet with her. Teridah told me that her pregnancy was unexpected, and she was not ready to care for another child. She was suffering from economic problems and had chosen to breastfeed because it was cheaper than formula milk.

The other mothers admitted that they used methods of contraception, namely the intrauterine device (IUD), which is also commonly referred to as the *spiral*. The *KB* is also commonly known as a method of contraception itself. People used to mention *KB* instead of methods such as the IUD. According to the mothers in our informal conversations, the decision to use this method was influenced by midwives and convenience. Other methods of contraception, such as the *pil KB* (progestogen-only pill), *suntik KB* (contraceptive injections), and *susuk KB* (contraceptive implant), were regarded as complicated because the women were worried that they would forget to take a pill or go to be injected. When I asked participants about the numbers of children that they wished to have, most stated two children. However, many women have three children because of societal pressure to have male offspring.

The desire to have just two children is also why many women choose to use contraception. The mothers who used contraception or *KB* also explained that their motivation to have two or three children was primarily because of their financial status. This tendency to have a smaller number of children is in contrast to traditional culture, where many families had more children. Nuclear families tended to have four or five children, particularly if they did not already have a boy. The mothers in this study informed me of the following:

Two children are enough for me. My family is already complete. It's not because I have already two. Someday, I'm going to be too tired to send them to school because I would not spend much money on their education. But if I didn't have a son already, I would try to have more children (*laughing*). (Suari, a mother, 27)

Actually, two is enough. But my husband wanted more children, so we now have three children. (Merim, a mother, 31)

Having two children is better and means we're not busy all the time. Also, when I was pregnant with my most recent child, I had trouble with my health. My feet were swollen and I couldn't walk. I am still traumatised by that experience and don't want to think about giving birth anymore. I shouldn't be telling you this, but I'm still traumatised. (Rende, a mother, 24)

Two children are enough. However, I hadn't had a boy, so I want more. Finally, God gave us a son as a third child. (Erbunga, a mother, 31)

Two is much better. Nowadays, everything is about money, including education. If you want to give the best education to your children, please don't have more than two children. You have to pay a lot: life is really hard. (Mejile, a mother, 29)

I prefer to have three children because two is too little (*laughing*). When my youngest child reaches two, I'm going to have more children. (Megara, a mother, 31)

I think the ideal number of children is two, particularly if they're a girl and a boy. Life with two children complete. (Mesai, a mother, 22)

Abortion is illegal in Indonesia, as regulated in Law No. 32/1992. Abortion is seen as a criminal act, and those who participate in abortion are punished. The law mentions that, in some cases, it is acceptable to perform an abortion in the case of a medical emergency to save the life of the pregnant women. However, in Karoland, abortion is often performed for financial reasons. Even though large-scale abortion occurred largely during the generation of the grandmothers who contributed in this

study, according to Nini Cantik, Meciho, and Malem, there are still mothers in Karoland who receive abortions in hospitals and clinics for financial reasons.

5.2.2. Exclusive Breastfeeding

One of the key ways in which the state attempts to regulate motherhood, and breastfeeding in particular, is through the breastfeeding Indonesian Health Law 36 (2009). In addition to mandating breastfeeding for six months and criminalising those who hinder breastfeeding, the law requires doctors, hospitals, clinics and those who manage public buildings such as offices, shopping malls, etc. to support breastfeeding mothers with lactation rooms. However, the law does not reference the heterogeneity of women in Indonesia nor discuss the preferences of women in other parts of Indonesia, such as in Sumatera, Kalimantan, Sulawesi, and Papua who have different traditions to those in Java. The law also does not examine different issues across Indonesia, such as lack of health information, which includes public health law, a lack of medical staff, and whether it is necessary to provide lactation rooms.

One of the key ways to understand the implementation of the law in Karoland is through the practice of midwives who are the professionals required by the state to socialise the law. In this research, the midwives ranged in age and experience. The younger midwives included Anas (26) and Arta (32), while the older midwives included Natal (48) and Vena (45). Before investigating their awareness of the law, I asked the midwives about their understanding of exclusive breastfeeding, they stated the following:

Exclusive breastfeeding is a must for infants between 0-6 months. They do not eat solid food during that time because breastmilk is enough with its DHA. DHA is crucial for brain development. Moreover, the colostrum, or early milk, which is yellowish, is very good for a baby's immune system. Until six months old, babies cannot be fed with solid food. That is exclusive breastfeeding. (Anas, midwife, 26)

Since they are born, babies receive only breastmilk until six months old. However, I think that we should give them water if they have medicine. Yes, only water! No solid food! Their intestines are not strong enough. Unfortunately, many mothers here (Karoland) start to give solid food to babies when they are 3 or 4 months old in the form of biscuits and bananas. Hungry babies are always their reason. They say the babies cry all the time. It's ridiculous, they might be crying because there are ants in their clothes. (Arta, a midwife, 32)

Exclusive breastfeeding starts when a baby is born and means that we cannot give anything except breastmilk to a baby. When a baby is six months old, we can give it biscuits or rice porridge. (Natal, a midwife, 48)

Every mother should know about exclusive breastfeeding. It is very good for babies, so she should only give the baby breastmilk. She is prohibited from giving the baby biscuits, water, or any solid food to a baby under six months. (Vena, a midwife, 45)

It was clear that the midwives understood the meaning of exclusive breastfeeding. According to the Health Law, exclusive breastfeeding applies to babies under six months and does not allow for any additional water and food (DPR 2009). The interview responses suggest that the midwives also understand the importance of exclusive breastfeeding. Arta (32) even complained that most Karo mothers gave their new-born babies solid food. All midwives in this study said that they had studied and practiced midwifery for years. Before running their own clinics, these midwives were also required to do internships in other midwife clinics and obtain a license from the head of *Puskesmas* (the local hospital) to practice midwifery.

According to what these midwives had studied, exclusive breastfeeding was always recommended for new mothers. The midwives also highlighted the importance of early breastfeeding. Anas (a midwife, 26), for example, stated the following:

Once a baby is born, it is placed near the mother's breast to search for the nipple. This is called kangaroo mother care or

skin-to-skin contact and is the early initiation of breastfeeding (*literally in Indonesian: Inisiasi Menyusui Dini/ IMD*). The smell of a baby's hand is almost similar to the smell of breastmilk, and so the baby seeks a similar smell. It usually takes a baby 15-20 minutes to find the nipple. Both mother and baby should be undressed. The early initiation of breastfeeding is also good for mothers in preventing bleeding.

The understanding of Anas, a midwife in Karoland, was similar to the perspective of the state. According to the Health Ministry, every mother is expected to start breastfeeding soon after birth because it provides benefits for both mother and baby, such as preventing maternal bleeding (Kementerian Kesehatan, 2014).

However, based on my interviews with midwives, it was not possible to ensure exclusive breastfeeding. Exclusive breastfeeding was not always performed by midwives when they perceived that there were limitations to a woman's ability to breastfeed, namely a mother being too weak to breastfeed after giving birth. The midwives recounted their experiences, stating the following:

I do know the information about the ideal benefit of colostrum for a baby. However, according to my real experiences as a midwife, it is almost impossible to breastfeed directly once a baby is born. Why? Because mothers are too weak. I do understand about this feeling. That's why I always prepare formula for newborn babies. The formula is very helpful. (Natal, a midwife, 48)

It is not easy to ask mothers to perform the early initiation of breastfeeding. They're often too weak to do it. Normally, I give babies bottle milk until the mother is strong enough to handle breastfeeding. (Arta, a midwife, 32)

Giving formula is such a normal practice once a baby born. We need to consider the condition of mothers after giving birth. (Vena, a midwife, 45)

It seems that the midwives are pragmatic in their approach to breastfeeding. The 'formal' breastfeeding discourse contradicts the midwives' practices, particularly in Karoland. Further, when I asked the midwives about the breastfeeding law, none of them were aware of the law. According to midwives, there was also no evaluation or control from the Health Ministry or representatives

in Karoland, particularly in overseeing the implementation of exclusive breastfeeding. The midwives stated:

I don't know about any information related to the law you mentioned. (Anas, a midwife, 26)

I never heard about the law. The local government did not inform us about it. (Arta, a midwife, 32)

I have no idea about the breastfeeding law. Even though Karo people know any information about such a law, I am very sure they won't abide it. (Natal, a midwife, 48)

5.3. *Mary “Mother of Jesus”*: The Church’s View of Motherhood

The church's teachings on motherhood are related to morality and spirituality. For the church, marriage is a prerequisite to motherhood. Before becoming a mother, a woman should first be married. In this research, Pastor Kolose shared the teachings of a pre-marriage course, stating that future brides and grooms were taught for the first time about the motherhood and the fatherhood:

Every man and woman who are going to marry should understand the meaning of being a mother and a father. In our pre-marriage course, we teach them that being parents involves teaching Christianity to their children. In being mother and father, couples should fulfil their responsibilities to their children. These responsibilities include not only loving them, but also being financially responsible for them. Priests interview couples before allowing them to marry. The bride practises her wedding vows in front of the priest. The vow is not only about being a faithful wife or husband, but also about their promise to take care of their children. The holy family of Nazareth could be an example. (Pastor Kolose, Catholic priest, 63)

Based on the response of Pastor Kolose, it can be seen that motherhood is related to love and responsibility. Pastor Kolose also mentioned the holy family of Nazareth, which consists of Jesus ‘the son’, Mary ‘the mother’, and Joseph ‘the father’. In every wedding ceremony, both the bride and a groom pray before the statue of the holy family of Nazareth, which serves as a symbol of hope for a new family. This

symbol also signifies that the collaboration between a wife and a husband is needed in constructing the idea of motherhood. Similarly, a Protestant priest from the Protestant Church of Karo (GBKP), Pendeta Titus (30), also stressed nurturing as a component of motherhood in which the husband's involvement is key:

A major challenge of the church is still the Karo culture's tradition of subordinating women. To counter this subordination, we teach the bride that both of them are equal but complementary, particularly in nurturing their children. A husband should not feel ashamed when he is asked to do household chores such as washing the dishes, which is still not common for men in Karo society. However, a wife is also required to respect her husband. As a mother and a father, men and women have to set positive examples for their children. They are responsible for shaping the morality of their children based on the love of Christ. (Pendeta Titus, Protestant priest, 30)

According to Oh (2010), within Christian ethics motherhood is always associated with principles such as selflessness and unconditional love. Christianity, particularly Catholicism, idealises Mary the Mother of Jesus as the symbol of an 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 (Oh 2010). Similarly, Daly (1975) argues that motherhood is a privilege for women, particularly when it is connected to the image of Mary, arguing that:

The greatest model of motherhood is, of course, Mary, Mother of Christ. In the conception of Christ, Mary is Virgin and alone in dialogue with God. No man has a part in this dialogue which determined the entire course of history. The entry of God into our history depended on and waited for the consent of a woman. Christ has no human father. Woman alone decides the temporal and eternal destiny of humanity. (Daly, 1975, p. 25)

Women alone are seen as the channel of 'salvation' and closest to God, although they are excluded from priesthood in the Catholic Church. However, women in the

Protestant church can be ordained, though, according to Pendeta Titus, the participation and roles of female priests are not the same as those of male priests:

GBKP is inclusive enough, particularly in terms of gender equality. It can be seen from the number of women who are chosen as priests. The number even outnumbers men. However, one of the obstacles often encountered by female priests is their responsibilities as mother and wife. When they should be on maternity leave, for example, they lose a lot of time at work. When these priests are preaching at the church and her baby is crying, so their husbands have to carry the babies out of the church. Of course, these issues can cause difficulties. These priests will be judged as bad wives and mothers. Moreover, if female priests are placed in remote areas, there are even more problems. This situation is a dilemma for *GBKP*. (Pendeta Titus, Protestant priest, 30)

Based on his experiences, Pendeta Titus stated implicitly that the members of his church expected women to be mothers. For these church-goers, a mother and a wife were the ideals of a Christian woman. Being a good woman involves fulfilling domestic duties such as taking care of husband and children before considering duties as a priest. This opinion contradicts with the Pendeta Titus' statements about the willingness of the church to accept women as priests.

Furthermore, the expectations of women to be 'good' mothers and caregivers in expressing love to their children are embodied in the devotion of Mother of Jesus. A number of Catholic traditions are devoted to Mary, such as the Marian devotions during May and October. In Kabanjahe, Karoland, every small Catholic community or *Perpulungan* arranges Rosary prayers regularly in these two months. When I lived in Karoland before 2001, the Catholic youth community held a Rosary prayer once a week in May and October at every community member's house in rotation. During the fieldwork of this study, I also attended church community meetings when I was living there. I observed how enthusiastic the members of the community were their devotions. However, the enthusiasm was only tangible when they were gathering. There were almost no personal rituals of

Rosary prayer. Therefore, it may be argued that religion is interpreted by most Karo people as a social rather than personal practice (Kipp 1996).

Most Christian mothers, both Catholic and Protestant, mentioned Mary as the perfect image of the mother in their religion, arguing that Mary was the mother of Jesus and served as an example of mothers. There were 7 Catholic mothers and 9 Protestant mothers who participated in this research. Only two of these mothers mentioned women in the Old Testament: Suari (27) named Ruth as the perfect example; and Matawari (27) mentioned Esther. Ruth is the model of a loyal mother, whereas Esther was valued for her leadership. Christian Protestant women also named Mary as the perfect example of a mother, although the figure Mary in Protestantism is seen only as an earthly mother of Jesus. Protestantism does not give as much attention to Mary as Catholicism does. In terms of 'the perfect image of the mother', some mothers of this research stated the following:

Mother Mary is definitely the perfect image of a mother. She always sacrifices her own interests. (Mejile, a mother, 29)

The mother of Jesus is a perfect example for every Christian mother. She really loved her son, Jesus. (Dalin, a mother, 28)

Mother Mary is the perfect figure. (Merandal, a mother, 28)

Mary is mother to all of us. She is a perfect mother and wife for Joseph. (Terkelin, a mother, 30)



Picture 14. Members of Perpulangan (Small Christian Community) St. Petrus Singing at a Christmas Celebration at Jambur (Karo traditional hall) in December 2015

This research also finds that the priests held some negative opinions on contemporary motherhood. While these priests praised Karo women for being hard working, they also criticised them for using contraception and abortion, stating the following:

Honestly, I am very proud of Karo mothers here. I don't know if you've heard about their demonstrations against the local government last year. They were very brave to express their needs related to the welfare of their families. They were more heroic than men. They were very bored of the corruption and nepotism here. However, beyond that, most of mothers in Karoland are stubborn. Why do I say this? Because abortion is still common her. Also, they don't feel guilty using contraception. The church doesn't support these practices. However, it is difficult to force them to change because we don't have a strict sanction and our duty is only giving recommendation to do good things. It is more complicated because the state supports contraception. (Pendeta Titus, Protestant priest, 30)

It is true that there has been a rapid growth of members of the Catholic Church in Karoland recently. Karoland is not a mission field anymore but it has changed into the works of Catechism (Catholic teachings). It means that the Roman Catholic Archdiocese of Medan needs to make sure people understand Catholic teaching. However, it is not that easy, especially for mothers. They are indeed active in every activity of the church but many of them still get abortions or use contraception. As a priest, I understand the financial situation. But whatever the reason, it is not acceptable in the Church. (Pastor Kolose, Catholic priest, 63)

Based on the interviews, it is clear that priests opposed the use of contraception and abortion among mothers in Karoland. The Catholic Church also opposes abortion in Canon Law 1398²⁶, which states that those who participate in abortions are ex-communicated from the church. The use of contraception is also prohibited by the Catholic Church because it is seen as immoral and sinful, as mentioned in Encyclical Letter *Humanae Vitae*²⁷. Many denominations of Protestantism also oppose abortion, though many support contraception as a responsible method of family planning (Albrecht 2003; Schenker 2000). However, churches in Karoland, both Catholic and Protestant, do not establish clear sanctions and punishments for contraception and abortion, as expressed by the priests participating in this study.

5.3.1. Breastfeeding for Religious Mothers

In this study, Christian views on breastfeeding practices are reflected in the interview with Protestant priest Pendeta Titus and Catholic priest Pastor Kolose, who state the following:

Breastmilk is not merely for the health of children, but also a representation of the love between mother and child. The role of mother cannot be replaced by others, such as baby sitters, because only mothers provide unconditional love to their children. When a mother breastfeeds her baby, she also starts to give education to her child. It is an education of love. (Pastor Kolose, Catholic priest, 63)

It is clearly mentioned in the Bible the relationship between husbands and wives. A wife should be a mother responsible for giving love to children. It is no problem when a husband does domestic work such as washing dishes but only a mother can have the closest relationship with her children. She is the one who is pregnant and breastfeeding. (Pendeta Titus, Protestant priest, 30)

²⁶ Source: http://www.vatican.va/archive/ENG1104/_P57.HTM

²⁷ Source: https://w2.vatican.va/content/paul-vi/en/encyclicals/documents/hf_p-vi_enc_25071968_humanae-vitae.html

The two priests declared that breastfeeding practices were the ‘natural’ function of women. This function is the primary role of women and cannot be fulfilled by anybody else. Both priests stressed the ways in which breastfeeding strengthened the bond between mother and child. Pastor Kolose saw breastfeeding as an education of love and an expression of an unconditional love from mother to child. Pope John Paul II, in the seventeenth of his Pontificate, praised and mothers who sacrificed their interests to experience motherhood (IOANNES PAULUS PP. II, 1995). The Pope called those women ‘heroic mothers’, particularly those who breastfed their babies (Melchior (2008)).

It was clear from the interview responses that breastfeeding was seen as an honourable act for Christian women. Both priests mentioned many times that breastfeeding was an ideal practice for ensuring love between mother and child. These priests stated believed that, through breastfeeding, the possibility of raising a good Christian child is greater. The practice is also a proof of love for religious women. The priests stated the following:

If you ask me for the meaning of religious, my answer is when you are able to express your love to your family, including your parents, your husband, and your children. It is not when you are active in the church, praying every day, or attending mass every Sunday that you are called as a religious person. The most important thing is being responsible for your vocations. Most people believe that money can give their children happiness. This is not always right. You ask me about breastfeeding and I say that it is the important component of a religious women. She sacrifices her time and life for her child. To be religious is to love. (Pastor Kolose, Catholic priest, 63)

There are so many female figures in the Bible who sacrifice their lives for their children through breastfeeding. From Eve to Mary, we can see the message of salvation also supported by women. However, their support does not involve preaching or teaching, but taking care of their children. The children are then able to become significant figures in the Bible. Do you know Hannah, the wife of Elkanah, who faithfully breastfed her baby Samuel? Samuel became a great person. He has been remembered for his strength. It was

because of his mother's breastmilk that he could become a great person. (Pendeta Titus, Protestant priest, 30)

However, the priests said that, even though the church supported breastfeeding, there were no special campaigns promoting breastfeeding in Karoland. The local churches had no programmes that included church communities of women. These priests stated the Church had supported every mother to breastfeed her baby without the use of these programmes. Pastor Kolose (Catholic priest, 63) stated the following:

Even though our family commission in the Church have never campaigned on breastfeeding, but every mother is allowed to breastfeed in the mass. It is one of our supports for this practice. It is also not such a problem when babies crying during a mass. Do you remember when Jesus said to his disciples to let children came to him?

Similarly, Pendeta Titus (Protestant priest, 30) could not mention even one church programme to support breastfeeding. However, Pendeta Titus also stated that every mother was allowed to breastfeed everywhere, including at church, adding that there were special benches at the church for women and her children that were separate from the benches allocated to men. Every member of the church knows that these benches are for breastfeeding mothers. It was also said by one of Malem (a mother, 33) that she and her breastfeeding friends knew exactly where to sit at church.

5.4. Conclusion

This ethnographic research finds that there are different views on motherhood among the dominant institutions in Karoland; the Karo ethnic tradition, state and church. The Karo tradition views motherhood as related to the efforts of a mother to provide economic welfare for her child; the state views and constructs motherhood in accordance with and for its policies, such as family planning and contraception; and the church views motherhood in terms of maternal morality. In

this context, there are similarities between the institutions such as the state and the church which prohibit abortion. However, there are also differences between them: the state supports contraception and advocates family planning while the church does not support either contraception or family planning.

Further, the state and the church, supported exclusive breastfeeding, while the Karo ethnic tradition did not have a definite view regarding support for exclusive breastfeeding. The Karo tradition indeed had a view of an ideal or a good mother but there was no connection with this and the specific practices of nurturing, such as breastfeeding. It is clear that the state supports breastfeeding especially through the law. However, with the support of midwives, many women use bottlefeeding, especially when the mother is perceived as being too weak to breastfeed, despite the law on exclusive breastfeeding. In this context, there are contradictory views between state ideals of exclusive breastfeeding and what occurs in practice. 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.

Chapter 6. Negotiating Institutional Breastfeeding: Karo Mothers' Experiences

This chapter investigates mothers' negotiations around breastfeeding. These negotiations arise from mothers' responses to the institutional construction of breastfeeding practices offered by the state, the church, and tradition. This chapter uses data from interviews and informal conversations conducted in the field. I also include my observations of the daily movements of the participants, which included them performing domestic work, going to the market, attending church, dropping off and picking up their babies from a nursery, and attending traditional ceremonies.

All of the babies of the mothers in this research were born in local hospitals and clinics and all were bottlefed soon after birth by midwives, because their mothers were too weak to breastfeed them according to the midwives. However, some of the mothers then went on to exclusively breastfeed, whereas other mothers gave both breastmilk and formula to their babies. In this chapter, the mothers interviewed consist of 10 exclusively breastfeeding mothers, 4 mothers who both breast and bottle fed, and two mothers who breastfed for a few weeks and then switched to bottlefeeding.

This chapter also extends the discussions presented in the previous chapters related to the issues of the state; the church, including Protestantism and Catholicism; and Karo ethnic traditions. The first section of this chapter deals with how mothers negotiate the breastfeeding regulating Health Law No 36 (2009). The chapter also analyses reasons given by mothers for their choice to breastfeed and hence includes an investigation of breastfeeding preparation during pregnancy. I also discuss mothers' breastfeeding schedules, namely how mothers wean their babies and eventually stop breastfeeding. These topics all reflect mothers' negotiations in relation to the state. The second section of this chapter discusses to

what extent mothers are influenced by religious institutions, specifically Christianity. I investigate how these mothers express their own interests related to breastfeeding practices in terms of religious institutions. Finally, the third part of the chapter analyses the influences of traditional practices on breastfeeding.

6.1. Ignorance and Ambivalence towards the Breastfeeding Law

The mothers in this study said that they were not aware of the law that requires them to exclusively breastfeed their baby for the first six months of their babies lives. These mothers stated that they knew breastmilk was better for babies than formula milk, even without the information provided by the state. The mothers breastfed their babies at any time without interference from the law. When I asked these women about their views on the breastfeeding 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 I gave them about the breastfeeding 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*). (Suari, a mother, 27)

Are you kidding me? This is Karoland. This is North Sumatera. Everything is about money. Laws are made to be broken (*laughing*). (Malem, a mother, 33)

I didn't know about this law. I gave my baby both breastmilk and formula milk from birth. (Dalin, a mother, 28)

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? (Meciho, a mother, 35)

All of the mothers interviewed confidently stated that they had never heard of the breastfeeding law. The midwives in this research also admitted that they were not aware of the law, as seen in Chapter 5. The mothers simply breastfed their babies for as long as they had breastmilk. For these women, breastfeeding is a ‘natural’, taken-for-granted, and ‘normal’ thing. These women’s perceptions became obvious to me when I asked them to participate in this study, and many of them were curious as to why I wanted to observe them performing this ‘natural’ practice. For these women, breastfeeding was a matter that did not require discussion.

