

## RESEARCH ARTICLE | THEMATIC EDITION

# Feeding Precarity Between State and Capital: Women Workers and Breastfeeding in Cakung Manufacturing Industry

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## ABSTRACT

Women constitute the vital workforce in Indonesia's economy, particularly in sectors like garment, textile, and footwear. Despite their economic importance, these industries are characterised by excessive control, pressure, and violence, transforming women into cheap labour and limiting their lives both in the production and social reproduction realm. This study analyses how the discipline of factory work has implications for women workers in their care work, specifically in breastfeeding. Through a qualitative approach, this study uses focus group discussions (FGD) and interviews with women garment and textile industry workers in Kawasan Berikat Nusantara, North Jakarta. The study also analyses the state's response and position in child-feeding matters. The study shows how the regimented nature of factory work, which controls the energy, time, and bodies of women workers, coupled with the absence of job security and protection from the state, limit workers' capacity to care for their families, particularly to breastfeed their children. Consequently, women workers have to switch to formula milk. I argue that the workers' reliance on formula milk illustrates a form of neoliberalism in which the state subjugates women workers to the capitalist economy both in the realms of production and social reproduction, forcing them to live in a precarious condition. This potentially will cause health, nutrition, and other quality of life problems for mothers and children in the future.

**Keywords:** *women workers; breastfeeding; formula milk; neoliberal state; capacity to care*

## INTRODUCTION

Providing food and ensuring proper nutrition for children is a part of care work that is more expected of and burdened on women (Kimura, 2013; Parsons, 2014; Parsons, 2015; Mulford, 2012). Breastfeeding is an important aspect of this care work, and specifically needs a maternal body. Women with no physical or psychological health problems are socially expected to exclusively breastfeed their children in their first six months.

In Indonesia, the right to exclusive breastfeeding is protected by specific regulations. It is the



responsibility of the state and all people—hence the community—through Law No. 36 of 2009 concerning Health and Government Regulation No. 33 of 2021 concerning Exclusive Breastfeeding. The existence of various regulations that support the practice of exclusive breastfeeding does not necessarily result in good outcomes. While data from the Central Bureau of Statistics showed that more than 70% of total infants aged less than six months had been exclusively breastfed, other data from the Indonesian Doctors' Association (Ikatan Dokter Indonesia/IDAI) and UNICEF suggested that the number of mothers who exclusively breastfeed their children was low (Sembiring, 2022). National data showed a decline in exclusive breastfeeding from 2018 (74.5%) to 2021 (52.5%) (MoH, 2022).

According to several articles, the low number is due to mothers' pressing necessity to work, which influences their breastfeeding ability (Purwanti, 2022; Sitohang, 2018; Suciati, 2020). This difficulty is even more intense if the mother works in a labour-intensive work industry (*industri padat karya*), such as in a factory characterised by industrial production discipline and a work rhythm that dictates her daily life and extracts surplus from women's labour (Warouw, 2008). However, because breasts as the breastfeeding organ are attached to a woman's body, which makes the act a part of "motherhood", the challenges and obstacles associated with breastfeeding a baby are 'automatically' assigned to women. Women are assumed to have a natural desire and responsibility for childcare (Ennis, 2014; Gross et al., 2014). Many working mothers seek alternatives to feed their babies, often turning to formula milk. The decision to buy and give formula milk to working women's babies may seem commonplace. However, it is important to recognise that formula milk is a commercial solution that not only changes how milk is sourced and given but also affects on a deeper level of the mother-child connection, as well as the mind and body health of both.

Against this backdrop, in this article, I explore the topic of Indonesian women workers' capacity as mothers to perform exclusive breastfeeding under specific labour arrangements and state-corporation interests. Capacity is associated not only with the ability to hold but also the ability to hold *something* for the realisation of more promising futures—a potential (see Douglas-Jones and Shaffner, 2017). My focus is explicitly based on women who work in the garment and textile industry, a prominent sector that contributes to the Indonesian economy (see ILO, 2022) and employs more women than men—mostly as production operators (Horne & de Andrade, 2017). Despite women's significant numbers and roles in this industry, several works of literature have pointed out recurring problems and pressures in this job: stressful workloads and workflow based on targets resulting in unpaid overtime, low wages, non-existent or inadequate job security and safety, sexual harassment and violence, uncertainty over contracts and formal work relations that fuel high turnover rate, arbitrary layoffs, and neglect of women's rights such as maternity and menstrual leaves (Ariyani, 2023; Blackburn, 2004; Handitya, 2018; Luviana, 2020; Perempuan Mahardhika, 2018; Warouw, 2008). In terms of women workers' reproductive function such as menstruation, pregnancy, and breastfeeding, employers have often treated them as "deviant" and have constructed this as a factor hindering optimum work, resulting a legitimate reason to cut them off from the job (Lubold and Roth, 2012; Perempuan Mahardhika, 2018; Handitya, 2018).