Indifference to state regulations was visible not only in terms of the breastfeeding law. This indifference was also observable regarding the Karo regional elections held in December 2015, in which a regional election law, *UU No 1 Tahun (2015)*, banned all candidates for regents, mayors, and governors from using bribes to influence voters. The law states that criminal sanctions will be given to those who give or receive bribes. However, this law was ineffective in the Karo elections of 2015 despite the policies being promoted by the government. Indifference to this law was also visible both in the observations of and conversations with the participants. The mothers told me that they would vote for the candidate who gave them the most money. When I asked why these mothers were so concerned with money, they answered that nobody in Karoland pays any attention to the law. Candidates may offer the people not only money but also *Tupperware* (a brand of popular home products including storage and serving products for the kitchen) and *belo* (betel leaves usually chewed by Karo people). During the research, I observed how one of the candidates visited the traditional market and distributed *belo* to women. The women in the market happily received the *belo*. However, when I asked them whether they would choose that candidate, they said that they were unsure. Malem, who is also a teacher in one of the schools

in Karoland, offered the following explanation for why the people in Karoland show such indifference:

People here are fed up with the government. The government is ineffective. We shouldn't be surprised that Karoland isn't developed. Corruption here, corruption there, corruption everywhere. How can we rely on any of the candidates if all of them are just the same? If you want to be an officer here, you just need to pay one hundred million, two hundred million, maybe three hundred million. This is a public secret. Everybody knows about it. (Malem, a mother, 33)

Further, I argue that the problematic nature of the breastfeeding law in Karoland is also partly because of the complex relationship between Karo and Indonesia, as explained in Chapter 4. It seems that, for the mothers, all of Indonesia is represented only by people in Java. In conversations and interviews about many issues, including breastfeeding practices, education, celebrities, and famous people, participants often stated that *'That is in Java, not in Karoland'*. The mothers distinguished between Karo and Java, in which the latter was 'national' and often cited as a representation of Indonesia as a country. Furthermore, even after the mothers were told that the law had been devised in response to low breastfeeding figures, the mothers viewed breastfeeding as having nothing to do with the state interests. For these mothers, the practice was seen as *"mothers' business"* (Malem, 33), *"natural"* (Terkelin, 30), *"private to mothers"* (Merim, 31), *"the usual thing"* (Erbunga, 31), and *"normal"* (Dalin, 28).

6.1.1. The Law is not the Reason

I found that, for the participants of this study, breastfeeding had nothing to do with the Health Law that requires women to breastfeed. These women understood that the benefit of breastfeeding was related to their babies' health, but they were generally unconcerned with the breastfeeding law. When I asked these women their reasons for breastfeeding, they seemed to be confused by the

questions. I learned, from Meciho (a mother, 35), Malem (a mother, 33), and Erbunga (a mother, 31), that breastfeeding was not something commonly discussed because it was 'normal' for a mother. However, some of the mothers, such as Rende (24) and Mesai (21), thought that I was a nurse or midwife when I first told them about my research on breastfeeding. For these women, questions about breastfeeding were usually asked by midwifery students. These responses also led me to believe that, for both of these mothers, breastfeeding was related to health.

The primary reason that the mothers gave for breastfeeding in their interviews was related to their role as a mother. Among the 16 participants in this research, only Merim (31) and Teridah (31) answered differently. Merim stated explicitly that health benefits were her reason for breastfeeding, while Teridah said that she had chosen breastfeeding because it could save her money. Some of the other mothers said the following:

I am a mother, so I have to breastfeed my baby. (Suari, a mother, 27)

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. (Megara, a mother, 31)

Because I am a mother. (Malem, a mother, 33)

Breastfeeding is my duty as a mother. (Terkelin, a mother, 30)

Actually, breastfeeding is the best. However, as a mother, I cannot do it because I don't have enough breastmilk. (Dalin, a mother, 28)

My *Iting* (a grandmother whose clan is Ginting) and my mother breastfed. I now breastfeed too. (Matawari, a mother, 27)

Even though I don't exclusively breastfeed my baby, I believe that breastfeeding is natural for a mother. Besides, the breastmilk is very good for my baby's health. (Mejile, a mother, 29)

Breastmilk is very good for the health of my baby. (Merim, a mother, 31)

We don't need to spend money on buying formula if we can breastfeed our babies. (Teridah, a mother, 31)

If I'm a mother, I should breastfeed my baby. My husband cannot do that. It's the job of a mother. (Meciho, a mother, 35)

It was noticeable that breastfeeding signified the value of motherhood to the participants. The sentiment that they have to breastfeed because they are mothers was echoed among a number of the mothers. In other words, for most of the mothers in this research, breastfeeding was linked to their role as a mother. It is likely that, for these women, there was no space to negotiate the practice of breastfeeding practices because breastfeeding is perceived as natural. Breastfeeding simply does not have a correlation to formal institutions such as the state. None of the mothers stated that they were breastfeeding because of the breastfeeding law. In their interviews, some participants, such as Mejile (29) and Merim (31), said that they were breastfeeding for the sake of their babies' health. Although these two mothers did not know about the breastfeeding law, they fully understood the benefits of breastfeeding.

The mothers who did not exclusively breastfeed their babies also said that breastfeeding was a mothers' role. Mejile (29), for example, stated that she regretted not being able to breastfeed her baby. Nevertheless, she said that it had not made her less intimate with her baby:

I do accept the main reason for breastfeeding is because it is the role of a mother. It is such a natural thing. Yes, it's true. However, I have to say that I'm not a selfish mother even though I don't breastfeed my baby. I have limitations. I didn't have enough breastmilk. As you can see though, my son is very close to me even though I don't breastfeed him. He always searches for me when I am not around. (Mejile, a mother, 29)

Mejile rejected the idea that she was selfish because she could not breastfeed, though she did express concern that she could be regarded as a bad mother because

she couldn't breastfeed. Other mothers in this study also explicitly rejected the idea that mothers who do not breastfeed are selfish, and none of the mothers expressed any negative comments towards women who do not breastfeed. This lack of negativity towards those who are not breastfeeding was also evident among the mothers who exclusively breastfed. For example, when I asked for Suari (27) and Alois (29) opinions about mothers who do not breastfeed, they stated the following:

Yes, breastfeeding is the responsibility of a mother. However, there are mothers that I know do not have breastmilk, and it doesn't make them bad mothers. What can we say about it? It's not their fault. There's formula milk, which has the same nutrition as breastmilk. Some formula brands are more nutritious, such as *S26* and *Morinaga*. (Suari, a mother, 27)

When we became mothers, breastfeeding became our nature. However, not all mothers can breastfeed their babies. That's just fine. There are many brands of formula milk that can be given to babies as substitutes. (Alois, a mother, 29)

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

6.1.2. No Preparation for Breastfeeding during Pregnancy

The popularity of exclusive breastfeeding in Java, as well as in other big cities in Indonesia, was not tangible in Karoland. There have been many on-going campaigns on breastfeeding practices in Java that have been delivered not only by the government through the Health Ministry but also by civil society organisations such as *Asosiasi Ibu Menyusui Indonesia* (AIMI), which is The Association of Breastfeeding Mothers of Indonesia. Some of the most tangible evidence of these

campaigns are the billboards installed by the Health Ministry in downtown Yogyakarta, a big city in Java, where I have been living in since 2001. The billboards, which all aim to promote exclusive breastfeeding, are posted near traffic lights and are easily seen. In all of my 9 months in Karoland, however, I did not see a single billboard. Furthermore, the most effective campaign conducted by AIMI, which is the most influential civil organisation in promoting breastfeeding, used social media (Arisma & Kaylaku, 2012; Hartoyo & Supriadi, 2015). This organisation has created a social media fan page with over 65,000 followers. Most of the discussion on this social media fan page is about how to breastfeed properly, particularly for those who are new mothers and pregnant. A certificate is awarded by this organisation to mothers who succeed in exclusively breastfeeding their babies.

However, none of the mothers who participated in this study followed the AIMI social media fan page or had attended breastfeeding classes during pregnancy. Informal conversations with the mothers revealed that most of them were users of social media. There was generally no evidence of breastfeeding classes or other campaigns in Karoland conducted by public hospitals or civil society organisations. The mothers also stated that, during their regular pregnancy check-ups, the midwives rarely suggested that they exclusively breastfeed:

A midwife once suggested that I eat more fruits and vegetables, as well as tofu and soy milk. She said that these foods could help me in producing more milk. She did not mention exclusive breastfeeding. (Merim, a mother, 31)

The midwife asked me to buy a breast pump before giving birth but didn't tell me how to use it. She also told me to ask my husband to help me by sucking my nipples (*laughing*). Nothing else! No breastfeeding classes like what you told me. The midwife also told me to buy *Prenagen* (a powered milk product) because it is good for my health during pregnancy. However, I think that it is my nature to have a lot of breastmilk. I don't think I need any classes or seminars to have more breastmilk (*laughing*). However, drinking milk

during pregnancy was important for me and my baby. (Malem, a mother, 33)

There was no specific suggestion about how to exclusively breastfeed from my midwife. She only told me that it is good to exclusively breastfeed. (Matawari, a mother, 27)

I don't remember whether the midwife told me to exclusively breastfeed. However, she never told me that breastmilk was better than formula milk. (Aloi, a mother, 29)

This lack of preparation for breastfeeding during pregnancy at the clinics and hospitals signifies that breastfeeding support and education is not prominent in Karoland. Breastfeeding preparation was just taken for granted by not only mothers but also official stakeholders such as midwives. The suggestions made to the mothers centred around eating healthy food and the use of breast pumps. This situation was in marked contrast to the situation in Java, which I experienced first-hand during my own pregnancy. There, people are taught and persuaded about the benefits of exclusive breastfeeding through professionals and breastfeeding classes in many hospitals. The mothers in this study felt that breastfeeding was not a challenge for a 'good' mother and assumed that breastfeeding preparation is not crucial. Mejile, who did not exclusively breastfeed her baby, observed:

If there were a breastfeeding class, of course I would not be so lazy as to not attend the class. But unfortunately there aren't any classes like the ones you've described in Java. Anyway, how would it help me succeed? I don't produce enough milk (*laughing*). Everybody has asked me to do this and that. But I know what my limitations are. Many mothers, like me, do not have an opportunity to breastfeed their babies. However, I always pray and work hard to be a good mother even without breastfeeding my baby. (Mejile, a mother, 29)

On all of my visits to Mejile's house, I observed her giving her baby formula milk. She did not look ashamed or embarrassed as most mothers I knew in Java would be. Three of the sixteen mothers in this study gave their babies more formula milk than breastmilk, namely Mejile (29), Rende (24), and Dalin (28). Some of the other

mothers used bottle-feeding only when they went out to work. The participant mothers in this study also did not think it was such a problem if a mother could not give her baby much breast milk. This feeling was also the reason why mothers did not even consider classes for breastfeeding. An interesting opinion about breastfeeding preparation also emerged from Malem, who gave her baby formula milk while she was working:

It was useless to have any breastfeeding classes in Karoland. Believe me! It would not work out. Moreover, hospitals would ask you to pay money for them. That would be another 'project' for the government to corrupt. I think it is just about business. You just need to ask your mother how to breastfeed well. (Malem, a mother, 33)

Malem suggested that most Karo mothers would not view breastfeeding preparation during pregnancy as useful, particularly if the preparation were delivered by the local government. She even suspected that such a programme could be misused by those in charge or by the authorities in state institutions.

6.1.3. Bottle-Feeding Practices

During my fieldwork in Karoland, I noticed some of the mothers bottle-fed their babies even though their babies were still under six months. When I asked all the participant mothers about their experiences with bottle-feeding their babies, all of the mothers stated that their babies had been bottle-fed immediately after birth. Some mothers described their experiences as follows:

Both of my children were bottle-fed once they were born. It was because I had a caesarean section. They were in the breech (*sungsang*) position. But when I was stronger and healthier, I started breastfeeding my babies. (Megara, a mother, 31)

My first and second son were immediately bottle-fed after they were born. My first son was even bottle-fed for almost a month because my breastmilk didn't come. Fortunately, the second baby was only bottle-fed for only several days. I think it was less than a week. (Terkelin, a mother, 30)

My baby was immediately bottle-fed by my midwife. I was so weak at that time. (Rende, a mother, 24)

These mothers gave the following reasons for bottle-feeding: they had a caesarean birth, they had no milk in their breasts, and they were ‘too weak’. In terms of bottle-feeding, there were almost no differences between mothers who had undergone a caesarean section²⁸ and mothers who had given birth naturally. For all mothers in this study, there was no taboo regarding talking about bottle-feeding after giving birth, which in my experience does exist among mothers in big cities, particularly in Java. I remember how my acquaintances and colleagues tried to hide the fact that they were bottle-feeding instead of breastfeeding their babies. The situation in Karoland was different.

Another reason for bottlefeeding a baby was shared by Suari (a mother, 27). Suari shared her friend’s experience with bottle-feeding. After her friend had a caesarean birth, she was told by the doctor not to breastfeed the baby, because her breastmilk now contained toxins. The toxins were a consequence of her medical treatment after her operation. According to Suari, her friend’s baby had never been breastfed. A similar experience was mentioned by Meciho (a mother, 35), who had been told by a traditional medicine expert that her breastmilk contained ‘*masuk angin*’, which literally translates to ‘having cold’. It was not entirely clear in Meciho’s case what the traditional medicine expert meant in this context, but it explains why both Suari’s friend and Meciho relied on bottle-feeding, at least initially. After a time, however, Meciho did begin to breastfeed her baby after she received a traditional medicine treatment.

To understand more about bottle-feeding practices specifically among the participant mothers who were working, I made several visits to one of the

²⁸ In this study, six of the mothers had caesarean sections: Megara (31), Malem (33), Aloji (29), Rende (24), Merandal (28), and Erbunga (31).

‘traditional’ day care where some of the participants, namely Megara (31), Malem (33), Terkelin (30), and Merim (30), brought their babies. The babysitter there was Javanese, but had been born in North Sumatera²⁹. When I met Nenek Rembulan (a baby sitter, 65), she said that these participant mothers did continue to breastfeed their babies after returning to work. The mothers asked her to bottle-feed the babies only while they were working. Among the mothers, only Terkelin (30) expressed her breastmilk and stored it in sterilised storage containers which she had bought and brought to day care. The other mothers admitted that it was not that easy to store the breastmilk because they left the babies in ‘traditional’ day care which did not have any refrigeration facility.

Among the participant mothers in this study, Matawari (27) appeared to be the mother most proud of exclusively breastfeeding her baby. She said:

I think my breastmilk has a good quality. When people met us, they always praised my baby because she was chubby and fat. The people said: ‘Oh my goodness, your baby is very healthy and plump. Your breastmilk must be very good’. I was very proud when they told me that. That’s a pride which I kept in my heart. I only give my baby breastmilk, and she is healthy and fat. (Matawari, a mother, 27)

It could be said that she believed not every mother had good quality breastmilk, as she felt lucky that hers was of good quality. Nevertheless, the pride was related to her belief in the quality of her breastmilk. Interestingly, after she gave birth naturally, Matawari, like the other mothers, had also given her baby formula milk.

Furthermore, I asked the participants how they got the formula. They said that almost every store sold formula including for newborns. For them, it was easy

²⁹ Notably, most of traditional day cares in Karoland, particularly in Kabanjahe, the capital of Karo regency, were owned by old Javanese women. Most of those babysitters had been born and raised in Karoland, but their parents had migrated from Java to the North Sumatera province due to the Dutch Colonial State. In the past, these baby sitters had worked as labourers on plantations across the province of North Sumatera. According to most of the mothers, including Megara (31), Malem (33), Terkelin (30), and Merim (30), older babysitters were more trustworthy and patient than younger baby sitters. The older baby sitters were seen as very capable in taking care of children, including in bottle-feeding the babies.

to buy formula milk in Karoland. The mothers also mentioned some popular brands of formula which were believed to be the most nutritious options. Several mothers even noted that it was a midwife who had recommended those specific brands. I never saw any billboards advertising formula in Karoland, although I did see some television advertisements for formula, although none were advertised for babies under six months. It was Aloï (a mother, 29) who named a specific brand which she said her midwife gave to every newborn baby, including her baby. This action contradicts what WHO (Date) and the state (the Health Law No. 36 in 2009) recommend specifically for health professionals. Aloï said:

The midwife gave *Bebelove* to my newborn baby. She said it was a very good product. She even had it prepared before the caesarean operation. This wasn't special for my baby. Other patients' babies were also fed this brand. Many babies had it.
(Aloï, a mother, 29)

Despite, the fact that formula is easy to buy in Karoland and that midwives often give formula to babies immediately after birth, mothers have not abandoned breastfeeding. This shows that the powerful influence of manufacturers is not successfully persuading mothers to reject breastfeeding in favour of bottlefeeding their babies. Of the 16 mothers, only two of them, namely Dalin (28) and Mejile (29), bottle-fed their babies; of the others, 10 mothers exclusively breastfed, and 4 mothers mix-fed their babies (see table 2 in Chapter 3 for more detail). I argue that the mothers in this study were actually being pragmatic about feeding their babies. They bottle-fed only immediately after giving birth and while working. Moreover, the mothers did not have particularly positive perspectives of bottle-feeding especially due to economic reasons. Overall, breastfeeding was still the most preferred option. Some of the mothers said it could save them money and that it was not as time-consuming as preparing for bottle-feeding. Even Mejile (a mother, 29), who did not breastfeed her baby, said that breastmilk was the best option in terms of nutrition. For

her, bottle-feeding was inevitable because she said that she was not producing breastmilk any longer. Notably, she wished that she had enough breastmilk, saying that if she did, she would exclusively breastfeed.

6.1.4. Feeding on Demand

The law requires that all mothers exclusively breastfeed their babies for the first ‘six months’ of life. But what does six months of breastfeeding mean for the mothers I met in Karoland? Policy makers need to understand what six months of exclusive breastfeeding means for mothers. The idea of time for mothers in this study was not related to a linear series of events, a particular time period nor to doing something on schedule. In every visit to a mother’s home, with visits taking place almost once a week for just over six months, I observed the mothers carrying out household chores at different times and on different days. The mothers did not set regular times for doing activities. Rather, as they stated, they did something when they wanted to do it or when it needed to be done. For example, preparing meals or doing laundry could be done in the morning or in the afternoon. Sometimes they cooked or prepared meals only in the morning, and the prepared food would serve not only as breakfast but also as lunch and dinner; other times, they cooked in the evening, preparing dinner as well as breakfast and lunch for the next day. I sometimes observed the mothers doing several activities at the same time when I visited them. They could also suddenly cancel a meeting or an interview with me even though we had scheduled it beforehand. They did share some reasons behind their habits:

I do not have a definite time to cook. That’s because of my daughter. She is often fussy, and she doesn’t want to be left alone. I can’t cook because of this while her father is still working in the field. (Aloi, a mother, 29)

Previously, I used to do several jobs at home simultaneously, because I have to go out to work in the morning. Now I’m too

tired to be doing so many things at the same time at home. I don't want to force myself to be perfect. I will not put my activities on a timetable. That would be impossible. (Mejile, a mother, 29)

Sometimes I forgot to cook, because I was too excited about talking to my friend, who is also my neighbour. She often came to my house with her two daughters. My son was also very happy because he got a friend. We didn't feel lonely. (Teridah, a mother, 31)

Notably, most of the mothers in this study had some kind of employment, whether informal or formal. The informal employment of some mothers included making dresses, managing a traditional coffee shop (*kede kopi*), and farming, selling vegetables and fruits, or selling cosmetics. The formal employment was related to professional jobs namely being a teacher and a civil servant. Irrespective of this, all the mothers were generally similar in how they approached their domestic work and household chores. Based on the interviews and the observations, three mothers, namely Aloi (29), Mejile (29), and Teridah (31), explicitly stated that they did not consider time or a schedule in doing their activities. Both Aloi (29) and Mejile (29) specifically stated that their babies were the reason why they could not make a regular schedule. This challenge was also mentioned by other mothers such as Terkelin (30), Dalin (28), and Erbunga (31). They said that their babies could not be left alone and that their babies were their top priority among other activities. Teridah, in comparison, said that she lost track of time and scheduling because of how much she enjoyed chatting with her friend while chewing betel. Chatting while chewing betel (*belo*) is a very popular habit among Karo women. It was also mentioned by other mothers such as Mehuli (21), Erbunga (31), and Merim (31).

In terms of breastfeeding schedules and frequency, overall mothers stated that they breastfed their babies instinctively. This means that they did not manage time or schedules in breastfeeding. When I asked how many times they breastfed per day, most of them answered that it depended on the baby's demands. The most

visible sign of babies wanting to be breastfed was their crying or whining. The mothers believed that allowing their babies to cry too long could make the babies sick and infirm. Indeed, I observed the mothers looking increasingly upset when they could not calm their babies. The mothers felt that through breastfeeding, they could soothe the babies. Mesai (a mother, 22) said:

I breastfeed most often when my baby is crying. That means she's hungry. But not only hungry. I can also calm her down by breastfeeding. You know, in a day, I could not count how many times I breastfed my baby including when I was working at the *pajak* (traditional market). She always cries if I ignore her. Naughty girl! (*laughing*).

The mothers believing that their baby feeling hungry was the strongest reason for breastfeeding, and crying was seen as a sign of hunger. Most of the mothers reported that they had never set a breastfeeding schedule in part because nobody had ever recommended doing so, including midwives and doctors at clinics and hospitals in Karoland. However, some of the mothers did know about the recommendation for creating a breastfeeding schedule due to “*popular magazines about mothers and babies*” (Malem, a mother, 33); “*YouTube*” (Mejile, a mother, 29); and “*Facebook pages about breastfeeding*” (Terkelin, a mother, 30). But these mothers said that it was not that easy to practice the instructions, so they chose instead to breastfeed spontaneously without any schedules. In this research, the mothers who had babies under a month old mentioned how many times approximately they breastfed in a day:

I combine breastfeeding and bottle-feeding. I'm only able breastfeed about two or three times a day. It's still difficult for me. (Rende, a mother, 24)

It could be twenty times a day. Little by little! Days and nights! My baby is just breastfed briefly. (Matawari, a mother, 27)

Oh, it is infinite! (*laughing*) I've never counted how many times. It could be twenty or even thirty times a day. But, when

my baby was just born, I breastfed him every two hours. (Merandal, a mother, 28)

About fifteen or fewer times than that in a day. (Erbunga, a mother, 31)

Matawari (27), Merandal (28), and Erbunga (31), who all exclusively breastfed, also did not follow any instructions or schedule. Their responses about the frequency of breastfeeding were similar. They simply breastfed naturally depending on their babies' desire. Similarly, the mothers whose babies were 1–4 months old also just breastfed naturally, not based on schedules. These mothers did not count how many times they breastfed their babies:

I work from 7.30 a.m. to around 2 p.m. every day. That is the reason why I use both bottle-feeding, when I work, and breastfeeding for when I'm at home. For breastfeeding itself, it could be five to eight times. (Megara, a mother, 31)

It is uncountable how many times I give breastmilk to the baby. When my baby was just born, it could be every two hours. But now, it's unpredictable. He could be breastfeeding more than once every hour. If I work, I pump the breastmilk and store it in a cool box. It can be warmed up by a baby sitter at the nursery. (Terkelin, a mother, 30)

I never counted how many times. But every night, I don't cover both my breasts because my baby always sticks to them (*laughing*). (Meciho, a mother, 35)

Similar comments resonated from the mothers whose babies were over six months and who had started to give early additional foods and fluids to their babies. These mothers also had no schedules for breastfeeding. However, they did report some structure when they gave their babies additional food. Namely, they usually gave additional food three times a day, which was similar to how other members of the family ate. Nevertheless, most of the mothers from this category admitted that their babies often refused to eat the new foods. Because of this, the mothers still had to give a lot of breastmilk.