Topics related to working mothers' difficulties in providing exclusive breastfeeding, along with structural reasons and the underlying context of gender, laws, policies, and the surrounding socio-cultural setting can be found in various writings (Hambarrukmi and Sofiani, 2016; Kuntari

et al., 2021; Rahadian, 2014). Nevertheless, these articles have not specifically connected this problem faced by women to the interests of the two actors that are intertwined in and seek profits through this difficulty, namely the state and the corporate sector. I argue this is important since Indonesia—as a state—has to ensure people’s well-being through protection from destructive activities from third parties and the provision of welfare. However, in reality, this is proven to be problematic by Indonesia’s neoliberalist steps in aspects of regulation and policy-making. Even without neoliberalism, many women are already doing dangerous and low-paid jobs, often without adequate job security. Therefore, this article will examine the difficulty of women workers to breastfeed exclusively in the context of neoliberalism and analyse the gendered impacts.

The article seeks to address the following questions:

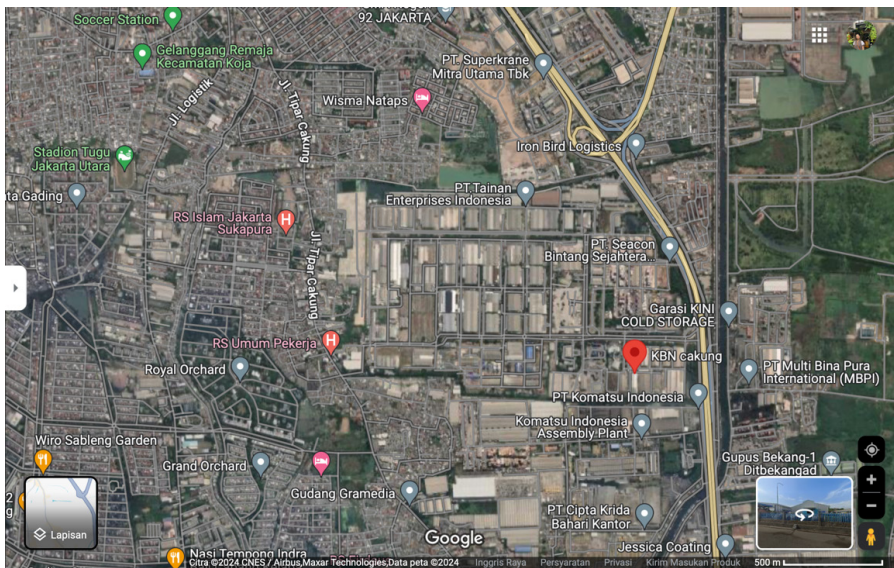
1. How does the discipline of the factory where women work impact their capacity to carry out exclusive breastfeeding?
2. How do the state and the corporation respond to and deal with this condition?

I try to answer these questions by incorporating an analysis of Fraser’s (2017) crisis of care which specifically focuses on neoliberalism and how it relates to the concept of precarity and precariousness.

## **METHODS**

The data for this article was collected as part of research conducted by Food-first Initiative and Action Network (FIAN) Indonesia with the Federation of Indonesian Unity Labour Unions (Federasi Serikat Buruh Persatuan Indonesia/FSBPI) of women workers working in Nusantara Bonded Zone or Kawasan Berikat Nusantara (KBN), Cakung Area, Cilincing, North Jakarta (after this KBN Cakung) in September-October 2021. In this research, I was in charge as a research coordinator. Initially, the research was about monitoring the right to food and nutrition of women workers and their babies as a part of FIAN Indonesia’s program. Data were collected mainly from one Focus Group Discussion, which engaged 14 women workers in the garment and textile industry at KBN Cakung and was followed up by semi-structured interviews with three selected women workers. The selection of FGD informants was based on the background of the women’s work division in the factory, the type of formal work relationship, the age of their children, and their availability. All informants work either in PT (Perseroan Terbatas/Limited Liability Company/Private Company) AI or PT DI (name of the companies are pseudonyms). All informants have children of varying ages. In the FGD, the topic covered was focused on the general working conditions of the women workers, their daily food practice (including during pregnancy and breastfeeding), and their exclusive breastfeeding experience.

As for the follow-up interviews, the selection of informants was based on the variety of breastfeeding and child-feeding experiences as well as the socio-economic backgrounds of the women workers’ households. Therefore, the follow-up interviews were conducted to comprehend more personal and detailed accounts of the women’s views and experiences that could not be explored in the FGD. Among 14 informants, Lastri, Karsinah, and Yati were the informants that we interviewed. It is worth mentioning that both the FGD and the interviews were preceded by giving and reading a consent form regarding (1) confidentiality of informants and the protection of their identities; (2) description of the use and management of data obtained from FGD and interviews;



**Figure 1.** Satellite View of Kawasan Berikat Nusantara

**Table 1.** Brief Profile of Informants

Informant Name*	Work Division	Working Status
Lastri Ani	Quality Control	Permanent employee
Esa Rianti	Ironing	Permanent employee
Karmila	Sewing	Contract worker
Rustami	Sewing	Contract worker
Nina Maryana	Helper	Contract worker
Endang	Sewing	Permanent employee
Karsinah	Finishing	Daily worker/Piecework worker
Kalani	Administration	Permanent employee
Kartika Fityah	(information was not provided)	Permanent employee
Sarwendah Maemuna	Sewing	Permanent employee
Darsiyem	Ironing	Permanent employee
Yati Nurjanah	Printing	Permanent employee
Juliantih	Storehouse	Permanent employee
Ika Putriana	Ironing	Contract worker

\*pseudonyms

**Source:** FIAN Indonesia, 2021

(3) informants' rights to find out and obtain reports from the results of FGD and interviews.

Due to the COVID-19 pandemic, face-to-face activities were still limited at that time, the research was carried out by a male research assistant who is a member of the labour union. We could not recruit a female research assistant in the trade unions due to the staff shortage, and

some women staff were occupied by other workloads during that time. The male research assistant worked with me to set interview questions and research guides. He was provided with two training sessions related to the right to food and nutrition and gender-sensitive research methods, which were facilitated by FIAN Indonesia. Aside from forming research guidelines and questions, I analysed the data gathered by the research assistant to provide a report for FIAN Indonesia.

The research assistant's position as an insider—in this case, a strategic position in FSBPI (Federasi Serikat Buruh Persatuan Indonesia or Federation of Indonesian United Trade Unions)—provided two research implications: on the one hand, the research assistant did not need to take a long approach to engage women workers in the research process, since he already had his network and connections. He also had contextual knowledge regarding labour issues, which helped him understand the informants' answers. On the other hand, being an insider in the research might have led him to taken-for-granted perspectives that are not sensitive to the special conditions experienced by working women, unlike an outsider who is more likely to be aware of “differences through an encounter with the Other” (Schlehe and Hidayah, 2014: 256). The research assistant's gender being male may also have an impact in producing a certain insensitivity, even male bias, in seeing or not seeing gendered struggles, violence, and injustice that were subtle and taken for granted in the everyday life of women workers. As power imbalances are always present between the researcher and the research subjects (Saeidzadeh, 2023), the fact that the research assistant's gender was male might have further emphasised this unequal relationship. Because of this methodological challenge, I acknowledge that the data acquired from this research has its weaknesses. For this reason, to be able to understand the role and interests of the state and the corporations in the second question, literature studies and secondary sources were also used to give additional data related to the conditions and situations experienced by women workers, considering there were no interviews conducted with relevant state officials or people from the formula milk and baby food industries.

In analysing the collected data, I used Fraser's (2017) concept of “the crisis of care”, which refers to the inability to perform a primary component of social capacities from birthing and raising children, caring for friends and family members, maintaining households and broader communities, and sustaining connections more generally. Given that ‘capacity’ is the ability to hold something for the realization of more promising futures (Douglas-Jones and Shaffner, 2017), difficulties in carrying it out will cause problems that will persist long after the current situation resolves. In addition, Fraser (2017) elucidates that the crisis of care is a part of the broader crisis of social reproduction. The meaning of social reproduction is broader than care work; it encompasses biological reproduction, education for a new generation, and reproduction of social practices. Moreover, women are traditionally assigned to bear this social reproductive work. Therefore, the impact of a care crisis affects women more than men.