Among all the mothers, the idea of six months of exclusive breastfeeding was generally unpopular. The mothers argued that breastfeeding is not about the period of time but about instinct and the chance to breastfeed the babies. Every mother had heard and knew that exclusively breastfeeding for six months was very good for their baby, but none of the mothers had attempted to do it. For the mothers, breastfeeding was simply practiced naturally or according to their own schedule and availability. In the interviews, I asked the mother participants about what six months of exclusive breastfeeding would mean for them. The women looked visibly indifferent by shrugging and rolling their eyes. Erbunga (a mother, 31), for example, said:

I don't take that so seriously, about the six months, even though the midwife told me about the benefits. Of course I knew about it, and every mother should know that. I just breastfeed normally though. Importantly, there's enough breastmilk for my baby. Before my mother passed away, she even told me to give additional food to my first child starting at 4 months.

Meciho (a mother, 35) made a similar comment:

I just breastfeed my baby without thinking about the time. What for? Just do it, as long as my baby wants it and I still have breastmilk.

Like Erbunga and Meciho, all Karo mothers in this study looked confident about what they practised. Here, the State and its health institutions were not the women's only references for breastfeeding practices. The mothers had their own perspectives particularly related to the duration of six months. They neglected the rules, the obligations, and the demands of the breastfeeding law, and they seemed satisfied with their choices and practices. As one mother pointed out, "*si gus-gus lah kudinnta*", literally "let each wash their own pots" (Suari, a mother, 27). This saying means to allow each person to act according to their own ability, or it can also be understood as a reminder to mind one's own business.

6.1.5. Hygiene

In this research, the mothers' practices of breastfeeding were natural and instinctive; the mothers did not follow medical hygiene instructions and procedures. They did not wash their hands before breastfeeding as midwives and doctors had suggested. In many of our meetings, the mothers breastfed their babies while chatting and interviewing with me. I noticed that the mothers did not care about hygiene matters. For example, Meciho (a mother, 35) breastfed her baby without washing her hands after serving coffee to customers in her *kede kopi* (traditional cafe), and Matawari (a mother, 27) breastfed her baby immediately after arriving home. Another participant, Mesai (a mother, 22), breastfed her baby while selling vegetables at the traditional market. She looked very relaxed and unconcerned about the hygiene matters of the market, which was dirty, muddy, and very open. She even laughed merrily while breastfeeding her baby. Her hands had not been washed at any point that day.

For the mothers who mixed fed their babies, hygiene was also a low priority. Only two mothers, namely Dalin (28) and Mejile (29), stood out. Both Dalin and Mejile depended on formula milk, and both always sterilised their bottles. Based on my observations when visiting them, they boiled the baby bottles before preparing the formula milk. As clean water is rare and a problem in Kabanjahe Karoland, the mothers had to purchase bottled water specifically for their babies. Notably, people in this area reported complaining constantly about clean water to the local government, but the problem had not yet been solved. In this research, the other mothers who did mixed feeding, namely Megara (31), Malem (33), and Merim (31), admitted that they themselves never sterilised bottles because they only bottle-fed the babies while they were working. The babies were brought to a traditional nursery which belonged to Nenek Rembulan (a baby sitter, 65).



Picture 15. A Table Where Bottles for Feeding Babies are Prepared at a Traditional Day Care

In the traditional nursery where some mothers brought their babies, I saw how Nenek Rembulan prepared the formula milk. She did not sterilise the bottles or use bottled water. Instead, she boiled tap water. When I asked them whether they minded that the baby bottles had not been sterilised, the mothers did not seem concerned:

The bottle was only used in the nursery. You are right. Your question makes me aware about it. I never asked Nenek Rembulan to boil the bottle. I didn't pay much attention to it because I never bottle-feed my baby if I stay at home. However, the most important thing for me is that she boils the water before using it. (Megara, a mother, 31)

I just bring formula milk to the nursery when I work. The baby sitter prepares the bottle-feeding. I don't think she boils the bottles. However, my baby drinks more breastmilk than formula milk, because the formula that I took to the nursery doesn't seem to have reduced much. (Malem, a mother, 33)

It's rather troublesome in using bottles. I rarely sterilise the bottle because I'm in a hurry to prepare the bottle-feeding for my crying baby. (Rende, a mother, 24)

Formula milk is only given when I'm not with my baby. Frankly, it's quite difficult to tell Nenek Rembulan to boil the bottles, because she is too old to remember to do it. (Merim, a mother, 31)

Furthermore, it was noticeable that hygiene and cleanliness were not that prioritised in the social life in Karoland. People did bathe, wash, brush their teeth, and change their clothes regularly, but they did not hesitate to litter and dump trash in public spaces. In every social activity, I observed people disposing of trash everywhere. My observations provided several examples of how people, particularly mothers or adult women, seemed unaware of cleanliness. At a church activity and even during a traditional ceremony at a *jambur* (a traditional hall), I witnessed people just freely dropping or throwing their trash to the floor. When I asked participants how the local government disposed of household trash, they immediately blamed the littering on the local government:

We ourselves burn the trash because the trash disposal officers rarely came. They don't even come once a month (Malem, a mother, 33)

The current Regent is very bad. He doesn't even know how to manage the trash. How can we give a vote to him for the next period? You see the central market (*pajak*), don't you? It is so dirty. You can't rely on him for anything. Nothing has changed since he became regent. (Erbunga, a mother, 31)



Picture 16. Pajak (Traditional Market) While It Was Raining

Since the local government had never resolved the problems with trash, the people felt forced to find their own ways of taking care of trash. Some burned the trash, and others just let the trash rot away. However, it seemed that the problems were not only with the local government. I discovered that many mothers had a habit of just spitting out betel they had been chewing onto the ground. I saw several people throw trash out of their car windows. This littering happened not only in public spaces like traditional markets; even at church events I saw mothers neglecting to properly dispose of their betel. Overall, the mothers in this study did not view this behaviour as odd or inappropriate at all.



Picture 17. A Small Garbage Dump near a Clinic

Several mothers stated that they had cleaned the nipple area after they'd just given birth because the breastmilk was not coming out. For example, Teridah (a mother, 31) explained how she cleaned the area, and she related that she'd been sad that not cleaning the area properly had prevented her breastmilk from coming out. She shared her experience as follows:

My midwife never told me about cleaning the nipples. I thought it was not that important until I found it difficult to breastfeed. I realise now how important it is to clean the area before giving birth and breastfeeding. (Teridah, a mother, 31)

On my visit to her house, she showed me a bottle of oil which her mother-in-law had recommended. She said that she used the oil now to clean her nipples. Megara (a mother, 31) and Suari (a mother, 27) shared similar experiences:

In the days after I gave birth, I often cleaned my nipples with a specific cloth moistened with warm water because the breastmilk did not come out. But now, I am too lazy to do that. I've never even checked my nipples even though in a health magazine, I read that breastfeeding mothers need to check their nipples during the period of breastfeeding. (Megara, a mother, 31)

In the beginning, I could not breastfeed my baby. The midwife told me my nipples should be cleaned. (Suari, a mother, 27)

The mothers generally applied the logic of cleanliness or hygiene just for the short term after they'd given birth. Megara (a mother, 31), for example, knew about the importance of taking care of breasts and nipples during breastfeeding due to a specific health magazine. The other mothers could actually access information in many ways, including from their midwives. But regardless, there was no preoccupation with hygiene. This attitude was not reserved to the mothers; the Karo people generally applied a different logic in how they thought about and acted in terms of hygiene. It was clear to me that they consciously avoided things that they perceived as a hassle for them.

6.1.6. Weaning and Stopping Breastfeeding

In this study, most of the mothers had made similar decisions about when the best time was to start weaning their babies. Most of them said 4 months. And indeed, most of the mothers started introducing additional and solid food at that age. This choice differs from the State's discourse on breastfeeding, which mandates six months as the time when babies can be introduced to solid food. When I asked the women what types of food they gave to babies, some of them mentioned a specific

brand of baby teething biscuits. Some mothers also gave bananas and orange juice to their babies. Malem (a mother, 33), for example, said the following about her experience with weaning:

Actually, my midwife suggested that I start weaning my baby at six months. However, I thought it was very important to introduce solid food before that age. She had to learn how to eat solid food early. She was still around 4 months when I started to wean. I was very sure that if I did that early then it would be also easier for me to give my baby food in the future. My mother suggested that I do that. I gave my baby biscuits which were mixed with the water. Now, my baby is 7 months, and she can eat vegetables such as carrots and broccoli. She also likes to eat fish. (Malem, a mother, 33)

It is interesting to note that Malem had her own opinion about when to start weaning even though a professional person, namely her midwife, had recommended not weaning until six months of age. She mentioned her mother as the person who had influenced her decision. Malem was not alone. Other mothers had also made similar decisions:

When my baby was 4 months old, I gave her ATB (*the brand of biscuits which is not specifically for babies*). However, it wasn't because she was 4 months that I gave her the biscuits. When I saw that she was able to sit up independently, then I thought it was the best time to give her solid food. (Mehuli, a mother, 21)

I gave a banana to my first son for the first time before the age of six months. (Meciho, a mother, 35)

Once a day, I give my son orange juice. I started doing this when he was 4 months old. (Mejile, a mother, 29)

Even more interestingly, one of the participants, namely Mehuli (a mother, 21), said that she did not start giving solid food to her first child until the child was two years old. She did the same with her second child.

I will not give solid food to my baby (*her second child*) at six months. I will give that when my baby is two years old. I did the same with my first child. She was not fussy at that time, so I thought it was not the time yet. As you can see, her body is so plump even though I did not give her solid food before

her second birthday. Her body is like her father's. She is so healthy. (Mehuli, a mother, 21)

The acts of babies, like being fussy, heavily influenced the decision of whether it was the right time to start weaning or not. Mehuli did not think that she had to follow what other mothers did with their babies. Besides, she argued, both babies were very healthy, just like their father. Her children's health was a source of great pride for Mehuli. She did not feel guilty about choosing not to follow her midwife's instructions for weaning or additional food. Indeed, in this study, the reasons to start weaning did not always relate to medical or midwives' recommendations. It could be said that the grandmothers' influence and the baby's behaviour were the main reasons why mothers decided it was time to wean.

Furthermore, when I asked the mothers when they planned to fully stop breastfeeding their babies, all the breastfeeding mothers mentioned two years. Some mothers who had more than one child, for example, Erbunga (31), Terkelin (30), Malem (33), and Meciho (35), said that their second or third babies would be treated the same as their older brothers or sisters. The methods that the mothers used to stop breastfeeding were also interesting because of their similarity. All of the mothers smeared their breasts with specific plants or traditional herbs, so their babies did not want to be breastfed anymore. However, the practice did not always succeed in discouraging the babies. For two mothers, namely Erbunga and Meciho, becoming pregnant again was effective to stop breastfeeding their first child.

Malem said she managed to stop breastfeeding her first daughter after smearing her breasts with traditional herbs. This experience inspired her to do the same with her second child when the child was two years old. Terkelin had a slightly different experience with using traditional herbs; though it effectively

weaned her baby, she had not meant to stop breastfeeding. Terkelin (30) explained:

My first baby stopped breastfeeding when he was 2 years old. However, I did not do it intentionally. At that time, I was sick, so my mother-in-law smeared *kuning* (traditional herbs) all over my body. The smell of *kuning* made my son not want to be breastfed anymore. He asked me what that smell was. I told him that it was *kuning*. Since that time, he really stopped taking breastmilk. However, I've always thought that was the right time for him, since he was more than two years old. (Terkelin, a mother, 30)

Two other mothers, namely Erbunga and Meciho, found it more difficult to stop breastfeeding. Both of them tried several times to stop breastfeeding, but were unsuccessful until they were pregnant again. They shared their experiences:

Even though I had smeared my breasts with a specific oil, my first child did not want to stop. I also bought formula milk at that time, but she did not want to be bottle-fed. Finally, I threw away the formula. I really only stopped breastfeeding my baby when I knew that I was pregnant with my second child. (Erbunga, a mother, 31)

I tried so many times to stop breastfeeding my son. I smeared my breasts with a specific plant suggested by my mother-in-law, but he really did not want to stop. My child even asked me to clean my breasts when he saw it (*laughing*). I had no choice at that time, because he did not want to drink the formula that I bought. I continued to breastfeed him until I found myself pregnant. There, I had to stop. Really I had to stop. I felt so much pity for my son. (Meciho, a mother, 35)

6.2. Between Pragmatic and Religious Mothers

For the mothers in this research, there was no clear distinction between Protestantism and Catholicism. Accordingly, I will not make a distinction in this analysis. In this research, regarding the churches, including both the Protestant and Catholic Churches, I asked mothers about their views on the relationship between breastfeeding and their religion. Identifying the influence of churches' teachings on breastfeeding practices is important because churches play an important role in

shaping the identity of Karo people (as explained in Chapter 4). In addition, overall, the mothers in this study described religion as very important in their lives. All of them went to church every Sunday and brought their babies to church to be baptised. They taught their children the Bible and everything related to Christianity, and they even prioritised Church ceremonies over traditional ceremonies (as explained in Chapter 4). However, the majority of the mothers seemed to feel that there was no relationship between breastfeeding and church teachings. In other words, they did not know what the churches' teachings were regarding breastfeeding. When I asked about their understanding of the church teachings, some mothers responded as follows:

Nobody in the church told us about the importance of breastfeeding. When I attended a pre-marriage course at the church, the priest did not tell us about that. Anyway, I think it is none of his business (*laughing*). (Teridah, a mother, 31)

I do not know about the church teachings on breastfeeding. But my church friends, especially the older ones who are also mothers, have often shared their experiences on breastfeeding. Some of them also suggested that I pump and store that breastmilk in specific containers. However, they shared more about the education of their children. For me, I just believe in my instinct as a mother. I just reflect on my own life. It is such an incredible thing that I am able to breastfeed my baby. She can live by breastmilk only. That is so amazing. (Matawari, a mother, 27)

God will not be angry if there are mothers who are not able to breastfeed, don't you think? (*laughing*). (Suari, a mother, 27)

I do not know that church teaching. Not priests or other church activists ever told me or other mothers about that. Even if there were no teachings about breastfeeding, I think the practice is always very important. That is why I regret not being able to exclusively breastfeed my baby. (Mejile, a mother, 29)

It was clear that the mothers felt that breastfeeding was a separate issue from the church. Even though the churches did have teachings about breastfeeding practices, the mothers ignored them and felt that those teachings had nothing to do

with their breastfeeding business. Beyond the question of breastfeeding, other issues were also regarded as not church concerns such as abortion and contraception use. The women had also ignored the church ban on receiving money from regent candidates during the campaign in late 2015.

For the Karo mothers, the moral teachings of the church were not directly related to the practices of their daily lives. They selected which practices were suitable for them. They would not follow actions that were too complex or burdensome. On the one hand, they attested to being very religious; on the other hand, they tended to be very pragmatic. For example, Matawari (a mother, 27) taught her baby to pray:

I have to teach my child about our religion because she belongs to God. God has entrusted her to us so we also have to care for her religious life. This is the reason why every day I teach her to pray even though my baby is very young. She is not even six months old. I often sing Christian songs for her. I will never let her one day marry someone who has no Christian faith. (Matawari, a mother, 27)

Matawari claimed that she would not tolerate anything which was not related to her religion. However, she also said that she used contraception and ignored the church teachings about breastfeeding. A similar situation arose with Mejile (a mother, 29), who spoke of being very religious but also said that she used contraception. She said:

I know, as a Catholic, I am forbidden to use any contraception. The priest told us so when we attended a pre-marriage course. But if I did not use any contraception, I would be greatly troubled and bothered. What can I say, I have to use it for the good of myself, my baby, and my husband. (Mejile, a mother, 29)

It can be said the mothers in this study were very pragmatic people. The mothers did not willingly accept and practise all religious teachings; sometimes they made their own decisions even if those decisions were contrary to the teachings of the church. However, they also did want to be regarded as “*a mother who is too lazy*

to go to church". They wanted to be seen as "*an active churchgoer*". Because of this desire, I noticed that all the mothers participated within the small community of the church (*perpulauan*), attending Christmas and Easter celebrations as well as the wedding celebrations of their church mates' children. It was clear that for these women, religion was a social matter rather than an individual set of daily rules.

6.3. Neither Traditional nor Modern

In this study, mothers demonstrated both traditional and modern practices, even in breastfeeding. They used traditional means if those means seemed capable of fulfilling their interests, but they rejected such means if they perceived them as ineffective, as is the case in modern times. Here, traditional means were related to Karo heritage and were often different from modern views, while modern means had been produced and constructed by particular institutions, usually either the state or the church. The mothers, regarding some points, still believed in a traditional belief system. But that belief did not necessarily mean that they applied the belief in their own lives. For example, Mesai (a mother, 22) shared that brown sugar (*gula merah*) made from palm trees is a favourite among Karo people. In the traditional belief system, she explained, this brown sugar is important. In a specific interview, she discussed the practice of making this brown sugar as follows:

If we want to take the water of palm trees for making brown sugar then we have to wear old or tattered clothes. If you don't wear clothes like that, don't expect to get much water from the trees. I saw the experiences of some people on this. Do you know why? In the past, a palm tree was actually a good and humble woman who transformed into being a palm tree because she sacrificed her life to the gods. As a reward, the gods stopped her brothers from quarrelling and killing each other over properties. In order to honour that woman, we need to wear old clothes as a symbol of her humility. (Mesai, a mother, 22)

Mesai looked very serious as she told me this story. She seemed to believe it sincerely, and she expressed that mother and her grandmother did too. However, even though she believed it, Mesai did not want to practise this ritual of their ancestral religion anymore because it meant betraying her Christian faith. Another ritual no longer practised by most of the Christian Karo people is *erpangir ku lau*, or ritual prayer which aims to disperse bad luck and seek blessings particularly from the spirits of ancestors. The practice required them to pray or to name ‘gods’ different from the god in the Christian religion. One participant, Mejile (a mother, 29), shared her view about this:

It is not such a problem if we use traditional medicine for ourselves or our family, as long as we don’t practise *erpangir ku lau*. It is misguided and dangerous.

It was clear that the mothers were pragmatic. They would accept things that they felt did not undermine their faith particularly when those things could give them advantages. This characteristic applied not only in how the mothers dealt with the differences between traditional belief and Christian belief; in terms of health care, they also negotiated modern medical treatments with traditional ones. Sometimes, they used both.

In terms of breastfeeding practices, the mothers also negotiated with modern treatments. They would practise traditional treatments whenever they thought modern treatments, particularly medicine from pharmacies, could not solve their problems. As mentioned earlier, the mothers Erbunga (31), Terkelin (30), Malem (33), and Meciho (35) used a traditional treatment to stop breastfeeding. To increase breastmilk, the mothers Meciho (35), Merim (31), Suari (27), and Mesai (22) also used a traditional treatment:

The traditional expert said that my breastmilk was *masuk angin* (having cold). She gave me a concoction to remove toxins from my body. She said the toxins were making my breastmilk *masuk angin*, and that was why my son had

diarrhoea and was sick. I don't know exactly the contents of the concoction, but it was really effective in curing me and helped me to produce more breastmilk. (Meciho, a mother, 35)

I have more confidence in using traditional herbs than in medicine from the pharmacy. I used traditional herbs or *sembur* several times to increase my breastmilk. It is less risky than using drugs from the pharmacy. (Merim, a mother, 31)

Traditional medicine is my first choice. It is less risky than pills from the pharmacy. My church friends also use herbs. However, using traditional medicine is normal for people here. Even my midwife suggested that I use that (traditional medicine) because she uses it too. (Suari, a mother, 27)

I prefer to use traditional herbs if I have less breastmilk. It is cheaper and also more effective. (Mesai, a mother, 22)



Picture 18. Waiting Turn at a House of Traditional Baby Masseur (*Tukang Pijat Bayi*)

Traditional treatments were actually a must for all new mothers beyond just treatments to increase breastmilk. Traditional treatments could be suggested by mothers, mothers-in-law, grandmothers, and other older people. In this research, the mothers explained the traditional methods they used for themselves after giving birth. For example, Malem (33) said:

After giving birth, my mother came over repeatedly for 40 days. She came to our house for *sembur*³⁰. She took specific spice plants such as pepper, garlic, galangal, candlenut, and *kaciwer* then she chewed all of them. My mother even told me that the method was inherited by her late mother or my grandmother. It could help me to feel warm and accelerate breastmilk production. This had also been done for my sister.

Traditional medicine was very popular among people in Karoland, particularly for mothers and children. For outsiders, particularly people from North Sumatera, Karo people are known for their skills in making traditional medicines and oils. Malem (a mother, 33) described how her friends outside Karoland often ask her to send traditional medicines and oils. One well-known oil is referred to as *minak* Karo. Every older person should know how to make it. It seems that every mother felt secure when using this particular oil. It was even viewed as more potent and reliable than modern medicine from a pharmacy. It was interesting to hear that some midwives were recommending that mothers use it. For example, Natal (a midwife, 48) said:

I ask mothers to use traditional medicine or *sembur* for accelerating their breastmilk production. The pills from the pharmacy for accelerating breastmilk are only a second option.

³⁰ Using specific spice plants by chewing and then spurring it to one's stomach, forehead and nape



Picture 19. Bringing Children for a Traditional Treatment at a Traditional Market (Pajak)

Traditional medicines and treatments were also used for babies and children. It was easy to find traditional practices at traditional markets, where mothers would come with their children to have their children cured by traditional treatments. Mothers also visited houses offering traditional baby massage. When a baby was sick or looked unhealthy, a mother would prefer to choose traditional treatment over modern medical treatment. Suari (a mother, 27) said that she frequently took her two children to a traditional masseur, or *tukang pijat*. Matawari (a mother, 27) was even willing to wait for hours for her baby's turn at the house of a traditional baby masseur. In this case, money was not a reason why they chose to bring their babies for traditional treatments. Rather, the mothers felt that the traditional treatments were very effective and suitable for both themselves and their babies. According to Matawari (a mother, 27), modern medication was not preferable for her because she feared it could have side effects for her baby.

However, the mothers did not rely one-hundred per cent on traditional treatments. None of them wanted to be helped by traditional midwives or *dukun* in

giving birth. For this experience, they preferred to go to certified midwives or doctors. This preference could be the reason why traditional birth midwives were rare in Karoland. The mothers felt that midwives and doctors had more knowledge about parturition. In fact, the mothers felt that it was strange and backward to have traditional birth midwives. They believed that people would gossip and laugh at them. It was thus rather paradoxical, or perhaps just highly pragmatic, that the mothers still used traditional medicine in so many other cases.

6.4. Conclusion

The research presented here demonstrates that the mothers exercised their agency in relation to breastfeeding. The patterns of Karo mothers' agency in breastfeeding was noticeable in the mothers' capability to make decisions about 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 or not; and about whether to implement the teachings of the church on the matter or not. They also chose their own breastfeeding preferences with regard to the options of being 'modern' or 'traditional' mothers. The research demonstrates that the mothers were neither fully 'modern' nor fully 'traditional'. Rather, they decided upon and practised breastfeeding matters in accordance with their own 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 demonstrates that the mothers still do negotiate with formal institutions. The mothers did this not by openly expressing their dislike of, or disagreement in confrontational ways, such as conducting demonstrations. Rather, they express their disapproval

through daily practices that are carried out continuously even if they are not in accordance with dominant institutional views.

Chapter 7. Dealing with Body and Space Issues in Breastfeeding

This chapter examines issues of body and space in Karoland and the ways in which the two are negotiated by the breastfeeding mothers participating in my research. First, I explore cultural perceptions of the female body in Karoland in relation to the breastfeeding or maternal body. This first section also specifically discusses the ways in which the female breast is culturally constructed in Karo culture. Second, I investigate the significance of space in relation to breastfeeding in Karoland. The Breastfeeding Law requires that lactation rooms be provided by institutions as proof that the institutions support exclusive breastfeeding. This second section discusses the condition of the lactation rooms in Karoland by exploring the types of spaces in my research location. Finally, this chapter also examines how mothers perform their breastfeeding practices in relation to negotiating their bodies and space.

During the research, I was deeply involved in the activities of mothers. These activities included attending church, taking part in traditional ceremonies, and going to the market. I also observed their regular activities in their homes such as cooking and cleaning. As a consequence, I was able to directly observe the ways mothers breastfed their babies in terms of spaces, such as during traditional and church activities and in the market. This chapter draws on the formal interviews and informal conversations I had with mothers during my fieldwork period. Overall, my analysis was informed by the experiences of 16 breastfeeding mothers. It was supplemented by interviewing of five grandmothers, two priests, and two midwives. Additionally, I also reflect on my own experiences in having previously lived in Karoland approximately 16 years ago. My personal experiences of living in Karoland

were helpful in making sense the women's' narratives, as I understood the broader context in which to situate their narratives.

7.1. Body Image in Breastfeeding

It was usual for Karo people to greet a person whom they had not seen for long time by commenting on that person's body – particularly the person's weight. I experienced that many times when I met acquaintances. They would not hesitate to say, 'Oh, you look fatter now' or 'Why do you look so thin now?' It was such a habitual custom that people did not take offence. It was even a courtesy. In addition, people also asked someone's origin according to her/his behaviour or even the shape of the body. They would ask, 'Are you Karo?' In addition, people would also ask if someone was married or not according to their appearance. It was very clear that the three characteristics – weight, origin, and marital status – always appeared when I talked for the first time with the people of Karoland.

Walking and looking around in several places in Karoland, it was easy to find large women. In places such as churches, *jamburs* (traditional halls), markets, the bus station, and clinics, there were many large women of all ages, regardless of their background such as education, social, and economic status. While the ideal woman in popular national or global magazines and television was always constructed as slim or thin, this was not the case in Karoland. Karo people still preferred a fat or large woman – especially in the case of mothers. Within this context, the discussion elaborates on the body image of Karo women specifically in relation to their experiences as breastfeeding mothers.

7.1.1. Being a Breastfeeding Mother is Being Fat

Being fat is one of the feminist issues which has been widely considered (Bordo, 1993; Murray, 2008; Orbach, 1978). It is now typically seen as one of 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 normalised into a thin 'normal' body. Feminist scholar Susan Bordo (1993) explains how the fear of fatness is strengthened and homogenised by practices such as physical training, cosmetic surgery, and dieting. She continues to explain that female disorders such as anorexia nervosa and bulimia are the consequence of this fear. However, Bordo argues 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, Murray (2008) argues that the greater fears and medicalisation of fatness are rooted in Western culture's construction of ideal femininity. While not dismissing the global reach of such discourses, the example of Karoland shows that there are cultural, ethnic and geographical differences in how ideal female bodies are constructed. Here, women have different experiences of the body and are less concerned with fatness, or being fat has many different meanings. Fatness can be seen as a sign of beauty and prosperity.

In my research, many Karo mothers were not really concerned with the shape of their bodies, especially after giving birth and breastfeeding their babies. Although they confessed that many people whom they met often commented on their bodies, they were not bothered. For example, Terkelin (a mother, 30) said in the interview:

Since becoming a mother, I've had many of my friends often comment on my body. They said that I looked fatter. Of course, I know that, because when I try to wear my old clothes, they do not fit anymore. However, I am not

disappointed because my husband never complained about my body. I even asked him about this and whether he agreed if I should try to lose weight and be like before. He said that I did not need to do that. (Terkelin, a mother, 30)

Terkelin was not the only one. Other mothers such as Malem (33) and Erbunga (31) also expressed similar statements. They knew that their bodies were fatter but it did not disturb them. They said:

I realise that I have ‘metamorphosed’ into a very large woman. I am totally different to the old me. I am talking about my body. I was very thin in the past. Everyone who knew me before was so surprised to see the changes in my body shape. However, it is normal here. Moreover I am a mother. The most important is nobody ever complained about my body shape, not my husband, my mother, or even my mother-in-law. (Malem, a mother 33)

It is such a common thing here when mothers looked fat and big. Every woman would be fatter after giving birth. I am also like that. We cannot be compared to Java women who always looked slim even though they had given birth to four or five babies. Maybe because most of mothers in Karoland like to eat BPK (*babi panggang Karo/Karo* roast pork). (Erbunga, a mother, 31)

From the interviews, it was clear that the three mothers did not worry about their large bodies. Malem admitted that she was aware of the extreme differences in her body before and after giving birth, but it did not bother her. Erbunga also seemed confident that all mothers in Karoland were like her, and that was the perfect reason to not worry. For her, eating a lot was also acceptable. Their confidence was reinforced as their husbands and other family members did not mind about the shape of their bodies.

It was very interesting that the body image among participant mothers was different to what most media (magazines and television) constructed. It was said that when a woman becomes a mother, it is normal for her to be fat. A thin body was said to be only for a girl. It was such a ‘natural’ thing to be a fat mother, and nobody discussed it as a bad image for woman in Karoland. In another interview, I

asked if they liked to watch the celebrity shows on television. I wondered why they were not influenced by such shows. Most of the mothers said that they watched them. They not only watched national shows, they even subscribed to cable TV so they could watch global television shows. Another interesting fact is that most of the mothers in this study watched Korean dramas, which starred some celebrities who had cosmetic surgery. This surgery was common knowledge and not taboo. Mejile (29) and Terkelin (30) said of this:

I really like watching Korean dramas. At least once a week, I watch one of these dramas. Song Hye Kyo is my favourite artist. She's perfect. Her body is ideal. She's not fat or thin. She has an average body. I'm not sure that her nose is genuine, but I don't care about that. She always looks gorgeous. (Mejile, a mother, 29)

I spent my days at home watching Korean dramas, especially when I was on maternity leave. Korea is not so different from Indonesia. We are both eastern cultures. Maybe that is the reason I like the show. They show respect to the elders. The celebrities are also very beautiful and handsome. Song Hye Kyo and Park Shin Hye for example. They act very natural. It is totally different in Indonesia dramas (*sinetron*), which are too excessive and far from natural. (Terkelin, a mother, 30)

I continued to ask the two mothers if they wanted to be like those Korean celebrities, specifically to have bodies like theirs. None of them said they wished to be like the celebrities. They said:

It is impossible to have a body like one of them [Korean celebrities]. Moreover, you are a mother now. I don't want to force myself to be like one of them. I only like to watch them. It's so entertaining. That's it! Perhaps, all parts of their bodies are fake (*she was laughing*). Even though everybody thinks I am ugly and fat, the most important thing is genuineness. (Mejile, a mother, 29)

Yes, they are very beautiful but I don't need to be like them. Their job is to entertain people. That is why they need to take care of their bodies. They live and eat from that job. While I am not a celebrity (*she was laughing*). I am just a mother. The most important thing is that my husband loves me as I am. (Terkelin, a mother, 30)

It was clear that the mothers did not judge themselves against these images from television, but in relation to their role as Karo mothers and cultural ideals about how a mother's body should be. It seemed that for the women, viewing such 'ideal' bodies on television had not nothing to do with a mother's life. None of them looked discouraged because of their large bodies. The mothers seemed to have positive images of their bodies. Although they admired some celebrities because of their thin and toned bodies, the mothers did not want to be like them. The positivity of their body image was related specifically to their role as mothers. 'Being a Karo mother is being fat' was strongly homogenised as common sense and taken as a norm.

Nevertheless, it cannot also be said that all the mothers in this research were passive and submissive in accepting such a construction of body image in their society. There was some ambivalence amongst the women in relation to body size. Two of the mothers in this research – namely Teridah (31) and Malem (33) – expressed their wishes to lose the weight, though they never mentioned it in our interviews. I found one of their *Facebook* or social media statuses during my research in Karoland which featured pictures of before being a mother and a caption was made indicating their wishes to be slim like before. It seemed to me that they did not totally embrace the common view of Karo mothers' body image. Both these participants are educated, having gone to University in Medan, the capital of North Sumatera. They also have friends from outside of Karoland. Their experiences and knowledge gave them an alternative view of body image which was different from the construction of their society.

Among the mothers in this study, only Mejile (29) was doing exercises in order to lose the weight. However, she did not go to any fitness centre, but she had bought a treadmill and put it in her house. Mejile admitted that she just did it for her

health. She also said that she did not recently have much time to exercise because she had to work and take care her baby. Meanwhile, other mothers said that they never dieted to lose weight or consumed weight loss drugs. By doing domestic work or household chores, they believed they could lose weight. They also added statements that dieting would not offer any advantages to their family, but doing household chores would make them good mothers and wives. Then, the weight was only a bonus. For example, Suari (a mother, 27) said:

I am too busy doing this and that at the house. I have no time for doing any exercises and a diet. Anyway, why should I do that while every morning, I wake up and immediately cook. I prepare breakfast for the father of my children and of course for my children as well. After that, I wash the clothes, clean the house, bathe my children, drop off and pick up my oldest child to school. It seems that 24 hours a day is not enough for me. Oh yes, I have not told you about breastfeeding times. I have to be ready at all times to breastfeed my child (*she was laughing*). But there is a satisfaction from all of those things. I feel an inner satisfaction in being a mother who sacrifices her own interests. (Suari, a mother, 27)

Furthermore, it was common for people in Karoland to say '*daging na enggo bagi pernanden enggo banci erjabu*³¹' (her body is like a mother's and ready to get married) when they saw a big and overweight little girl. The common statement indicated that Karo itself really has their own perspective for the 'normal' body of a mother. My research demonstrates that this had nothing to do with someone's background, class, education, and other differences. The most stressed things for having a 'normal' body of a mother were a bloated belly, big buttocks, and large breasts. A woman with big buttocks was preferred and idealised by the women themselves because it was believed that such women had a bigger opportunity to give birth normally without a caesarean, which meant they did not have to spend money on hospital care. Tall women were also liked by the society.

³¹ This common statement is always expressed in Karo language, even though the people are speaking in Indonesian. It is important to bear in mind that most Karo people are bilingual, and they often use and mix the two languages in their daily conversation.

Karo people expressed this by saying in Karo language: '*dagingna mbestang, igungna gedang, mejile, bagi kalak barat*' (she is big tall, gorgeous, long-nosed, like a Western woman).

In Karo society, it was not just mothers who were fat. Even women who choose to not be married like *susters* (Catholic sisters) were fat at the same ages as the participant mothers. One of participants, Megara (a mother, 31), commented unintentionally about that in an interview. She said:

All the *suster* here are fat too. They are like us mothers. They were not that fat when they first came here. But look at them now! They suddenly became fat. It is a good sign even. For me it is also funny. They are very happy to live here in Karoland. I am not sure if they live in Java or Borneo. Perhaps, they also eat too much (*she was laughing*). (Megara, a mother, 31)

Other mothers such as Mejile (29) and Aloï (29) also expressed opinions about fat Catholic sisters in an interview. However, the statements contained a bit of satire. They said:

Look at the *suster*. All of them are very fat. It is so funny. I have no idea why they look like that. Maybe they always eat delicious food (*she was laughing*). (Mejile, a mother, 29)

If you ask about my view on a fat mother, well, I think that is just fine. It is normal. It is not only about mothers, even the *suster* in our church are also fat (*she is laughing*). (Aloï, a mother, 29)

For the mothers, being fat was not related to being lazy, bad, or other negative characteristics. However, it was clear that the positivity was generally only attached to mothers, especially for those who are breastfeeding. In the interviews above, it is also visible that those who were not a mother but still fat, such as the Catholic sisters, were viewed more negatively. The negativity of being fat for non-mothers was often associated to having fun and eating too much. It seemed that being fat is perceived as the exclusive right of mothers. Only they deserved to be fat, and being fat provided 'an authority' for a mother. They would not be judged or satirised.

In terms of health discourses, it was usually said that being fat was not good for health. Even the Minister of Health in Indonesia declared in the media that doctors should not be fat because they would not be able to take care of their patients well³². Popular health magazines also constructed being fat and obese as the enemy of someone's health. However, the discourse of 'thin is healthier' was not visible in Karoland.

There is a satire among Karo people about the comparison between a Karo woman and a Java woman. This satire has also appeared in some song lyrics, even though the national heroine Kartini came from Java and, to a certain degree, influenced the Karo mothers. The fatness of Karo women was often contrasted with the thinness or small size of Java women. Here, strong and 'positive' characters were always associated with fatness, and that association was in turn used as a way to celebrate being Karo. Body size was accorded moral value, such that fat or large women were seen as more reliable than thin ones. They were able to work hard for example, while thin women such as Javanese women were perceived as only knowing how to primp and beautify themselves. Thin women were satirised as also being grumpier than fat women. People said this kind of woman was '*bagi biang kertang-kertang*'³³ (like a skinny dog), a skinny and grumpy dog which looked bad and unhealthy.

A fat mother was also believed to be more capable in breastfeeding and caring for children. This belief was particularly evident among elderly people. In this research, grandmothers Nini Cantik (61) and Nini Kasih (88) shared their views in the interviews:

If a woman wants to be a mother than it is better if she has a big and a large body. Being fat is no problem. It is much better than movie stars who are very skinny. It is not suitable

³² Source: <http://health.liputan6.com/read/666512/menkes-sarankan-dokter-gendut-diet>

³³ This statement is in Karo language.

for a mother especially when you are breastfeeding your baby. That's why you have to eat much to have big, tall and large body (*she is laughing*). Besides, eating much is also good for producing breastmilk. Honestly, I do prefer having a large body because of course I am more powerful in caring for my children. I would be strong to work at the *juma* (a farm). You would also look healthy, strong and reliable. I think so. (Nini Cantik, a grandmother, 61)

Please, do not be so thin if a woman wants to be a mother. It is not good for her. It is also not good for her baby who is being breastfed. A thin mother must be very weak and not able to care for her children well. In past times, there were many thin mothers in Karoland. However, it was because they faced difficult situations. They were malnourished and looked very weak and pale because there was not enough food – especially during the time of the independence war. The rice harvest failed because of pests such as field mice. It often happened. In the current times, everything is available. No more hungry people in Karoland. There is money, there is plenty of food. So why should we be thin? (Nini Kasih, a grandmother, 88)

Based on that interview, it is clear that the two grandmothers assumed a fat or a large mother was very capable in child rearing. The large body is associated with health and high energy. Ironically, during my fieldwork, I found that many women over the age of 50 suffered from high blood pressure and even had excess cholesterol in Kabanjahe Karoland. One of the reasons was obesity.

Again, there were some contradictions in my research. During my research, Nini Cantik (a grandmother, 61) was often seen buying a specific milk for diabetics in a little shop. She was regularly invited to attend a health seminar. The seminar was sponsored by a milk company and the elderly people were sometimes given free milk for diabetics. According to Nini Cantik, she had lost weight since doing exercise and drinking the milk. She also had dieted and limited fatty foods, including Karo roast pork (BPK). However according to her, since losing the weight, many of her friends considered that she was less healthy because she looked thinner than before.

Furthermore, in the people's view, a fat mother also produced more breastmilk than a thin one. It was believed that fat mothers normally had larger breasts. The larger breasts, in their view, produced more breastmilk. This statement appeared when I asked whether their breastmilk was enough for the needs of their babies. Some of them 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. (Terkelin, a mother, 30)

I produce abundant breastmilk (*she was laughing*). Perhaps it is because of my large breasts. Sometimes, I didn't feel comfortable because of the milk dripping. The drips soaked through my clothes. If that happened, then I pumped my breastmilk. (Erbunga, a mother, 31)

My breastmilk is not enough for my baby. It makes me have to stop breastfeeding him. Maybe it is because of my small breasts. I still wonder about it. My friends also told me so. However, I do not totally agree with that because a book I read said that a lack of breastmilk is not because of the size of a mother's breasts. (Mejile, a mother, 29)

The belief that 'large breasts produce much breastmilk' also appeared in interviews with other mothers such as Megara (31), Malem (33), Matawari (27), and Meciho (35). In this study, there were two mothers – Mejile (29) and Dalin (28) – who did not believe that a fat body correlated with large breasts. However, most of the mothers and all of the grandmothers in this research were very sure that there was a correlation. For example, Nini Anggun (63) said:

If you have large breasts then you must have a lot of breastmilk. However, large breasts are only owned by those who are fat. Please, eat a lot when you're breastfeeding. No need to 'diet' if we're all going to die anyway! (*she is laughing*). My daughter and my three daughters-in-law all have large bodies. I think that is also the reason why they have much breastmilk. I also remember my mother, who always suggested for me to eat a lot while breastfeeding. (Nini Anggun, a grandmother, 63)

7.1.2. Reliable Mothers Do Not Wear Make Up

It was evident from my research that being a good mother was not only linked to body size. A good mother also did not wear make-up. Indeed, I observed that the mothers did not wear make up on a daily basis. 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 I 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 satirising 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.

In this research, for some mothers such as Dalin (28), Merim (31), and Mejile (29), cosmetics such as lipsticks and mascara were often used because, according to them, they worked at formal institutions. Meanwhile, other mothers admitted they only wear cosmetics in traditional and church ceremonies. Some mothers correlated cosmetics or make-up with the morality or state of being reliable. When I asked their opinions about efforts to beautify themselves, Suari (27) said:

I am not the type of women who depends on cosmetics. I think it is not that important. Moreover, I am still breastfeeding and busy caring the children. I have no time to beautify myself by using cosmetics. All the time, the children need me. Crying here! Crying there! I think it is much better to save money than to spend it on cosmetics. I can use that money for my son's playgroup fee and buying his books. (Suari, a mother, 27)

Based on the interview with Suari, not using cosmetics was a sign of virtue and of being a reliable mother who prioritised her children's welfare. She assumed that by not wearing or depending on make-up, she could save money. Beautifying the self was not important for her because of her state of being a mother.

On the other hand, Matawari (a mother, 27) linked the choice of not using cosmetics to her Christian beliefs. She quoted the words in the Bible to justify her choice. She said:

In the Bible especially the letter of Peter, it was mentioned that a good wife was one who did not wear expensive jewellery or wear luxury dresses, but someone who had a kind heart. I think God also told us not really depend on cosmetics to beautify our face. Inner beauty is the most important. (Matawari, a mother, 27)

Both Matawari (a mother, 27) and Aloï (a mother, 29) also admitted that 'natural' make-up was worn when attending church and traditional ceremonies. They did not want to be seen excessive in using them. However, both women admitted to being involved in online cosmetic selling so they could earn money without having to leave their babies at home.

Most of the mothers in this study did not use make-up regularly. They also said that since becoming a breastfeeding mother, the need to beautify themselves and use cosmetics were both reduced. There was no desire to be more attractive. It seemed that body image was not a priority for the breastfeeding mothers. Some of them said:

Since giving birth to my baby and breastfeeding, I never touched my lipsticks and foundation anymore. Perhaps it is expired now (*she is laughing*). Suddenly, I do not want to use the cosmetics. I still use skin lotion after taking a bath, but not lipsticks or even mascara. I don't know why. Maybe it is because I am too busy taking care my three children. What do you think? Am I correct? But, the point is I really don't want to wear the cosmetics except attending ceremonies. For this, I just go to a beauty salon. (Erbunga, a mother, 31)

I have already ‘sold’ (*she was laughing*). I have a husband now and no need to attract a man like a virgin woman does. Moreover, I am breastfeeding now. My baby would ruin my make-up while breastfeeding (*she was laughing*). I am also too busy not only caring my baby, but also working at the market. No time for using the cosmetics. It is not important for me. I just use light powder before leaving. (Mehuli, a mother, 21)

Karo mothers are very famous for not depending on the cosmetics. They are not only fat, but also lazy enough to beautify themselves. Do you know that? (*She was laughing*). Maybe that’s why most men like Sundanese and Javanese women. But the mothers are very tough and strong, which is very useful for working at the *juma* (field). *Kai pe banci gengkenna* (They can survive in any situation). Do you believe that actually the men would not be serious in taking such a Javanese or Sundanese woman as a wife? Those women are only for entertaining, because a good man only chooses a good woman too. A woman who knows how to manage a household. Although, for me, it is still important – especially when I need to go out for church or attending some ceremonies. I try not to look ugly. But, while breastfeeding, I think it is not important. What for? (Meciho, a mother, 35)

There were several reasons for the breastfeeding mothers to not try to beautify themselves. These included being busy in taking care of the children, saving money, it not being important to them, being married, and religious and moral reasons. They always linked the desire to beautify someone’s face and body with morality as a good or bad mother. Meciho (a mother, 35) stated that she explicitly linked wearing make-up to ethnicity and morality. She argued that women from other ethnic groups were inferior morally because she believed they prioritised cosmetics over their children. There was a paradox matter because on the one hand, the mothers saw Java as more ‘civilised’, but on the other side, they consider them to be inferior.