For Fraser (2017), “the crisis of care” reflects the social-reproductive contradictions of financialised capitalism. It is a contradiction because the sustenance of capital accumulation requires a functioning social reproduction; meanwhile capitalism's push for unrestrained accumulation disrupts the very processes of social reproduction itself. This contradiction exists in every historically specific form of capitalist society; Fraser depicted the last one as “the financialised neoliberal capitalism”. Although I will focus on the financialised neoliberal capitalism as some features of this regime reflect the current context of Indonesia's governance and development

process, I will not limit my analysis to this period since some relevant elements of social-reproductive contradictions can be found in other periods of capitalism.

Based on this, my analysis departed from Fraser's (2017: 7) argument that the capitalist economy depends on "... free rides on—activities of provisioning, caregiving, and interaction that produce and maintain social bonds" —but I extend her argument that it is not only about "free rides" but also about profit extraction done through the consumption and commodification that arise from the inability of women to engage in those activities. In other words, I contend that the crisis of care also paved the way for women to participate in the capitalist market economy. It is at this point that I will make sense of the presence and power of the formula milk industry in women worker's lives.

Finally, I will relate my analysis to the notion of precariousness that is inseparable from, and a part of, precarity, two features that perpetually characterised working people's lives in capitalist societies (Kasmir, 2018). As precariousness is associated with both *experiences* and *feelings* of vulnerability, displacement, insecurity, and hopelessness (Kasmir, 2018; Han, 2018; Hyde and Willis, 2020), which signifies material and affective conditions resulting from certain events, it will help to make sense of the effect of the crisis of care in the level of women worker's everyday life.

## FINDINGS AND DISCUSSION

### Work Discipline and Time Use in Women Workers' Daily Life

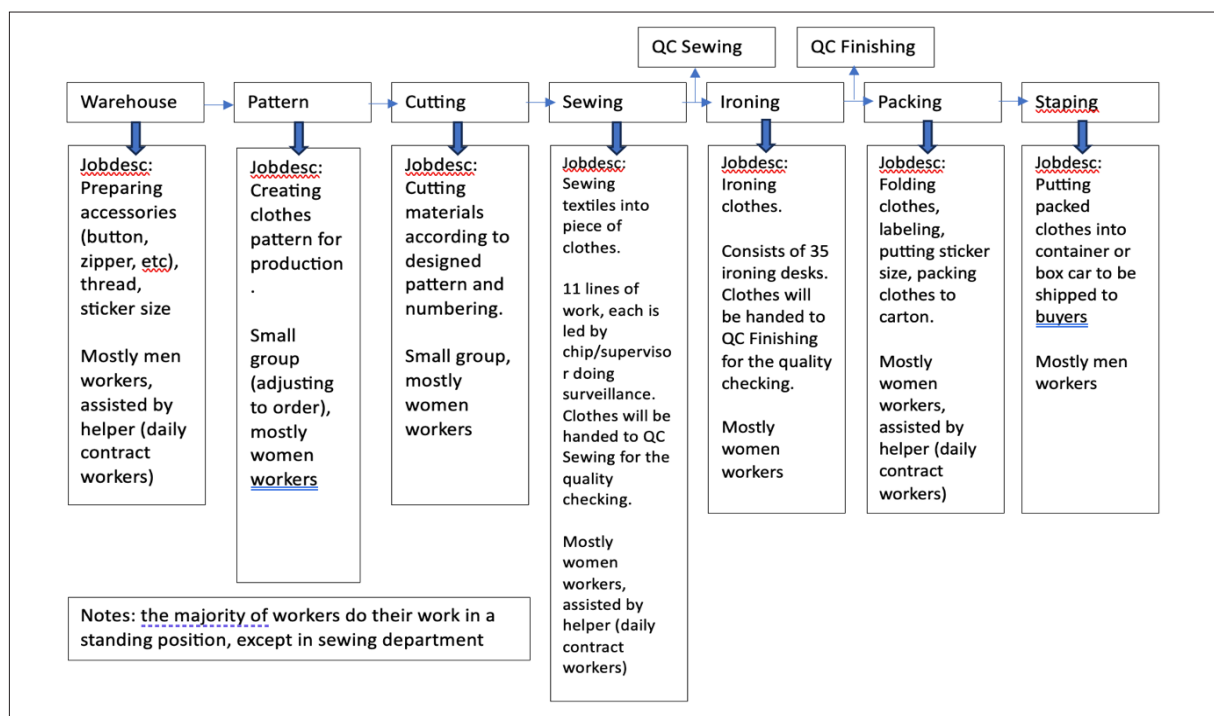
DKI Jakarta ranked fifth among provinces with the most garment and textile workers in 2016. The research location, the Nusantara Bonded Zone or Kawasan Berikat Nusantara (KBN) in Cilincing, North Jakarta, is an area where garment, footwear, and textile workers are concentrated since this industrial area is a complex in which 94 companies are located, most of which operate in the garment sector. In 2018, the record showed that there were 50,000-70,000 women workers producing various textiles to be exported (Perempuan Mahardhika, 2018). The information boards for company announcements at the Cakung KBN also often contain posters for hiring new workers that specifically put being a woman as one of the requirements.