To deeply investigate the influences of cosmetics, I also visited and observed some beauty salons in Kabanjahe town of Karoland. I also observed some cosmetics stores. In our conversations, hairdressers and beauticians told me that mostly women in Kabanjahe went to the beauty salons in Christmas season. Those who went were mostly mothers. The mothers asked them to make bun hairstyles and

apply make-up as well. The bun style is popular among women in Indonesia. According to one of the beauticians, one of those mothers could come three to four times in a Christmas season because they needed to attend many Christmas celebrations. They also complained that some mothers did not directly pay for their service, though they knew the mothers had money. It seemed that the mothers did not take into account the professions of hairdressers and beauticians. According to the hairdressers, most of the mothers just came for haircuts. Only a few women came for treatments such as pedicures, manicures, or cream baths. The situation was totally different from big cities, especially those in Java island. Many women went to beauty salons in Java, including Muslim women who wore a hijab.

In Indonesia, it is commonly believed that white is the most beautiful and desirable skin colour, while straight hair is the most preferable. Even people of Papua, a dark-skinned and curly-haired ethnic group in Indonesia, were influenced by that standard. I noted while living in Java that the Papua women I met admitted that they came to beauty salons to straighten their hair; such ‘rebonding’ and ‘smoothing’ hair treatments were popular. The skin whitening products were also tangible in many beauty advertisements on television and billboards, including the products which had a ‘halal’ label. In such advertising, beauty products such as lotions and creams were always linked to whitening. It seemed that people, including women and men, young and old, idealised white skin. When we asked people to describe a beautiful woman, they would mostly answer using the term ‘white’. Whitening products were also expensive, and because of the high prices, many women were tempted to buy whitening products from China – which was cheaper, but unfortunately such products could prove dangerous for the skin. The Ministry of Health used campaigns on television to advise against using these products.

In terms of the white-skinned standard of beauty, it was noticeable that the mothers in this study were not all influenced by this discourse. Through our informal conversations and my observations, it was revealed that they did not depend on skin whitening products. Aloi (29) and Matawari (27) were exceptions, and they admitted to using such products because they sold these products online and needed to attract their customers. This fact was different to teenage girls in Karoland, who according to Aloi and Matawari, were interested in buying their skin whitening products. As mentioned earlier, breastfeeding mothers had no desire to beautify themselves. These facts were also explained by shopkeepers I met at the Kabanjahe market or *pajak*. They said that not so many cosmetic products were sold. If mothers did buy items, they usually only bought items that were not too expensive, such as lipsticks and creams.

7.1.3. Breasts Are Not Sexual

Breasts were not considered as sexual in Karoland. However, that did not mean that the female body was not sexualised. The people of Karo tended to see thighs as more provocative and sexualised. In everyday life, Karo women rarely used clothing such as miniskirts and shorts that showed off their thighs. Even a little girl was warned not to use shorts or miniskirts in front of her father, brother, or uncle. Using such clothing in front of their fathers, brothers, and uncles would be seen as disrespectful, and they would be called *jeggir*³⁴ (coquettish or flirtatious). It was even satirised through a Karo song (mentioned earlier in Chapter 4), in which a young Karo woman went to Jakarta, the capital of Indonesia, and suddenly changed her clothing style by wearing a miniskirt. I remember when my cousin, who lived in Jakarta, Java island, decided not to propose to a woman from Karoland because that woman wore shorts. He said that the woman had bad manners. However, it was

³⁴ 'Jeggir' is a Karo term

ambiguous to me, as he could tolerate a non-Karo woman wearing shorts or miniskirts. This kind of tolerance for foreigners or those outside Karo society was showed by most Karo people. Meanwhile, in every traditional ceremony, women were required to wear a *sarong*, a type of fabric which is formed like a skirt. It was ‘imperative’ for every woman – married or not – to wear that *sarong*. It would be considered as ‘*la meteh adat*³⁵’, literally, ‘does not know the tradition’ if they did not wear the skirt. They would also be seen as a ‘bad’ woman. Being a good Karo woman was thus linked to what the women wore.

I noticed something interesting when I saw pictures of Karo women from the past at one of the museums, *Museum Pusaka Karo*, in Karoland. The pictures showed a mother with her baby, and the mother’s breasts were uncovered. The women did not look embarrassed and awkward. It appeared to me that she just looked at the photographer in a relaxed manner. The photographer might even have been a Dutch man, as the picture was taken in the 19th century when the Dutch still colonised Indonesia and the Dutch had more access to photography. After my visit, I asked the grandmothers in this research whether their mothers, grandmothers, or even they themselves had experiences in terms of uncovered breasts. They said:

It was normal for a teenage girl to not use clothes if her breasts had not developed yet. I also used to be like that and never felt embarrassed. But finally my mother gave me a cloth to cover my breasts. It was a rag. But you need to know that not all young women could cover their breasts once their breasts had developed. It was difficult to get clothes in the past. (Nini Kasih, a grandmother, 88)

In the past, most women just covered their breasts with just a simple cloth. We never felt embarrassed because most women were like that. Now, you can buy and choose the clothes you want. (Nini Baik, a grandmother, 77)

According to the two grandmothers, the breasts were not that sexually provocative in the past. They did not feel embarrassed being topless.

³⁵ ‘*La meteh adat*’ is the statement in Karo language

In terms of breastfeeding mothers, Nini Kasih also shared her experiences of the past:

Mothers just left their two breasts uncovered when they were in the state of breastfeeding. It was a normal thing. It was not a problem for anyone. (Nini Kasih, a grandmother, 88)

There was a difference between Karo women in the past and in the present, yet there some similarities remained. One specific similarity to the past is related to unprovocative and non-sexualised breasts, especially for breastfeeding mothers. The breasts were still not seen as erotic in Karo. Such circumstances were also seen during my fieldwork. I even saw a women breastfeeding her baby while walking and shopping at the market.

The breastfeeding mothers in this research did not look awkward when I interviewed them while they were breastfeeding. For example, Malem (a mother, 33) immediately breastfed her crying baby in front of me. She did not look ashamed. It was more interesting when her brother-in-law came in, but Malem still continued to breastfeed. Megara (a mother, 31) also breastfed her baby in a relaxed manner when we celebrated a Christmas event in *jambur* (the traditional hall) in which many men gathered. She did not look awkward in front of the men. Teridah (a mother, 31), Aloï (a mother, 29), Terkelin (a mother, 30), Matawari (a mother, 27), and Erbunga (a mother, 31) did the same thing where they usually breastfed their babies while we were talking. In this research, Mesai (a mother, 22) and Mehuli (a mother, 21) seemed the most accustomed to breastfeeding in crowded places, because both of them worked at the market. The interviews with both of them were conducted at the market, and I saw them as being very relaxed with their uncovered breasts. In my view, these facts were a sign that breasts were non-sexualised in Karo society. However, although the character of breasts were not

provocative, the women I met in Kabanjahe, Karoland rarely wore clothes that showed a part of their breasts.

Furthermore, sexuality was taboo in Karo society and not openly talked about. My interviews indicated that even between a mother and a daughter, discussions on sexuality almost never happened. I also experienced this, as I never talked about sexuality even with my sisters. In the interviews with the mothers, I asked whether they ever talked about the relationship between a man and a woman, sexual intercourse, and other sexual activities with their mothers before they married; they laughed at my question. In my view, their responses by laughing were always associated with the things that do not need to be questioned. They said:

Mela (a Karo term, literally means ‘ashamed’ or ‘embarrassing’) to talk about it even with our mother. We were in silence about it (*she was laughing*). (Teridah, a mother, 31)

For Karo people, it is embarrassing to talk about sex, especially if our father and brother get to hear. You will know about that naturally when you get married. (Malem, a mother, 33)

The Karo tradition of relations between a father and a daughter, a sister and a brother, or a man and a women defines what can be done and what can be discussed both in public spaces and in private. The custom dictates how a married woman should act toward her father-in-law and how a married man should act toward his mother-in-law. In these situations, one could not talk directly without any intermediaries. In every traditional ceremony or gathering, men and a women sit in specific places in accordance with their customary positions. A Karo woman cannot sit side by side with her father-in-law. This discourse is still preserved in the contemporary era. Every Karo person learns the cultural protocol on appropriate personal conduct with others from a young age.

However, in relation to breastfeeding, there were no such taboos. The women in Karoland had the autonomy to openly breastfeed in front of other people – including men. It would not be considered taboo or provocative. The breasts were not objects of a sexualised gaze as in Western countries. In the interviews, I asked mothers if they felt threatened sexually while breastfeeding in the presence of men. Some of them said:

I never felt worried about my uncovered breasts. Everybody knew that I was breastfeeding my baby. It was normal. It was done by all mothers in the world, so why should a man have to see them as sexual objects as you told me? (Teridah, a mother, 31)

(laughing) I am a mother now. Nobody would be interested in me when they see I am breastfeeding my baby. It is so ridiculous to threaten a women who uncovered her breasts because of breastfeeding. It is also ridiculous to be sexually interested in me just because of my uncovered breasts. (Malem, a mother, 33)

I've never felt someone gazing at me while I was breastfeeding. Sometimes, I covered my breasts with a specific fabric while breastfeeding, like if I had to breastfeed in ceremonies. (Terkelin, a mother, 30)

It is truly disgraceful for a man to threaten a breastfeeding mother. He also used to be breastfed by his mother. (Mehuli, a mother, 21)

Furthermore, the Christian belief of the body also appeared in the interviews with the mothers. For example, Matawari (a mother, 27) said:

The body is not only related to sexual things. It is a temple of God. We can read it in the Bible. (Matawari, a mother, 27)

In this research, I also investigated the experiences of midwives when they helped mothers in childbirth. I asked them if the mothers felt any embarrassment when they learned to breastfeed their newborn babies in front of the midwives. They said that mothers who they helped just looked relaxed and natural. The midwives said:

According to my experiences, they never looked embarrassed. Perhaps because we are both women. (Bidan Arta, a midwife, 32)

Even if guests including men come to see them, they did not look awkward when they breastfed their babies. (Bidan Natal, a midwife, 48)

7.2. The Meaning of Space in the state of Breastfeeding

Issues of space cannot be ignored when talking about breastfeeding practices. In the breastfeeding law it is mentioned that facilities such as lactation rooms should be provided at work and public spaces such as shopping malls, airports, hospitals, and train stations. The breastfeeding room should be decent and clean. The spaces are investigated in this study to see how the mothers locate and perform their breastfeeding practices. The previous part in this chapter has discussed how the maternal and breastfeeding body is seen in Karo culture. However, in addition to analysing the cultural meaning of the body it is important to see how the bodies are located in a specific place. In this study, besides visiting the participants at their houses, I also visited traditional halls (*jambur*), traditional markets (*pajak*), and traditional cafes (*kede kopi*) to investigate the meaning of spaces for Karo people. I decided to visit *jambur* with the assumption that this place is a representation of the communal character of Karo people. *Jambur* is a place where Karo people gather to celebrate Karo ethnic traditions. At this communal location, people from different backgrounds to gather and interact. There, I directly observed how mothers breastfeed their babies before others, regardless of their gender. I also observed *pajak* and *kede kopi*, because these places clearly represent people based on gender: *pajak* are places dominated by women while *kede kopi* are places dominated by men. I investigated the experiences of breastfeeding mothers in public place, although it can be assured that women are less likely to go to that traditional café. However, in my

view, it is still important to visit *kede kopi* to understand more about the space character in Karoland which influences breastfeeding practices.

This part explores the meaning of space in Karoland and how this relates to breastfeeding. This part concerns the characteristics of existing spaces in Karoland. It is divided into two sections. The first section looks at breastfeeding in communal spaces, and the second section considered the gendered character of the spaces.

7.2.1. Breastfeeding in Communal Spaces

One of the meanings of space for Karo people might be seen through its traditional house or *Siwaluh Jabu*³⁶ (a communal living area), which was common in the past. The house was typically occupied by six to eight nuclear families. The place arrangement of each family was based on their status in Karo tradition. However, nowadays, Karo people live in modern houses. The grandmothers in this research shared their memories about living in *Siwaluh Jabu*. Among 5 grandmothers, only two of them – Nini Kasih (88) and Nini Baik (77) – had lived in that house type. In the interview, they talked about their experiences:

We could see what other families were cooking. It was a usual thing for us. We could also not hide what we were cooking. Each family would gather for mealtime, and they used *capah mbelang* (a very wide plate) for all members of the family. All the members of a family had eaten from that *capah mbelang*. Sometimes, I asked for salt from other families, and they also did the same thing. We shared many things in the house. (Nini Kasih, a grandmother, 88)

There were eight families in our *Jabu* (house). All of them were my extended family. However, each family had their internal household matters such as cooking and mealtime. At nightfall, boys usually went out of the house. They could sleep everywhere. It was different with girls. We stayed at the house. (Nini Baik, a grandmother, 77)

³⁶ *Siwaluh Jabu* literally means ‘the eight households’. It is mentioned as eight because the house is usually occupied by eight nuclear families.

It was clear from my interviews and my own experiences having lived in Karoland that there is a legacy of communal living. Their activities were often in public spaces and under the observation of others. However that observation did not make them feel disturbed, under pressure, or under control. Sharing communal spaces, in a relaxed manner, was an ongoing part of Karo culture.



Picture 20. Traditional House of Karo: Siwaluh Jabu

Furthermore, the communal character of Karo life was also visible in the mothers' daily lives. I visited the participants several times, and I was able to identify this. Rende (a mother, 24), whom I visited a week after she gave birth, was an example of this. I saw that a bed and all baby equipment were placed in her living room, which was also as the place in which she welcomed her guests. Many activities were performed there, including nursing her baby. I also found that other mothers, such as Matawari (27), Merandal (28), Aloi (29), and Terkelin (30) had similar habits. I noted that the behaviour was not associated with having small houses, as their houses were large. They had several rooms inside their houses. I asked about this in the interviews to delve further into the meaning of space for the mothers. They said:

When I had a newborn baby, it was normal to put everything in my living room - especially my baby's equipment. My sister also did that. It is practical and easier. If I stayed in my private room, then it would be difficult being helped and seen by my mother or mother-in-law. (Rende, a mother, 24)

I felt comfortable and secured when everybody could see me especially just after giving birth. That is the reason why I stayed here in my living room. (Matawari, a mother, 27)

There would be many guests to visit me, including our relatives and my husband's friends. Staying outside my bedroom is a better choice. I feel comfortable here. Moreover, almost every day my grandmother gives me a traditional treatment. It would be easier for her if I stay here. (Merandal, a mother, 28)

The feeling of being secure and comfortable were the reasons why the mothers chose to stay in their living rooms instead of their bedrooms. Being observed and seen by others did not make them feel under control. Instead, it offered them reassurance, especially when they had a newborn baby. Borders between public and private spaces were blurred to some extent. Breastfeeding was not seen as a private activity, but as an activity for communal spaces.

The need for communal space was also noticeable in every traditional ceremony of Karo. Regardless of social and economic status, most Karo people preferred to celebrate events in open, large traditional halls. The hall is called *jambur*. During my fieldwork, I often heard people say, '*You are not truly a Karo person if you do not celebrate a traditional ceremony at a jambur*'. In the past, *Jambur* was the name for the place where Karo people gathered to talk about community interests. *Jambur* was like a cafe in the ancient times. People who went there – especially men – tended to talk while drinking coffee. However, such cafes were completely different from 'modern' cafes in many big cities around the world.

In *jambur*, invited guests do not sit on chairs, but on mats. People, including men and women, old and young, breastfeeding or not, just sit together on the mats.

There is no separation based on gender, however, a married woman is not allowed to sit next to her father-in-law and a married man cannot sit next to his mother-in-law.



Picture 21. Jambur or Karo Traditional Hall

The ceremony is dominated by speeches. Guests speak based on their turns and their position in *adat* or Karo tradition. Everybody should sit, watch, and listen to the speech. For me, the most interesting part was not the formal process of the ceremony, but the informal activities that go alongside it. I watched how people sat on mats engaging in their own activities, such as chatting, chewing *belo* (or betel for women), and even nursing and breastfeeding babies. In such ceremonies, I noticed that sometimes a seller came to offer food or toys to children.



Picture 22. People or Invited Guests Gathering at a Karo Wedding Ceremony

I also interviewed mothers about their views and experiences in places like a *Jambur*. They said:

I feel happy to be gathered in the crowds, especially when it is at a *Jambur*. It is so warm and delightful. I can see everybody there. (Rende, a mother, 24)

That place is our uniqueness. It is not complete if we do not celebrate an event at a *jambur*. We meet our members of extended family there. We can see each other in there. I feel strong kinship ties when gathering at the *jambur*. It is like an outdoor. (Malem, a mother, 33)

Once I arrived at a *Jambur*, I would observe the place whether there are people I know. But usually we have to sit in accordance with our position in the *adat* (*the custom or Karo tradition*). I like watching people there, especially mothers in *kebaya*. I like to see the styles. (Erbunga, a mother, 31)

The keywords that I found in the interview with these three mothers were ‘seeing everybody’, ‘seeing each other’, and ‘observing the place’. In my view, those keywords are the reflection of their view of a communal place like *Jambur*. The communal character has normalised the state of observing and being observed. The communal character also influenced the spaces and facilities across the Kabanjahe town in Karoland. It was common to see a group of people gathering and talking in

the public facilities such as markets, bus stations, and even on sidewalks. Men smoked and women chewed betel there.

Furthermore, I found so many breastfeeding mothers in the *jambur* that I asked the mothers in this research about their experiences on breastfeeding at traditional ceremonies. I focused on their feelings when breastfeeding in a space where so many people were there. They said:

It was very practical for me to breastfeed my baby during a traditional ceremony moreover he was crying. Breastfeeding was really helpful to calm down my baby. I never felt ashamed even though there were men. It would be different for those mothers who bottle-feed their babies. They need to prepare many things while I just immediately breastfeed my son. (Teridah, a mother, 31)

The biggest challenge to breastfeed my baby at a *Jambur* is not about feeling ashamed because being looked at by people especially men. It is because I busy unbuttoning my *kebaya* (*she was laughing*). It is really annoying. (Malem, a mother, 33)

I never felt that men gazed at me during breastfeeding at a *jambur*. Surely, I ever read in a social media how mothers in America felt uncomfortable about male gaze during breastfeeding with uncovered breasts. It would not be happened here. I think so. I felt comfortable when need to breastfeed at the *Jambur*. If you feel embarrassed, you just need to cover your breasts and your baby with a cloth. (Terkelin, a mother, 30)

No need to feel embarrassed to breastfeed at *Jambur* because it is normal for a mother. (Merim, a mother, 31)

The mothers mentioned that breastfeeding at an open space like *Jambur* was not such a problem. They did not feel sexually objectified and socially awkward when being around men. The mothers likely supported the idea that breastfeeding in a public space is not ‘dangerous’ or ‘embarrassing’. Teridah even said that breastfeeding during the ceremony helped her to soothe her baby when she was crying. This was different to those who depended on bottle-feeding, as they had to prepare first. The mothers felt comfortable to breastfeed everywhere, including in

open, public spaces because it is a normal act and culturally accepted to do so. I learned from these mothers that the spaces and people who occupied those spaces during breastfeeding were not a concern.

7.2.2. Gendered Characters of the Spaces

In Karo society, public space was also gendered. My research demonstrates that in terms of two popular communal spaces – the *kede kopi* (a traditional cafe) and the *pajak* or *tiga*³⁷ (a market) – their usage was heavily gendered. Based on my research, I found that the *pajak* or *tiga* was a public space frequented by many women, while the *kede kopi* was a predominantly male space.

There are so many *kede kopi* in Karoland. Visiting *kede kopi* after working is a common practice for Karo men, especially for those who are a father. The men gather there and share information about many things, especially social and political issues on Karoland and Indonesia. It is a common view in Karoland that *kede kopi* is a space for men who are fathers. During my fieldwork, I seldom found women at *kede kopi* other than managers and owners. One of the participants, Meciho (a mother, 35), was an owner of such a traditional cafe. I visited her several times at her *kede kopi* and never found a woman there to just sit and had a cup of coffee. She confirmed in our conversations that her guests were never women.

³⁷ The term '*pajak*' is commonly used in Sumatera island, different from Java where the common term is '*pasar*'. The term '*tiga*' is a term of Karo language which also means 'a market'. The two terms '*pajak*' and '*tiga*' are often used by Karo people, who are mostly bilingual.



Picture 23. A Traditional Café or Kede Kopi

The *pajak* or the *tiga* is the economic centre of Karo society. It is located in the middle of Kabanjahe town, Karoland. The *pajak* is different from a shopping centre such as malls in bigger modern cities. This is a traditional market where a buyer and a seller could interact and have a conversation. In the past, according to the grandmothers in this research, their villages had their own markets, and *pajak* in Kabanjahe were always the biggest and the most complete in providing any goods. The area was not only used to provide their needs, the market was also a place of encounter and exchange of information around Karoland. The two grandmothers in this research, namely Nini Kasih (88) and Nini Baik (77), shared their experiences. To be noted here, the two grandmothers used the term *tiga* instead of *pajak* because we talked in Karo language. They said:

When I was young in the 1930's, I remember how excited I was to go to *tiga* in Kabanjahe. My mother asked me to come along. It was an opportunity to see other people from other villages. You could buy everything there, such as salt and clothes. I saw many women, especially mothers, come there with their children and they did not miss the chance to talk with other people. Those mothers were breastfeeding their babies and, yes, you need to know that they left their breasts uncovered. (Nini Kasih, a grandmother, 88)

Based on my experiences, there were more women than men in *tiga*. Women usually sold vegetables and fruits while men sold farm equipment such as hoes and machetes. Many

mothers came there, including new mothers. It is a Karo belief that in the early weeks of life, a newborn baby should be brought to *tiga*. It is done as a hope for them to be sociable and have many acquaintances in the future. (Nini Baik, a mother, 77)

For the two grandmothers, it was visible that a market was not only a specific place for economic transactions. Even though the *pajak* is a mixed space for both men and women, the market (or the *tiga* or *pajak*) had a social function – especially for Karo women. Based on that interview, it can be seen that Karo women in the past had considered a market as a place of gathering, meeting people from other villages, and socialising especially newborn babies. The research also shows the similarity between those grandmothers and mothers in the present. During the fieldwork, I often met with the participants on their ways to the market. Mothers Matawari (27), Aloï (29), and Merim (31) were the most frequent in visiting the *pajak*. They brought their babies with them. Thus, I investigated the meaning of markets for the mothers in this research based on observation and interviews. The mothers said:

At least once a week I would go to *pajak*. That is the place for refreshing and meeting many friends. There is no place like *pajak Kabanjahe* in the world (*she was laughing*). (Merim, a mother, 31)

Pajak is like my second home. I know almost everyone there, especially the sellers. It is the place for meeting up with my friends. It is such a friendly place for me. However, since I have two children, I could not go to the *pajak* every day. But, at least once a week, I would go there. If there is something important I need to buy then I'd bring my youngest daughter because she is still being breastfed. I ask my sister-in-law to keep my older child. Although the younger could be bottle-fed, she would not let me go alone. She would be crying. (Malem, a mother, 33)

Pajak is the place for fun. There is no other place like *pajak* here. I usually bring my baby. We just go there by public transport. It just takes ten minutes to get there. (Matawari, a mother, 27)

You may call me the *pajak* person because I am very familiar with that place since I was a child. Now, I often bring my baby to *pajak*. It is not just about buying something. It is also the place to see other people, especially, you know, since I'm just a housewife. (Aloi, a mother, 29)

There, you can gather and talk with your friends while chewing *belo* (betel leaves). Sometimes, I would forget the time if my baby were not crying. (Merandal, a mother, 28)

Mothers and grandmothers looked very enthusiastic when they shared their experiences and views on the *pajak* or the *tiga*. From my interviews, it was clear that the place had eliminated any alienation of the women, especially for those who were alone at home doing household chores and taking care of their children. The market also became a locus to gain any information and a social place where women meet up and talking with their friends. It can be said that the market was also the place for mothers to be free in performing their practices including breastfeeding. However, some people thought that a mother who went to the market too often and chatted with her friends without noticing the time was assumed as being 'a bad mother'.

Furthermore, it can be understood that the mothers did not feel embarrassed and awkward to breastfeed at an open space like a *jambur* or a Karo traditional hall, as mentioned earlier. Perhaps this is because most of the people there were familiar to the mothers. It was different from the market where most people were not known by the mothers. However, the women breastfed their babies in both situations. I often found that mothers breastfed at a *pajak* even while walking and shopping. I asked about the mothers' experiences and their feelings when they needed to breastfeed their babies at the *pajak*. They said:

It is easier to breastfeed at the *pajak* because I don't have to wear *kebaya* (*laughing*). (Malem, a mother, 33)

Of course, it is not such a problem to breastfeed at a market. I can do that in my friend's stall while chatting with my friends. If you feel embarrassed, you can just cover your

breasts when breastfeeding. No need to worry. (Merandal, a mother, 28)

When I was at the *pajak* and my baby was hungry, I just had to breastfeed her. I could sit anywhere there. Nobody would say, 'hey you, breastfeeding is prohibited here'. If that happened, I'm very sure that lots of people would defend me. But surely that would never happen. (Aloi, a mother, 29)

I work at the *pajak Kabanjahe* from morning until evening. I bring my baby with me every day and I breastfeed her there whenever she wants to. I never cover my breasts during breastfeeding (*laughing*). It would be troublesome if I always think about what people are saying about my practices. However, I am a mother, so why should I feel embarrassed to breastfeed my baby? (Mehuli, a mother, 21)

The experiences of the mothers while breastfeeding in a public space were similar. Most said that breastfeeding would not limit their activities in an open space. The character of a space like a market has been influenced by the women. There, they gathered with their friends and shopped for the needs of their families. They did not worry about issues such as sexual violence or male gazing except in the evening. We would not find a woman there in the evening because the evening is believed among Karo people as the time for criminals to act. This is even taught in childhood. It was told to me when I was a child by my parents. Matawari (a mother, 27) linked the freedom to breastfeed everywhere with religion:

It would be different for those who are Muslim women. They're not allowed to breastfeed anywhere, especially not in front of foreigners. Fortunately, we are Christian. It's not so important to question about clothing. The important thing is we just need to wear clothes properly.

To breastfeed freely in a public space, in my view, reflects the agency of women. They were empowered when doing this practice in an open space. Through breastfeeding, they also deconstructed the male gaze, because breasts were not sexualised. Karo mothers had their autonomy when people – including men – accept their breastfeeding practice as a normal and natural thing. They were free and confident to breastfeed their babies before others.

7.2.3. No Lactation Rooms

I did not find any lactation rooms in Karoland. I did some observations in the public spaces, including a market, churches, a bus station, and traditional halls. No lactation rooms were in any of these sites. I attended the baptism of Aloï's (a mother, 29) baby at the church, and I found that many mothers were breastfeeding their babies inside the church. I asked the priests whether their churches prepared a breastfeeding room for mothers. They said that there were no lactation rooms. I asked them why, and they told me the following:

I know about the need and the importance of a lactation room in several cities, especially in Java island. It can be understood by the teaching of specific religion, or maybe specific culture? But this is different situation in Karoland because here, a mother is not limited by a specific place in breastfeeding her baby. But if you told me that the government requires all institutions to provide a space for breastfeeding mothers, then of course we would provide it. But in my view, it depends on the situation and the mothers of course. Here, the mothers never asked about such a place and as long as I have been a priest here, I never heard even one of mothers complain about the absence of that room. (Pastor Kolose, a Catholic priest, 63)

I think it is not too important to provide any lactation rooms here because practically all of us, the members of the church – including men – support all mothers in breastfeeding their babies freely. This means they can breastfeed everywhere they want to. Even during a service, they are allowed to breastfeed their babies. If they feel uncomfortable, they are also allowed to breastfeed out of the church building during the service. (Pendeta Titus, a Protestant priest, 30)

The priests also supported mothers in breastfeeding everywhere they wanted to. The practice did not need to be limited by any kinds of space. Breastfeeding in the public area – including church – would not disgrace a woman. Subsequently, in my interview. I also asked the priests whether they were not concerned with the Breastfeeding Law, which mentions that all formal institutions and its stakeholders have to facilitate breastfeeding mothers including providing a lactation room. Then they said:

What spaces does the government want? In my view, the space is not always related to a specific room or building. They should define the meaning of space here. They have to understand the culture of people here. (Pastor Kolose, a Catholic Priest, 63)

I have no idea what the government was thinking about. Maybe they made the Law based on a specific culture and religion. Let's say every formal institution including churches in Karoland provide a lactation room and I am very sure that the mothers will not use that. (Pendeta Titus, a Protestant priest, 30)

It was worth noting that the two priests complained about the Law and cited the culture of Karo people as the reason why a lactation room was not needed. Their responses can also be considered as the view of males who were not disturbed or provoked by the breastfeeding practices.

Furthermore, to confirm the needs for a lactation room at the church, the bus station, the market, and other public spaces, I asked the mothers in this research for their input. They said:

For all this time, I felt normal when I needed to breastfeed my baby at my church. Sometimes, I covered my breasts and my baby with a cloth. I don't think mothers need a lactation room at the church. Moreover, the Sunday service is only less than two hours. It is not practical to go out of the church building just to breastfeed. (Malem, a mother, 33)

I don't think I need any lactation rooms. It is not only at the church, the bus station, moreover at the market. What for? I work at the *pajak* all day and am too busy to go to any lactation rooms if it is provided (*she was laughing*). (Mesai, a mother, 22)

I don't need a lactation room in Karoland. Maybe it will be a different story when I travel to Java. Maybe I need a lactation room there. (Suari, a mother, 27)

It is worth noting that Suari mentioned Java as a comparison to Karo. In doing so, she asserted the distinctiveness of Karo society and how it differs from mainstream Javanese culture.

7.3. Conclusion

The first section of this chapter considered the cultural perceptions of the female body in Karo culture, specifically in relation to the breastfeeding body. Despite exposure to Javanese and global ideals of the female body as the ‘thin’ body, the ideal maternal body in Karo culture was a fat body. A larger body was 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) was seen negatively and viewed as a sign of not being a good mother or a good Karo woman. Here we can see how a particular embodied performance of motherhood was bound up with performances of appropriate Karo ethnicity.

The second section investigated the types of space which were noticeable on a daily basis. My research demonstrated that the legacy of communal living continued in Karo culture. There were no lactation rooms, as the mothers did not need private rooms to breastfeed and could do so comfortably in many public spaces. In fact, the idea of being hidden away from view is contrary to Karo traditional culture. However space was still gendered. While the market was an area in which women were very visible, the traditional cafes were male-dominated spaces in which women mostly did not enter. Public breastfeeding was therefore common in Karoland but only in the spaces – the market, the church, etc. – where women’s inclusion was permitted.

Chapter 8. The Role of Grandmothers in Breastfeeding Practices

This chapter explores the role and involvement of grandmothers in breastfeeding practices. The chapter provides an introduction to the position and role of grandmothers in Karo society and connects this with breastfeeding. I examine how the grandmothers in this research generally acted towards their daughters and daughters-in-law during breastfeeding. The next section of this chapter emphasises how the mothers dealt with the grandmothers. The chapter has been developed from the data generated in my interviews and observations and also on my reflections of my life when I lived in Karoland previously. As previously stated, there are 16 mothers and five grandmothers in this research. It should be noted that only two of the grandmothers in this research had family relationships with the participant mothers, namely Nini Cantik (61), the mother of Mejile (29), and Nini Kasih (88), the grandmother of Matawari (27).

8.1. The Power of Grandmothers in Breastfeeding

The Statistics Office of Karo Regency define the elderly as those who are over 55 years old; 13 per cent of the total Karo population was classified as elderly in 2014 (BPS, 2015). Even though the grandmothers in this research were generally over 55 years old, I must emphasise that many Karo grandmothers are below 55 or even as young as 50 years of age. This is because in the past many Karo women married at a very young age.

The role of grandmothers within a family in Karo society is interesting. The role is not only related to social and cultural ideas, but also economic matters. The beginning of this section explores that role as a starting point to introduce grandmothers in Karo society, especially for those who are unfamiliar with Karo people. The next section explores the past experiences of the grandmothers in

breastfeeding practices. The section following this elaborates on how the grandmothers influenced their daughters and daughters-in-law's breastfeeding. Their views on the young mothers' breastfeeding practices are also presented.

8.1.1. Who are Grandmothers in Karo Families?

As a child, I remember how my father and his brothers and sisters (my uncles and aunts) were so respectful to my late grandmother. In every decision made by my extended family, my grandmother played a major role. I often heard my father and my uncle say, '*sisungkun lebe Nande*³⁸', literally, 'let's ask mother's opinion', when they needed to decide something. My grandmother was 73 years old when my grandfather died in 1990; she passed away in 2013. For more than 20 years, my grandmother lived with her children, in their houses, mainly in Sumatera but also on the island of Java; the latter was the home of her oldest son, whom she sometimes visited. However, she still felt most comfortable living in her village in Sumatera, where she lived with her daughter. One reason why she chose to stay in her village was because of her fondness for farming, as she still worked the fields of my grandfather's inheritance. She did not work for money, as she had the monthly salary pension of my late grandfather, who was a veteran, and even if she did not have that salary, her family would certainly have taken care of her. Many grandmothers in Karoland view working as an important method of self-expression.

My grandmother could be a representation of most Karo grandmothers. She was an old woman who was honoured by her family as well as society. Most older Karo women have a similar fondness for farming; this is because most of their ancestors were farmers and Karoland itself is the largest agricultural area in the North Sumatera province (BPS, 2015). The five grandmothers in this research also

³⁸ This statement is in the Karo language. Most of the research participants used mixed languages, both Indonesian and Karo language, for they are bilingual.

have had similar experiences to my grandmother, especially their autonomy in making decisions and their passion for working in their old age. The grandmothers, such as Nini Anggun (63) and Nini Baik (77), said:

Since I retired from my job as a teacher, I still work in our fields. My children, who are all married, even asked me to stop working but I said it was none of their business. Finally, they no longer told me to stop. I feel so happy and healthy to work in the field. (Nini Anggun, a grandmother, 63)

I feel so healthy when work in the field. I could get sick if I am not working. Nobody could ask me to not go to the field, even my children. I have a friend who is sick now because she doesn't work. Not only one; I have some friends! (Nini Baik, a grandmother, 77)

Through the interviews, it can be seen that the two grandmothers see working as a part of their lives. They have autonomy in making decisions, especially about their choice to work. Such expressions were generally found in many grandmothers' statements, including my late grandmother's. This was clearly evident when I visited Nini Baik, where her son told me that his mother (Nini Baik) is such a 'stubborn' person who cannot accept her children's opinion.

Being old is an advantage for every Karo woman, regardless of her social class. They have power to impose their will, especially on 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 members of her family revere her acceptable in every situation. People see being old as a reason for respect and for hearing the voices of grandmothers. Such views can be found in some mothers' statements in this research. They said:

We have to certainly give honour to our grandmothers as well as our grandfathers. Moreover, we are Karo people. I was taught many times by my parents. Without my grandmothers,

either from my mother or father, I would not be as I am now.
(Malem, a mother, 33)

We have to respect our parents, grandparents, and parents-in-law. It is also mentioned in the Ten Commandments of God, where we are required to give honour to our father and mother. I think it is not only about our father and mother but also our grandparents. However, I only have a grandmother now.
(Matawari, a mother, 27)

According to the two mothers, the reasons to give honour and respect to a grandmother are associated with the value of ethnicity as well as religion. For these reasons, it is understandable why there are no nursing homes for the elderly in Karoland. I searched for nursing homes and none could be found, not even government-owned facilities. It would be considered a shameful thing for someone's extended family to let their grandparents enter a nursing home. This is also the experience of my extended family, where each member of my extended family had to be willing to accept my grandmother if she wanted to stay with them.

In terms of changing from a 'hard' to an 'easy' life, the life stories of the grandmothers in this research displayed this. When they were still young mothers, they experienced a hard life. My grandmother told a similar story when she was still alive. The hard life of a young mother was often prompted by her husband's family, such as the feeling of stress when she had not yet given birth to a baby boy, who is considered to continue a clan's name. The extended family would sometimes suggest a husband choose polygamy, which was practiced in the past; nowadays, since Christianity came to Karoland, the practice is not allowed. Most Karo women of the past married through the Karo tradition of matchmaking; they married their *impal*, or matrilateral cross-cousin, often without love. They often had no choice in the matter. The practice is rare in Karo society nowadays.

The grandmothers in this research shared their shifting experiences from youth to old age. Nini Kasih (88) and Nini Baik (77) said:

Honestly, there was a burden during my first pregnancy. I did not tell anybody at that time. Who do you think I could share with, for I was a newcomer in my husband's family? Better for me to keep silent; otherwise, they will *cikurak* (a Karo term, *literally* 'gossiping') about your manner. I did hope my first baby was a boy in the past time. Unfortunately, my first baby was a girl, then finally the second came a boy. Today, I feel comfortable in that family. I mean my husband's family. Yes, that is my true family. I see everybody gives respect to me. I have children, grandchildren, and even great-grandchildren. I even had an opportunity to take care my grandchildren and great-grandchildren when they were born. If I die, everybody will call me *cawir metua*³⁹. (Nini Kasih, a grandmother, 88)

Now, I can enjoy my life. I can see my grandchildren grow up. I still have a chance to take care of them. What else is sought from this life other than that? Don't ask me about my life before. That cannot be compared. You could not speak up in your husband's family. Now, they ask you to speak up (*laughing*). (Nini Baik, a grandmother, 77)

Based on the interviews, the shifting of lives from 'hard' to 'easy' happened when the grandmothers had grandchildren. For a Karo person, especially a woman, having children is not enough to gain 'power' and respect from members of your extended family. This is most visible in the concept of *cawir metua* among Karo society, where someone, regardless of gender, is called by that term if they already have grandchildren. There is even a popular expression among Karo people: '*kelengen ateta kempunta asangken anaknta*⁴⁰', literally, 'we love our grandchildren more than our children'. Similar statements came from the five grandmothers in this research. Two of them, namely Nini Cinta (57) and Nini Cantik (61) told their view of their grandchildren:

Maybe it is true that a grandmother loves more her grandchildren than her children. I never pinched my

³⁹ *Cawir metua* is a concept that indicates the success of someone who is 'a Karo human'. They are successful in raising their children, seeing their children get married, and finally seeing their grandchildren born. A Karo man or woman will be named as *cawir metua* when they are able to experience this. If they die, there would be a celebration by their offspring through dancing and singing. Everybody in their extended family will celebrate and remember their lives even though they have died. Their graves would be visited at least twice a year by their offspring, such as on Christmas and Easter.

⁴⁰ The statement is in Karo language

grandchildren when they were naughty, something I often did to my children in the past. (Nini Cinta, a grandmother, 57)

I am too old to get angry with my grandchildren. More than that, I had not the heart to scold or pinch them as I did to my children. (Nini Cantik, a grandmother, 61)

Further, the relationship between a grandmother and a grandfather is also different from that between a mother and a father in this society. My research demonstrates that the grandmother participants were more ‘powerful’ than grandfathers in their family. There were three grandmothers whose husbands were still alive, namely Nini Cinta (57), Nini Cantik (61), and Nini Anggun (63). Three of them had similarity in terms of power and influence, related to their influence in making decisions and controlling the family's property. However, such power does not affect or change the patrilineal character of Karo. Although in some matters the grandmothers have agency, they still tend to maintain the Karo patrilineal tradition. They are there to make sure that the clan of their husband continues. In this research, those three grandmothers shared their experiences. They said:

I always want to make sure that the work in our fields is running well. I cannot rely those to *bulang*⁴¹. I have to come to the fields to check our workers. (Nini Cinta, a grandmother, 57)

I manage the money, including opening a bank account. My husband or *bulang* never did that. We are not that rich, but we could send our children to the universities on Java. It's all because of God's grace and I always ask the members of my family to scrimp even though they are already married. (Nini Cantik, a grandmother, 61)

I want to make sure that my children get an appropriate inheritance, including my only daughter. Even though she couldn't receive an inheritance from her father's clan, we gave her a property that we had since I and *bulang* married.

⁴¹ *Bulang*, literally ‘a grandfather’, while a grandmother has her particular calling name based on her *beru Silima*, or clan name (as explained in Chapter 4). A grandmother who has the clan name Ginting, will be called *Nini Iting*, those who have the clan name Tarigan will be called as *Nini Tigan*, and so on. All Karo women, especially grandmothers, are identified by their *beru Silima*, which comes from their fathers' clans. This is different than a grandfather, where he has the same general name with those from other clans, namely *Bulang* or *Laki*.

All of my children except the youngest one live not far from our house. They often come to my house to ask for many things, including asking me to keep their children when they need to go somewhere. (Nini Anggun, a grandmother, 63)

In Karo society, there is also the tradition of honouring ancestors, including those who have died. Before the Karo people overwhelmingly accepted Christianity, they did a ritual to exhume ancestral graves. I once heard about that ritual during childhood. In such a ritual, members of one's extended family gathered and exhumed the bones. The bones were then cleaned by special water and prayers, put in a crate, and brought to the *geritan*, or 'holy house' or 'skull house', which was usually located at the highest point of the hill in a village. That was the way the Karo people honoured their ancestors. Today, the practice is rarely done. None of my research participants mentioned this practice being held among their families. In the present time, where Christianity is the major religion of the Karo people, people give honour to their ancestors by regularly visiting their graves during Christmas and Easter. They put flowers and sometimes candles on the graves. The value of Christianity is stronger than tradition when it is also more practical for the modern Karo people.

8.1.2. The Past Experiences of Grandmothers in Breastfeeding Practices

There are five grandmothers in this research, who can be categorised into two groups based on their ages: Nini Cinta (57), Nini Cantik (61), and Nini Anggun (63) were the young grandmothers, while Nini Baik (77) and Nini Kasih (88) were the older grandmothers. The two groups were at different stages in their lives, where the elders had experienced the time of the war for independence and the time before the coming of Christianity in Karoland. These experiences influenced their breastfeeding practices, though there are still similarities between them. The

differences are related to their views, which were influenced by the context of their lives, while the similarities are linked to Karo tradition.

For Nini Baik (77) and Nini Kasih (88), breastmilk was the only intake available for their babies; there was no formula. Once they gave birth, their mothers-in-law gave warm water to their babies. They did not breastfeed their babies initially because, they said, they were too weak. Their experience was different to the other grandmothers, namely Nini Cinta (57), Nini Cantik (61), and Nini Anggun (63). They said about their experiences after giving birth:

I was taken care by a midwife when giving birth. Once I gave birth, I did not breastfeed directly because I am too weak. I did that to both my son and daughter. The midwife gave them a formula. Once I was strong enough, I started to breastfeed my babies and stop giving formula. (Nini Cinta, a grandmother, 57)

A midwife gave all my five children formula for the first time. I still remember the name of its brand. It was Lactogen. When I got back to my home, then I started to breastfeed. (Nini Cantik, a grandmother, 61)

My four children were born in a village where my parents-in-law lived. I was helped by a midwife from a sub-district. There was not any formula when I gave birth to my first son and second daughter, so I had to breastfeed even though I was still weak. This was different for my third and fourth sons; they were bottle-fed once born. (Nini Anggun, a grandmother, 63)

Among the three grandmothers, only Nini Anggun directly breastfed her two children, though only because there was no formula in the village; it was not because of her awareness of exclusive breastfeeding. The similarity of the three younger grandmothers is related to their practice of giving formula once their babies were born. The older grandmothers, Nini Baik (77) and Nini Kasih (88), did not give formula once their babies born; however, it can be said that they actually had similar patterns to the young grandmothers, as all of them provided an intake other than breastmilk for their newborn babies. It is interesting because the mothers in this research also gave an alternative first feed to their babies; the mothers' experiences

were explored earlier in Chapter 6. The logic of practicality or even pragmatism is visible and explains the participants' decisions to act as they did. This interests me because neither the mothers nor the grandmothers felt guilty when they had to give water or formula to their babies. I argue that survival is the reason the mothers and grandmothers acted as they did, this was their main preoccupation, even though it did not comply with recommended standards. Interestingly, some grandmothers felt that formula was also a sign of someone's social status. Nini Cinta (57) and Nini Kasih (88) said about that:

I gave birth to my first son in the 1980's. I am thankful because at that time my son could have formula once he was born. Many babies were just given water because their parents did not have money. My mother also told me this. (Nini Cinta, a grandmother, 57)

I am thankful that my daughters could give formula to their newborn babies. It was totally different to my past experience, where I could only give warm water to my babies. (Nini Kasih, a grandmother, 88)

The two older grandmothers conceded that they gave solid food to their babies when they were still three or 4 months old. They said:

I gave my six children *dakdak* (porridge), which I mixed with salt, when they were around 4 months old. Sometimes I added coconut milk. I decided to give them *dakdak* because they increasingly drank breastmilk. Our sleep at night was disrupted because they were crying and hungry. Breastmilk was not enough anymore. That was the best time to give *dakdak*. (Nini Baik, a grandmother, 77)

I chewed rice then gave it to my baby. I did it to all of my children when they were 3 or 4 months old. Sometimes I gave a banana. Giving food earlier made them stronger and fuller. (Nini Kasih, a grandmother, 88)

The young grandmothers also started to give solid foods when their babies were 4 months old; they gave porridge to their babies. It is interesting because the time to start weaning or giving solid food was similar among the grandmothers. None of them started to introduce solid food to their babies at six months, as the Health Law

suggests. I asked the grandmothers whether they had heard about the Health Law or at least the suggestion of it from midwives; but they said that they did not know about the Law. Something interesting is that when I mentioned the Law, based on the grandmothers' responses, they seemed to support it. This was different from the mothers in this study, who did not take it seriously. Nini Kasih (88) and Nini Cinta (57) shared their views:

I never heard about the Law. So you mean that all mothers are required to breastfeed their babies till six months without any additional foods? If it is from the State, then we need to pay attention. (Nini Kasih, a grandmother, 88)

The State must know the best for mothers and their babies, so they made the Law. There must be many intelligent people who suggested that to the State. (Nini Cinta, a grandmother, 57)

The difference in response between the mothers and the grandmothers can be explained by the social and political context they lived in as a mother. Some of the grandmothers experienced how to live in several different regimes while the mothers lived in a totally different era (as explained in Chapter 5). The grandmothers, especially Nini Baik (77) and Nini Kasih (88), lived in the colonial era, through the independence war, the post-independence era, the new order state, and now the reformation era. Such experiences shaped their views on the State, which are different than the mothers'. The mothers were very pessimistic and indifferent about the State, specifically in relation to medical discourse (explored in Chapter 6). Nini Kasih (88) shared her experience during the independence struggle in the 1940's; it could be seen how proud she was of the State, though there are complex relationships between Indonesia and Karo. I never heard such a statement of pride from the mothers during my fieldwork. Nini Kasih (88) shared her pride of her nation:

I do not know exactly when the first time we heard about the name of Indonesia. What I remember is people came to our village and said that we were in a state of war. They mentioned 'Indonesia' and 'Soekarno'. I think that was the first time I heard about 'Indonesia'. It was around the 1940's.

I also remember when we were asked to flee from our village because the Dutch would come to attack. We went to the hill near the village until some people came and said that we were independent. Everybody looked very happy, including me. Suddenly I was very proud of my nation, 'Indonesia'. We walked 20 km from our village to Kabanjahe to celebrate the Independence Day. People were dancing there and we heard *Bapa Sirulo*⁴² give his speech from, perhaps, a radio. (Nini Kasih, a grandmother, 88)

The grandmothers also shared their experiences using traditional treatments after giving birth and breastfeeding. The five said that such treatments were inherited from their parents and parents-in-law. According to them, traditional herbs were also given to their babies when they were sick. They did not need to bring their babies to someone who was an expert in traditional medicine because most of the elderly then, regardless of their gender, knew how to make it as well and how to treat a sick person. I asked the grandmothers about those who were experts in traditional medicine. Nini Cantik (61) said:

I only know minimal standard in making medicine. It is easy because the herbs are available here, such as turmeric, ginger, galangal, and so on. I think most of the elderly know about that. However, for special medicine, not all people could make it. Only those who have talent could make it. I am talking about the formula. My husband or *Laki* (a grandfather) has that talent, which was inherited by his father. It is funny because his brothers cannot make such medicine. He is the only one in his family can make that special medicine. *Laki* is an expert in making medicine for babies. (Nini Cantik, a grandmother, 61)

The Karo people's knowledge of making medicine influenced their relationship with modern health institutions, especially for the grandmothers. According to them, after giving birth and during breastfeeding, they never used any pharmaceutical medicine. It can be understood that Nini Baik (77) and Nini Kasih (88) did not use modern medicine because it was rare at the time. However, they were not alone: the young grandmothers in this research also admitted that they relied on

⁴² *Bapa Rayat Sirulo* (The father of people) is the name which was given by Karo people to the first president of Indonesia, Sukarno.

‘local knowledge’ to cure themselves after giving birth as well as to cure their sick babies. They said:

It was normal for every mother in my time to use a traditional potion after giving birth. We drank the potion to feel better and warm in our stomach. It could stop your bleeding. Such medicine helped you to be stronger and you would be able to produce more breastmilk. (Nini Anggun, a grandmother, 63)

When my babies did not want to be breastfed, it might be they were sick. We did not bring them to a doctor like most people do in the present, but we just took into account their behaviour. We usually used traditional herbs to cure them. (Nini Cantik, a grandmother, 61)

To increase the production of breastmilk, all the grandmothers in this research used similar methods. They said that there were specific plants for increasing breastmilk as well as to cure them whenever they were sick. They just needed to chew such plants, which had been mixed together and roasted. It was called *sembur*. They also smeared that on their bodies when they had a cold. The grandmothers said that eating food containing coconut milk was also effective for producing breastmilk. When they needed to stop breastfeeding, they also used specific plants and smeared them on their breasts; the function was to make babies feel disgusted and to refuse to take the breast. I also asked the old grandmothers about breastmilk substitutes and what they would do at that time if treatments could not make them produce breastmilk. Nini Baik (77) said:

We would take rice water or *kanji* for them. It was also good for a baby. There was not any formula milk, so our choice was only *kanji* and starting to make them have rice or banana. It could help them not feel hungry. (Nini Baik, a grandmother, 77)

Despite the similarity between the two groups of grandmothers, there were also differences between the old grandmothers and the young grandmothers related to the experience giving birth. The old grandmothers were helped by elderly women in the big house, or *Siwaluh jabu*; their experiences were explained earlier in Chapter 5.

Meanwhile, all the young grandmothers in this research were assisted by a midwife. There was a significant change in Indonesia generally, and Karoland specifically, from the time when the old grandmothers were mothers (1950's-1960's) to the time of the young grandmothers (1970's-1980's), which is related to the modernisation as explained in Chapter 5.

8.1.3. The Influence of Grandmothers in Breastfeeding Practices

My research demonstrates that grandmothers have influenced mothers in many ways, including breastfeeding practices. They not only influence their daughters but also daughters-in-law. The grandmothers had 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 both their mother and mother-in-law. The influences of the mother and mother-in-law seem to have shaped their choices and practices in some ways, which were then imparted to their daughters as well as daughters-in-law.

In Karoland, a grandmother can be seen as the guardian of tradition. They impart their knowledge to their offspring, especially the women. The participant mothers in this research shared their experiences of such inherited knowledge that had effects in their lives, specifically from the beginning of their new life in marriage. They said:

My mother told me that it is not good to buy clothes for babies when you're pregnant less than seven months. It should be done by every Karo mother. (Suari, a mother, 27)

Since my childhood, I was told by my mother how to be good at cooking and taking care of households. She likely prepared me to be a good wife and a mother. (Teridah, a mother, 31)

When my pregnancy was at seven months, my mother told me that she had to prepare for a ritual, especially I was pregnant with my first child. (Matawari, a mother, 27)

My mother suggested me to not bring my children directly to a hospital when they get sick. She showed me how to take care of them by using specific herbs. (Malem, a mother, 33)

The interviews above mentioned what should and should not be done during pregnancy, being a good wife and mother, and health treatment; all of those were based on the grandmothers' teachings. The interviews also show that there is knowledge of living practices based on the tradition taught by the grandmothers. It can be said that all the mothers in this research had similar experiences because of the grandmothers' teachings, and so did the grandmothers themselves. The interviews with the four mothers in the quotations above are an example and representation of other mothers, who generally had similar experiences. For example, the suggestion to buy baby clothes after seven months of pregnancy was given to all mothers in this research. The mothers also practised a similar ritual in their babies' seventh month: that ritual, or '*mbesur-mbesuri*', is the practice of a woman's family giving traditional food to a pregnant woman and her husband. Family members from both the wife and husband gather and pray for the health of mother and baby. It is interesting that the mothers in this research mentioned that grandmothers played the main role in the ritual, while others, including grandfathers and members of the family, followed the grandmothers' instructions. Even though the grandmothers are actors in just the 'domestic' area, it does not mean they were not able to affect others besides mothers, such as Karo males. Her role as the guardian of tradition is very important for the family; it is also important for them to be seen as such by outsiders. It is a prestigious practice for a good Karo family. The mothers such as Mejile (29) and Erbunga (31) shared their experiences about this:

When my pregnancy was almost seven months, my mother told me that she was preparing a ritual for me and my husband. She gave us traditional food, like chicken curry. My mother prepared everything, and my father just followed her

instructions. She also asked me to inform my mother-in-law about the time for this ritual. (Mejile, a mother, 29)

My mother and mother-in-law required me to do a ritual at seven months of pregnancy, or '*mbesur-mbesuri*'. They said it is a must for every Karo mother and family. They did it also in the past. When my daughters get married, I will also tell them to do that. For the ritual, my mother prepared the chicken or traditional food. I noticed she put the food on an '*amak mbentar*' or a 'traditional white mat', and then she asked me and my husband to sit on the mat. We were asked to wear traditional clothing. The members of our extended family gathered and watched us. Some members of the family, including my parents and parents-in-law, gave us advice on how to be a good parent for our children. (Erbunga, a mother, 31)

In terms of breastfeeding practices, the past experiences of the grandmothers seemed to be patterns for the mothers. It was mentioned earlier in this chapter that the grandmothers did not directly breastfeed their babies after giving birth. Such practices are also visible in the mothers' experiences, which were explored in Chapter 6. I asked them whether their mothers ever suggested they breastfeed exclusively or not. They said:

My mother said that breastmilk is good for a baby. I think everybody will tell the same thing. But she never forced me to breastfeed exclusively for six months without any additional intake, especially after giving birth. However, I think she did not know about a requirement for mothers to breastfeed exclusively. (Aloi, a mother, 29)

Yes, my mother suggested breastfeeding. But I think it is not about exclusive breastfeeding because it's hard to do that, especially for someone who just gave birth. My mother just said breastfeeding could save money because I don't need to buy any formula. (Terkelin, a mother, 30)

I don't remember if my mother ever told me to breastfeed continuously for six months. But yes, I am very sure that she never told that. I just started breastfeeding naturally after getting back from the hospital. It is true that she taught me to breastfeed for the first time. For example, how to breastfeed while lying down so my baby and I could be more relaxed. (Malem, a mother, 33)

It is not only my mother, even my mother-in-law told me to breastfeed but as you see now, I am still not able to breastfeed. The breastmilk is not coming out. (Rende, a mother, 24)

It is noticeable that none of the four mothers were required by their mothers or grandmothers to breastfeed exclusively. It is interesting that Aloï said her mother did not know about the requirement of that practice. Other mothers in this research also said the same things, where their mothers only said that breastfeeding is good and they were never forced by their mothers to just give breastmilk to their babies without additional intake and food in the first six months of their baby's life. It seemed to me that, for these people, the concept of 'exclusive' had nothing to do with breastfeeding, as this view had been derived from the views of the generations before them. Breastfeeding is just for breastfeeding's sake, and has no need to be controlled or managed by the term 'exclusive' or by a formal institution like the state. They are free and natural in their breastfeeding. It can also be seen from the statements of Terkelin and Malem about breastfeeding for saving money and natural practice were the inheritance of understanding from the grandmothers, which, in my view, is related to the common consciousness of the pragmatic Karo people; this was explained in Chapters 3 and 5. The Karo people, including the mothers, would choose to avoid things that might bother them or that would make them busy, forcing them to change their existing lives. It also seemed to me that the power and influence of grandmothers is more visible and strong than that of formal health institutions or the state in breastfeeding patterns.

In this research, I also decided to investigate the grandmothers' views on exclusive breastfeeding. As mentioned earlier in this chapter, they were surprised about the Breastfeeding Law and had no idea about exclusive breastfeeding. I explored their views, specifically focusing on the importance of breastmilk. They said:

Breastmilk is important to help babies not be hungry. (Nini Kasih, a grandmother, 88)

Breastmilk makes babies stay alive because it is their food. If we depend on rice, so they depend on breastmilk. It also makes the babies depend on their mothers but only those who have breastmilk. Nowadays, mothers are lucky because they can be helped by bottle-feeding. It is different from my past because there was not any formula milk being sold. The only way, if I had less breastmilk or could not breastfeed, was giving *kanji* (rice water) to my baby. (Nini Baik, a grandmother, 77)

The stomach of babies is not strong enough, so they only need breastmilk. When they are ready, it is better to give them solid food. It makes them stronger and not easily hungry. (Nini Anggun, a grandmother, 63)

Breastmilk is not the way to make babies be healthy. If a mother is not healthy, then it will influence the quality of her breastmilk. Nowadays, so many formula brands offer more nutritious milk than breastmilk. Good or not breastmilk depends on a mother. (Nini Cantik, a grandmother, 61)

For me, breastmilk and formula are almost similar in their nutrients. As I saw, babies who were breastfed longer were not smarter than those who were not. But of course it is still better to breastfeed our babies than bottle-feed them. (Nini Cinta, a grandmother, 57)

The interviews above clearly show that the five grandmothers have various views regarding breastmilk. What can be seen from those interviews is the grandmothers' view on the importance of breastmilk, especially from Nini Kasih, Nini Baik, and Nini Anggun. For them their primary concern is that the babies are not hungry. Even though Nini Cantik and Nini Cinta saw breastmilk less positively than three other grandmothers, both of them still saw breastmilk as a proper intake for babies—but one that could still be replaced by bottlefeeding when needed.

Even though the grandmothers did not ask or influence the mothers to breastfeed exclusively, they still promoted breastfeeding to the mothers. In this research, all the grandmothers had similar traditional treatments to produce more breastmilk, and they influenced the mothers to use the treatments. This was explored

earlier in Chapter 6. The grandmothers further shared their views on this. Two of them, namely Nini Kasih (88) and Nini Anggun (63), said:

To produce more breastmilk, mothers just need to eat more foods containing coconut milk. It is not only that; they also need to consume beef soup or pork soup. The first time I was a new mother, I often had milk coconut porridge. Later, I suggested this to my daughters and finally my granddaughters. But sometimes there is toxin (*masuk angin*⁴³) in breastmilk and related to this the mothers need to have a concoction to remove it. In the past, my mother-in-law made me traditional medicine, but now I am too old to make it. I don't remember the formula. (Nini Kasih, a grandmother, 88)

Mothers do not need to be busy with producing more breastmilk. The only way is only eating a lot. It's not difficult, is it? Moreover by eating much, the quality of breastmilk would be very good. Besides that, they could have traditional herbs or *sembur*. Oh yes, one more, they could also eat leavened foods such as *tape* (fermented potato or rice). (Nini Anggun, a grandmother, 63)

8.2. The Mothers' Dealings with the Grandmothers

The general relationships between mother and grandmother among the participants in this research were almost similar. The mothers shared a good relationship with their mothers as well as their mothers-in-law. In our interviews, I asked all the mothers about their views on grandmothers, especially their mothers-in-law. Some of them said about their close relationships:

I am very close with my mother-in-law. She often came to our house to see her two granddaughters. Sometimes, she brought them to her house when I had a lot of things to do. She is very helpful. (Megara, a mother, 31)

I often went together with my mother-in-law to attend traditional ceremonies. (Merandal, a mother, 28)

When I gave birth to my son, my mother-in-law prepared everything, including our meal. She also took care of our house because I was not strong enough to do that. She is very kind. (Teridah, a mother, 31)

⁴³ Diarrhea and colds in babies which are seen as the result of toxins in breastmilk

My mother-in-law came and took care my children when they were sick. (Mehuli, a mother, 21)

Taking care of grandchildren, attending ceremonies, and taking care the house were the common themes of a good relationship between a mother and mother-in-law in this research. In some visits to the mothers' houses, such as Megara (31), Merim (31), and Mejile (29), I met their mothers-in-law who had also visited them. It seemed that the mothers were willing to let the grandmothers be involved in their lives, including their breastfeeding practices, which were explored earlier. In my view, the mothers are dependent on the grandmothers, especially for taking care of their children when they are busy. Such situations mean the grandmothers are able to influence the mothers.

Even though the grandmothers have good relationships with the mothers as well as strong power to influence the mothers, it does not mean that the mothers could not negotiate with them. They had dealings with some of the grandmothers' views that they considered not suitable for them. This can be understood because the time and contexts of being a mother are different between the two generations. In this research, there were some mothers who shared choices and practices that were different to those of the grandmothers'. However the mothers' dealings with the grandmothers were not shown frontally; the mothers quietly did what they wanted. This research identified differences between the experiences of some mothers and the grandmothers, such as in giving birth. Among the sixteen mothers in this research, there were seven mothers who gave birth by caesarean section while all the grandmothers gave birth naturally. One of the seven mothers, who had three children, had one natural birth and two caesarean sections⁴⁴. The caesarean practice was seen as a negative thing by the grandmothers. The negative statements

⁴⁴ There are no statistics on the rate of caesarian section in Karoland.

came from the three young grandmothers in this research. Nini Cantik, Nini Anggun, and Nini Cinta said:

There are so many lazy mothers in the present Karoland. They had to give birth by caesarean. It was totally different in my past. I am very sure that they were too lazy to do exercise or at least do house chores during pregnancy. It caused their babies to breech and they had to give birth in that way. (Nini Cantik, a grandmother, 61)

Nowadays, mothers are spoiled by modern facilities. They are helped by giving their babies formula, but not only that, even in giving birth many of them choose caesarean section. However, for me, the latter is not a good choice. With little more effort, they could give birth normally. (Nini Anggun, a grandmother, 63)

Because of the fear of pain, many young Karo mothers choose caesarean in giving birth. The mothers in the past time were stronger than they are. (Nini Cinta, a grandmother, 57)

The interviews show how the three grandmothers did not like or support the caesarean option because, for them, it was a lazy, easier or avoidance of pain option for the mothers. According to the mothers who chose caesarean section, it is true that their mothers and their mothers-in-law also did not like this medical practice. However, they had their own reasons and did not want to follow their mothers' view. Six mothers in this research who gave birth by caesarean shared their experiences:

I was told by my mother during pregnancy to give birth normally. It was not only her; even my mother-in-law told the same. She was even willing to accompany me to walk every morning. She told me that it could help me be easy in giving birth naturally. However, I was told by my midwife that I had to go to the big hospital and have a caesarean because, according to her, in the seventh month of my pregnancy, my baby was still in a breech position. My mother told me that it was because I was too lazy to do some exercise. I don't think so. (Megara, a mother, 31)

My first daughter was born by caesarean section, and because of this I decided to give birth to my second daughter through that practice. My mother told me that giving birth naturally is better, but I think I knew best because I experienced it. (Malem, a mother, 33)

I was not that healthy at that time. That's why I did not give birth naturally. My white blood cells were excessive in the last of my pregnancy. My midwife decided to send me to the hospital here'. (Aloi, a mother, 29)

It was a hard time for me when giving birth to my first baby. My feet swelled, and I couldn't walk. I knew that my mother-in-law saw me as a bad mother and wife, but I had no other choice. (Rende, a mother, 24)

Three of my children were born by caesarean option because I had some issues with my health. My mother really hated this because I spent a lot of money for the operation. It was not about my laziness, as many people say. I worked almost every day, doing my house chores, and I even worked in our field during my pregnancy. I was not lazy! (Merandal, a mother, 28)

My two sons were given birth by caesarean. I did not care what my mother-in-law told me about the bad thing of that practice. She was just worried that I spent a lot of money. (Meciho, a mother, 35)

The interviews show how the grandmothers had negative views on caesarean section and wanted the mothers to give birth naturally. The stigma of laziness was given to those who gave birth by caesarean; however, such stigma was not accepted by the mothers. According to them, their choice was related to their health and approved by their midwives. Some of them, such as Malem, also argued that she had experienced something that the grandmother had not. Interestingly, all of the mothers who had a caesarean section, with the exception of Malem, had all been referred to the same medical professional and all the caesarians were performed in the same hospital. To be noted here is that all of the women had different midwives.

In terms of breastfeeding practices, the power of grandmothers to influence the mothers comes across very strongly in this research, as explained earlier in this chapter. However, some mothers, at some points, did not totally accept the grandmothers' views and practices. Some different views and practices on breastfeeding could be possible for the mothers who did not live near their mothers' houses, such as Terkelin (30), who lived in different town to her mother. In this

research, Terkelin was the only working mother who expressed her breastmilk for her baby attending a nursery. She only gave her baby breastmilk, though she admitted that after she had given birth, her midwife had given her baby formula, but after that she had tried to breastfeed exclusively. She shared her practice:

I struggle to breastfeed my baby exclusively. Actually, it cannot be said to be exclusive because once my baby was born, he was bottle-fed by the midwife. However, to breastfeed exclusively in Karoland is not that easy; moreover, I am a working mother. Before bringing my baby to a nursery, I have to pump my breastmilk. It is a challenge and I need extra patience because it's rare for mothers to do that here and the nursery does not have a fridge; I have to prepare a specific storage. My mother often suggested me to stop that habit and asked me to just give my baby formula while I was working. She thought formula was more simple and helpful. She told me that I was just doing useless pumping my breastmilk and made myself busy. She told me many times about that and I just said yes, but fortunately she lives far from here so I could do what I want to do (*she was laughing*). (Terkelin, a mother, 30)

Terkelin clearly showed her dealings with her mother. It is interesting that she did not want to show that confrontationally. A similar hidden practice was also shown by Dalin (a mother, 28), who did not follow her mother-in-law's advice because they lived separately. Dalin said that her mother-in-law 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*). (Dalin, a mother, 28)

It is also interesting for me because the relationships between a mother and a grandmother needed to be performed as if without any problems. The mothers would never clearly voice her objections to the grandmothers, but did what they preferred and what they wanted without confrontation. Terkelin and Dalin could 'negotiate' with the grandmothers advice because they lived in different places, but there was the experience of Meciho (a mother, 35), who lived in the same house as her mother-in-

law. Even though they lived together, Meciho could negotiate, but again did this without confronting her mother-in-law. She was able to do this because of her husband. She said:

My mother-in-law does not like me. I know that. Maybe because I gave birth by caesarean section for both of my sons. It has cost a lot of money. She even did not like when I needed to wake up my husband to accompany me when I had to breastfeed my baby in the middle of the night or when our children were sick. She really hated this, even though my husband would be willing to do that. She thought I was not a good wife. But I do not care about that anymore because my husband told me not to hate his mother. Now, we (including her husband) just do what we want to do secretly. (Meciho, a mother, 35)

Could other figures be influential in the breastfeeding practices of mothers, such as husbands? The mothers in this research mentioned their husbands many times when talking about their experiences with breastfeeding, such as the role of their husbands when they had to wake up in the night to breastfeed their babies. Their experiences were varied in this way. Some of them said:

I had similar experiences in breastfeeding my two daughters. My husband was the first to hear their crying at midnight. They wanted to be breastfed and my husband woke me up. (Malem, a mother, 33)

My husband never helped me to do house chores. He even did not wake up when our baby was crying for feeding. (Suari, a mother, 27)

My husband is very kind. He always helps me, including doing house chores. He is also more expert than me in taking care our daughter, but he would not wake up in the night (*she was laughing*). He is too tired to work at our field. (Aloi, a mother, 29)

He would wake me up and say: look at your daughter. She is crying for a feeding. (Matawari, a mother, 27)

Sometimes my husband gave formula to my baby in the night because I was sleeping (*she was laughing*). (Dalin, a mother, 28)

Although Karo is a patriarchal society, which gives Karo males a privilege in *adat*, or tradition, there were some stories from the research participants that told about the ‘kindness’ of Karo husbands in sharing domestic work with their wives. The husbands did not feel embarrassed doing this. Among the research participant mothers, only some of them, such as Suari (27), Rende (24), and Merandal (28), said that their husbands did not want to be involved in doing house chores. Similar stories also came from the young grandmothers in this research, where their husbands often helped them in the house. Nini Cantik (61) and Nini Anggun (63) said:

He (*grandfather*) is willing to help me to do house chores, except cleaning the house. He is even better than me in cooking, such as grilling pork. (Nini Cantik, a grandmother, 61)

Washing dishes is grandfather’s primary work in this house (*she was laughing*). (Nini Anggun, a grandmother, 63)

The husbands supported the mothers in other ways for example, like when they needed a traditional treatment, specifically for increasing breastmilk. Most husbands accompanied or dropped the mothers off for the treatments, including when their babies were sick. Some mothers said:

For all this time, I never went alone for traditional treatments. My husband always accompanied me to go there. We usually went to the place in the afternoon or after we came back from work. (Malem, a mother, 33)

My husband was willing to wait our turn at the house of the traditional expert, even if it took hours. (Teridah, a mother, 31)

He (*husband*) was willing to go to the market when I asked him to buy specific herbs for me (*herbs for increasing breastmilk*). (Merim, a mother, 31)

All of them also admitted that during regular pregnancy check-ups, their husbands had always accompanied them to see the midwives. However, when I asked the mothers, including those who were breastfeeding and not breastfeeding, whether their husbands, regardless of their education and social economic backgrounds, supported

them breastfeeding exclusively, they said that none of the husbands had ever mentioned or discussed this. For example, Mejile (29) and Dalin (28), who did not breastfeed their babies, said:

He (*husband*) never complained about the fact that I did not breastfeed my baby since he was just less than a month old. He even looked for the best formula for our baby. But because it was so expensive, we changed to the cheaper one (*she was laughing*). It was my mother-in-law who looked disappointed of my condition'. (Mejile, a mother, 29)

He (*husband*) does not care about whether I am breastfeeding or not. He never mentioned it. He even helped me to bottle-feed our baby. (Dalin, a mother, 28)

Breastfeeding mothers in this research also shared similar experiences with their husbands. For example, Mesai (22) and Erbunga (31) said:

Breastfeeding or not, I think he (*husband*) would not care about my choice. (Mesai, a mother, 22)

I never gave formula to my children, except once when they were born. However, if I decided to give them formula, my husband would give me money to buy it. I am sure he does not really care whether I am breastfeeding or not. We never discussed breastfeeding. (Erbunga, a mother, 31)

Based on those interviews with the mothers, it can also be seen that their husbands were actually indifferent about whether they breastfed or not. It is also clear that the grandmothers are still the most influential people for influencing the breastfeeding practices of mothers.

8.5. Conclusion

This chapter has explored the experiences of the participant mothers with grandmothers. The participant grandmothers also shared their experiences on breastfeeding practices as well as 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 to 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 said that being old is 'a blessing' for a Karo woman, specifically when they have grandchildren. It is also visible in the concept of *cawir metua* in Karo custom or *adat*; this is an honourable title which is 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 have power to influence mothers in breastfeeding practices, especially related to their past experiences in breastfeeding. The mothers in this research have ways to deal with the grandmothers' practices and teachings. However, the mothers still need to perform their dealing with the grandmothers by showing 'good' manners, and without showing their different choices openly and confrontationally. To perform respect and obedience towards grandmothers is still primary, even though for several reasons mothers sometimes did not always agree with grandmothers. A small story was also added to this chapter, namely the mothers' experiences with other family members, namely their husbands. Differing from the grandmothers, the participant mothers shared experiences where it was visible to see that their husbands did not have 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 mothers breastfeeding by accompanying them to have traditional treatments and waking up a mother in the night when their babies are crying for feeding.

Chapter 9. Summary and Conclusion

The aim of this thesis was to understand Karo mothers' experiences of breastfeeding. My interest in the issue of breastfeeding emerged in response to the introduction of Health Law No. 36 in 2009, which requires every mother in Indonesia to exclusively breastfeed her baby for the first six months of life and stipulates a fine or one year of jail for anyone who hinders exclusive breastfeeding (see Chapter 1 for more details on the law). In my exploration of the literature and research about breastfeeding in Indonesia, I found that the main focus of breastfeeding literature is on health issues and women in Java. As a person who is not Javanese but lives and works in Java, who has a background from a minority group in Indonesia in terms of my ethnicity and religion, and who is a mother, it was my aim to explore the experiences of breastfeeding mothers outside Java and not to focus merely on health issues. Instead, I wanted to focus more on the lived experience of breastfeeding mothers, especially those who live on the margins of Indonesian society. Therefore, I decided to undertake research in Karoland on Sumatera in Indonesia. My choice of Karoland as the research location was inspired by my background as a Karo woman and reinforced by the particulars of Karo society, as its somewhat isolated geographical location, minority ethnicity, and minority religion have all resulted in Karoland being largely neglected in existing research (as explained in Chapter 4).

In short, this research makes an important contribution to the study of breastfeeding, as the literature on breastfeeding in Indonesia is limited and focuses almost exclusively to date on women in Java and on breastfeeding from a health perspective. My research adds to this body of work by focusing on the experiences of Karo women, who have thus far been neglected in academic work on breastfeeding,

and by exploring breastfeeding from the perspective of Karo women through extensive ethnographic research.

I used feminist ethnography as a methodology (explained in Chapter 3) and feminist standpoint theory as my main theoretical lens (explained in Chapter 2). Using feminist ethnography allowed me to adopt a more egalitarian and less exploitative approach between me (as a researcher/knower) and Karo mothers who are breastfeeding (as research participants/known). A less exploitative situation became possible because the participants, namely Karo women, were not merely seen as a data source, as the ethics of feminist ethnography helped me to blur the traditional objective boundaries between a researcher and participants so that I could feel closer to my participants and even involve myself in their lives during fieldwork. This approach benefitted both my research and the participants, because in this study, the participants were no longer just sources of data for me; in fact, I also became a source of information for them, especially regarding information from outside Karoland. This benefit was very important considering that, even though both the mother participants and I are all Karo people, we have different backgrounds: I now live in Java and have a Western education. This situation made me a partial-insider in this study. However, by committing to using feminist ethnography during fieldwork, I was able to see, feel, and understand more about the lives of Karo women from the perspectives of the Karo women. By deploying feminist standpoint theory, I was also able to prioritise the voice of marginalised Karo women.

My research builds on in-depth immersion in my field of study. I lived in the research location for nine months from 2015 to 2016 and had 28 participants (explained in Chapter 3). Sixteen of them were breastfeeding mothers. The rest were comprised of five grandmothers, four midwives, two priests, and one traditional babysitter. The mothers in this study allowed me to visit their homes at any time and

to follow their activities related to traditional ceremonies, church activities, and even shopping at a traditional market (*pajak*). Through formal interviews and extensive informal contact with my participants, I was able to build up a rich picture of breastfeeding practices in Karoland from the women's own experiences; in doing so, my thesis foregrounds the voices of the Karo women who participated in my research. While state and health organisations such as WHO advocate breastfeeding as the best way to feed babies in their early months, I argue that it is important to always centralise women's own experiences with breastfeeding in any studies of or recommendations on breastfeeding.

My research demonstrates how ethnicity, religion, and state intersect with gender to shape the identity of Karo women. In that context, it is also clearly visible that being a Karo woman in this contemporary era is simultaneously being Karo, being Indonesian, and being Christian (either Protestant or Catholic) (as explained in Chapter 4). Understanding how these strands of identity intersect is key in understanding the experiences of Karo women who are breastfeeding. As Crenshaw (1989) points out, starting from just a single category is insufficient to understand a woman's life experience. The Karo mothers in this study were religious women whose religion is officially registered by the state. They celebrated their marriages by using both Christian and Karo ethnic tradition, and their marriages were officially registered by the state. The mothers go to church at least every Sunday, but they also routinely attend traditional ceremonies. As Indonesian citizens, they were also proud of Indonesian national heroines, Kartini in particular, and they frequently wear the national costume, namely the *Kebaya*. I found that even though the breastfeeding Karo women expressed that their identities are at once Christian, traditional Karo, and Indonesian, the life stories that the women shared with me demonstrated how in practice there were sometimes contradictions between the expectations of their

church, their nation, their traditions, and the women's own experiences and practices. For example, in relation to contraception, the women had to navigate a range of discourses. There were also contrasting views between the common Indonesian view and traditional Karo ideas relating to womanhood, bodies, and spaces. The research findings can be viewed specifically in Chapters 5, 6, 7 and 8 of my thesis, which present and narrate how Karo mothers experience breastfeeding. The following is a summary of each chapter's findings.

In Chapter 5, I explored the institutional perspectives of motherhood and breastfeeding particularly from the perspective of the Indonesian state and the Christian religion (the dominant religion in Karoland, but marginal within Indonesia as a whole). I also explored the perspective of Karo ethnic tradition about being a 'good' and 'ideal' mother. Karo society views that giving birth to baby boys and working hard or being responsible for the welfare of one's children are the most fundamental principles for an 'ideal' and 'good' mother. I found that there were similarities between the state and religion in terms of what constituted being a 'good' mother, and breastfeeding was key for both actors. Besides the similarities, differences also arose between these institutional perspectives regarding, for example, contraception. Namely, the state supported the widespread use of contraception in order to control population numbers, but the churches did not support widespread use of contraception (as illustrated by the priests in this study). Furthermore, while the state and church were dominant institutions, many practices nonetheless ran contradictory to their ideologies. I found that all participant mothers, guided and supported by the midwives, had bottle-fed their babies immediately after birth. In doing so, the midwives were acting contrary to advice from global institutions such as WHO and UNICEF and their own national law. The midwives appeared unaware of their legal duty to breastfeed all babies for the first six months

of life. The grandmothers in this study and some people I met during fieldwork also admitted that abortion was commonly practised in Karoland, despite the practice being illegal and frowned upon by the church. Abortion was particularly common before the widespread use of contraception in the late 1980's and had still been practised by some of the women I encountered during my fieldwork. The abortion practice was called as *ngagoi* in Karo, which literally means 'taking out', and was mostly done because of economic reasons. I argue that such a gap between ideals and reality can be explained by a failure of the state to exercise control in these matters in the region. The churches also did not have any clear, open, and strict sanctions for those who opposed their values by using contraception and practising abortion. Within these spaces, women adopted pragmatic strategies in relation to reproduction and motherhood, guided by religious/traditional values but not confined to them, often motivated in their reproductive and maternal practices by economic pressures.

In Chapter 6, I examined the routine experiences of the participant mothers in breastfeeding, exploring through my interactions with the mothers why they chose to breastfeed. I found that the choice to breastfeed was not related at all to the breastfeeding law, but instead due to the women's perception that breastfeeding is part of being a mother. Indeed, the women were either ignorant of or ambivalent towards the law; I also found that they breastfed successfully despite making no preparations to breastfeed during pregnancy, and often ignored advice on hygiene, schedule, and weaning. With the involvement of midwives, the mothers even bottle-fed their babies immediately after birth and chose bottle-feeding when they had to work. I argue that the habits or routine experiences of the participant mothers indicated their tendency to adopt a pragmatic approach to feeding their babies.

In Chapter 7, I explored issues of bodies and spaces in relation to breastfeeding. It was evident from my ethnographic research that the idealised body

image of Karo women was quite different to that in Western society and Java. Breasts are not sexualised in Karoland, for example, and this distinction influenced how the breastfeeding mothers approached breastfeeding. However, other parts of women's bodies, such as the thighs, were seen as more sexualised. I also found that the mothers did not really care about the fat shape of their bodies after giving birth and during breastfeeding. For the mothers, having a fatter body was seen to express more reliability than a thin body. Further, my study also demonstrated that breastfeeding in public and open spaces is seen as a normal habit in Karoland; the mothers breastfed in many public spaces, including markets, bus stations, churches, and ceremonial places. I argue that as the breasts of mothers are not sexualised, the mothers in Karoland can freely breastfeed in many types of spaces. As mothers are very confident about breastfeeding in most public spaces in Karoland, special lactation rooms are not needed. However, I did find a specific place where I never saw women, namely a *kede kopi* (a traditional café). All of the visitors in the *kede kopi* were men. Here we can see that whilst women have freedom of movement in many public places and are able to breastfeed openly, public spaces in Karoland are still gendered in some areas, with the café, for example, being a male space where women seldom go.

In Chapter 8, I discussed the impact that grandmothers had on mothers' breastfeeding practices. From my in-depth ethnographic research, it was evident that grandmothers played a significant role in mothers' lives. For Karo people, being old is the best reason for someone to be honoured, and the opinions of the elderly should be listened to with great attention. While Karoland remains a patrilineal culture, grandmothers nonetheless exercise significant power within the family; the grandmothers control and manage the property of the family and act as decision-makers within the family. However, in their actions, grandmothers acted to preserve

and maintain the patrilineal family structures. Grandmothers are the guardians of Karo tradition. In terms of breastfeeding, grandmothers passed on knowledge about traditional practices. I found that the grandmothers and the mothers had similar experiences after giving birth in that they did not directly breastfeed their babies. Contemporary mothers also used traditional treatments guided by their own mothers and their mothers-in-law. While the grandmothers did have influence on mothers' breastfeeding practices, the mothers did not necessarily always rely on the grandmothers. At several points, the mothers described times when they had chosen not to follow the suggestions of their mothers or their mothers-in-law. The mothers did not oppose the grandmothers openly, but did what they wanted secretly or sometimes with the help of their husbands, who could negotiate with the grandmothers. In delving deeper into the relationships between mothers and grandmothers, I found that actually there was sometimes some hidden conflict between them. As a result, grandmothers were sometimes critical of the mothers, particularly when the mothers did not follow their guidance or reproduce their traditional way of doing things. The grandmothers often compared their personal past experiences with the experiences of the mothers.

In summary, my research has explored how Karo women's breastfeeding is influenced by three main institutional structures: the state (Indonesia), religion (Christianity, including Protestantism and Catholicism), and the ethnic tradition (Karo traditional culture). My research data identifies four key ways in which breastfeeding *practices* are shaped within this triad of influence:

First, the Karo mothers have to negotiate conflicting attitudes towards reproductive practices. Such a situation exists because the institutions coexisting in Karoland, particularly the state and the Christian churches, did not always have the same views. Even though the state and the churches shared the same view regarding

exclusive breastfeeding, they differed in other views, such as in their view regarding contraceptive use. We can also 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. The women also resisted church teachings on contraception and made use of the availability of contraception in line with state policy, which advocates contraception use to limit family size. We can see that the influence of the state is much stronger in this area.

Second (and relatedly), the Karo women in their breastfeeding practices display agency in negotiating the practical and discursive dimension of breastfeeding. They demonstrate agency in relation to state and the churches. My research demonstrates that they are able to choose between breastfeeding and bottle-feeding; using contraception or not; and, at some points, following the grandmothers' advice or ignoring it.

Third, Karo mothers have privilege within Karo society, specifically because they are breastfeeding. Unlike in the West and in Java, in Karoland, the mothers freely breastfed anywhere without worrying about censorship. 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. I argue 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.

Fourth, and related to the continuing influence of Karo culture, the experiences of Karo mothers in breastfeeding were 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, especially when grandfathers are dead. In this study, the grandmothers also influenced mothers or daughters 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. For example, my research showed how when a grandmother asked a mother to eat certain types of food to increase breast milk, the mother did not do it because she did not like the food, though she also did not reject the grandmother's suggestion directly. Here again, we can see how Karo ethnicity plays an important continuing role in the experiences of the mothers in this study.

9. 1 Locating the Research in the discourse of Ethnographies of Breastfeeding

In this research, I use ethnography, specifically feminist ethnography, to understand and explore the complexity of breastfeeding practices of Karo women. My research draws on my in-depth immersion within the Karo community and ongoing participant observation and interviews. I have shown how breastfeeding is experienced in different and specific ways by Karo women in line with other

ethnographic studies of breastfeeding. I start from the perspectives of the breastfeeding Karo women. I find from observing and talking to them that their practices are informed by a complex web of factors related to the state, church and ethnic traditions. Through my long-term immersion in the field, I was able to build up a rich and detailed picture of the women's daily lives. Through ethnographic methods I was able to build up a close and trusted relationship with my participants. One of the mothers even asked me to name her new baby. Through this trust the women felt comfortable to share their lives and thoughts with me and I was able to give voice to their experiences

By locating this research in the ethnographic studies of breastfeeding, I consider that my research findings add not only to the study of Karo women but also to the ethnographic study of breastfeeding specifically and the overall global knowledge of women's breastfeeding practices. There are some special features to my research. First, this ethnographic research is conducted in a marginalised location and community within Indonesia context. Although ethnography has been used in other marginal areas in many countries (such as Armar-Klemesu et al. 2018; Cricco-Lizza 2007; Jessri et al. 2012; Maharaj & Bandyopadhyay 2013; Romero et al. 2006; Sachs et al. 2006), an ethnographic study of breastfeeding has never been done in Karoland. This research is distinct in this respect. Even for the Indonesian context as a whole, ethnographic research related to breastfeeding has been rarely done⁴⁵ and most studies of breastfeeding, which have been conducted in Indonesia, are still dominated by the medical approach.

Second, the position of many ethnographic researchers of breastfeeding is that of an outsider (such as Cassidy & Tom 2015; Jessri et al. 2012; Maher 1992).

⁴⁵ There is almost no found ethnographic studies of breastfeeding in Indonesia, except a PhD thesis by Nyonator (2017) which investigates the experiences of breastfeeding mothers in Yogyakarta, Java island.

But in this study I am both as an insider and outsider because I am a mother and also a Karo woman, but have been living outside Karoland for many years. Being both a partial insider in this ethnographic study, I became easily involved and immersed in the lives of mothers because they knew that I am also a part of their society. On the other hand, my position as a partial outsider also enables me to be more reflective about the breastfeeding practices of Karo women because at some points I have 'a distance' with the lives of Karo women.

Third, in the ethnographic studies of breastfeeding ranging from classical (such as Armar-Klemesu et al. 2018; Cassidy & Tom 2015; Jessri et al. 2012; and Maher 1992) to digital and video (such as Bridges et al. 2018 and Stevens et al. 2018), my research can be categorised as a classic or conventional ethnography because I conducted fieldwork and lived in Karoland for a period of time. There I did data collection activities such as participant observation and in-depth interviews. This 'classic' ethnographic study thus presents thick description of the network of meanings around the live of Karo women. In this research I have demonstrated how networks of meaning are built from the intersections of state, church and ethnic tradition. Such findings also the study of breastfeeding more broadly.

Finally, my approach to ethnography is specifically feminist ethnography. This research starts from the point of view and experiences of Karo women who breastfeed. Using a standpoint approach, this research challenges the idea of Karo women and mothers as marginal, powerless and not having agency in terms of breastfeeding especially when they face the institutions such as state and church. Through the ethnographic method I have been able to give voice to the mothers and prioritise their perspectives in my research.

My study adds to the general literature on breastfeeding in that it provides another context in which to explore ways in which breastfeeding are socially

constructed. It highlights the importance of addressing breastfeeding as a social issue rather than a purely medical one. Existing comparative research (such as Armari-Klemesu et al. 2018; Cassidy & Tom 2015; Jessri et al. 2012; Maharaj & Bandyopadhyay 2013; Maher 1992) shows the ways in which an understanding of breastfeeding is informed by socio-historical conditions. My research on breastfeeding in Karoland further contributes to this body of comparative literature as until now breastfeeding in Karoland has not been researched. In terms of developing theory my case study of Karo mothers who breastfeed highlights the importance of examining how ethnicity, religion, tradition and state practices, in particular, all intersect to shape discursive and material practices of breastfeeding.

9.2 Recommendations for Practice and Future Research

Exclusive breastfeeding has become a mainstream and global issue that is believed to benefit the health of children. In Indonesia, the state includes exclusive breastfeeding practices in the health law, which requires mothers, families, and many stakeholders, including midwives, to support breastfeeding. In the academic research, breastfeeding issues have also been investigated and explored mainly related to health issues. My research has explored breastfeeding from the standpoint of the women's own experiences and thus makes an important new contribution to the study of breastfeeding in Indonesia. Therefore, based on my research, I make the following recommendations to those involved in the discourse of breastfeeding practices, especially in Indonesia, namely policymakers, midwives, and future researchers.

Recommendations for policy makers:

- They should pay attention to the diversity of groups in Indonesia based on ethnicity, religion, and geographical location.
- They should pay more attention to and develop a better understanding of the local context of ethnic and religious groups.
- They should include the voices of marginalised women in making policy.
- They must not assume that the experiences of women in Java are representative of all women in Indonesia
- They must know that the information obtained and understood by health professionals in and outside Java is different.
- They must know that breastfeeding facilities, such as lactation rooms, are not necessarily suitable for certain communities in Indonesia, as some public spaces welcome breastfeeding mothers already.
- They must know that health facilities in and outside Java, including health professionals' skills, are different.
- They should undertake an evaluation of policy implementation.
- They should decriminalise non-exclusive breastfeeding, among other reasons, information about the definition of exclusive breastfeeding is not evenly distributed in Indonesia.

Recommendations for midwives:

- They need to explore more information about exclusive breastfeeding.
- They need to give more input to the government regarding the reality of breastfeeding practices.
- They should not assume that mothers are too weak to breastfeed after giving birth, but listen to women's own wishes on baby feeding.

- They need to explore more about the practice of early breastfeeding initiation.
- They should not recommend formula milk brands to mothers.

Recommendations for future research:

- Breastfeeding research needs to be enriched by the experiences of women from ethnic and religious groups.
- Breastfeeding research must be expanded to other issues beyond health.
- Breastfeeding research needs to place women's own voices and experiences at the centre of research.

9.3 Final Reflections

This research has had personal resonance. Like the mothers in this study, I am also a Karo woman and mother. I grew up there, in a middle-class, Christian-Catholic family, amidst Karo traditions. However, at the age of 18, my parents sent me to study at a university in Java. I have continued to live and work in Java ever since. As a middle-class woman, a mother, and a lecturer at a university, I have lived in Java and had the opportunity to experience Western education. In short, my life is now different from the Karo women who contributed to this study.

Living and working in Java, I became increasingly aware of the gap between Java and the areas of Indonesia outside Java, such as Karoland. I saw, for example, how facilities such as transportation, education, health, and so on were different in Java compared to Karoland. Likewise, I found when exploring various academic literature that Java has become synonymous with Indonesia in various fields, including within gender studies, which I study. I felt deeply uncomfortable when I found that women from minority and marginal groups like Karo were rarely mentioned and given voices. These reflections motivated me to study the experiences of Karo women in breastfeeding.

Returning and doing fieldwork in Karoland has evoked memories of my childhood and teenage years. There were several things that had changed in Karoland in terms of modernisation, which I thought interesting. I found many franchise shops had replaced traditional shops owned by local people. I also found many new church buildings in Karoland. The local government has also provided facilities such as a park that is commonly used by the elderly to socialise and exercise. However, I saw that health facilities, such as hospitals and health professionals (doctors, midwives, and nurses), had not improved in terms of quantity and quality. Having lived in Karo a dozen years ago helped me to better understand not only the changes in contemporary Karo society but also what has remained unchanged. Being originally from Karoland was also an advantage in understanding the local history and traditions and in speaking the local language.

Living outside Karoland and studying in England also sometimes gave me an advantage as a researcher in building relationships with participants, especially mothers. The women, in some cases, looked at me as ‘more expert’, even ‘better’, so they thought an invitation to be involved and become participants in my research was prestigious. I also sensed that they expected a friendship. They were free to talk about their experiences with breastfeeding and even about their other experiences without censorship. I tried to be a sympathetic and understanding listener, and, where appropriate, to offer advice. Receiving such openness and sincerity from the mothers, I realise that they actually have helped me to better understand the essence of feminist standpoint theory, which has a commitment to prioritise the experience and voice of subaltern and marginalised women. From this research, my resolve has been strengthened to continue to give voice to the lives of marginal women, particularly Karo women, who have been ignored within mainstream academic research. I hope

the research I have presented here on breastfeeding is just the beginning of this journey.

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