Figure 2. Kawasan Berikat Nusantara. Source: Law-justice.

Historically, KBN itself cannot be separated from the Indonesian Government’s desire to have an export-oriented manufacturing/processing industrial area that has strategic access to the port and benefits from export concessions (duty-free, excise-free, or other levies-free) (Perempuan Mahardhika, 2018). There are three areas managed by PT. (Perseroan Terbatas/Limited Liability Company/Private Company) KBN, the Cakung Area, Marunda Area, and Tanjung Priok Area. PT AI and PT DI are located in the Cakung Area. In this factory, the process of making garment products is relatively long and complicated. Workers are divided into several operator divisions: warehouse, pattern, cutting, sewing, ironing, packing, and stapling (putting goods into containers) to prepare the goods to be ready to send (see Figure 3). In addition, some higher-position workers play roles in the areas of supervision and administration. Usually, in any given line of workers’ work, there would be a supervisor, often called a “foreman” or *mandor* in Indonesian, to monitor and supervise the workers’ work to meet the targets/scores given daily and weekly.

As explained in Figure 3, the majority of workers in almost all the divisions except the warehouse and stapling divisions are women. All of the work processes except sewing have to be done while standing. In some divisions, such as cutting and packing, work is carried out in group settings, which makes it quite impossible for workers to leave their work for long because there would be no replacements for their roles. Working hours start from around 7 or 8 am until 4 or 5 pm. Workers have to work non-stop, except during lunch breaks, which only take one hour or less, because they need to meet targets set by the company. This approach is called *skorsing* or *kerja skors*—a penalty of fulfilling a certain amount of products per day or week to the point they have to work overtime, especially when the factory is “flooded” with orders (*keteter*). They can



**Figure 3.** Production Process Flow in Garment Factory. **Source:** Damar Panca (translated by author), the research assistant and women members of FSBPI (2021)

work nine, or even ten, hours a day. The chief constantly pushes operator workers to finish their work in 20 to 60 minutes.

In the period of flooded orders, women workers vary their overtime; they can either start early, finish their work after working hours, reduce their lunch break, or do a combination of the three. Some informants in the FGD said the additional time to fulfill the target would not be paid as overtime (*lembur*), because overtime is considered compensation for women workers' lack of labour productivity. Similar to the insistence on working in a standing position, informants in the FGD added that workers' workload is often not changed or reduced even when they are pregnant or ill. Other writings further clarified this, which elaborated that they still need to do overtime (Handitya, 2018; Perempuan Mahardhika, 2018).

In the context of women workers' employment status, it varies from permanent, contract, piece rate, to daily employees, as compiled by Perempuan Mahardhika (2018):

**Table 2.** Type of Contract Offered to Women Workers

Type of Contract	Description
Fixed-term Employment Contract	Contracts with a certain duration, can last for one year, six months, or short contracts of three months.
Piece Rate Work Employment Contract ( <i>Borongan</i> )	Recruited to do work that must achieve certain targets. Work tempo depends on the amount or value of work contracted out. Types of work: operator in cutting, sampling, sewing, packing, helper division.
Daily Work Contract ( <i>BHL/Pekerja Harian</i> )	Recruited daily, still paid according to the achievement of certain targets. Types of work: sewing operator, QC (quality control), packing. This type of contract violates statutory provisions since there is no job protection.

Although in general, violation of maternity rights happens in all employment statuses, including the possibility of one-sided layoffs after taking a leave, different employment statuses create different violations of maternity rights. Women workers appointed as permanent employees have access to either three months maternity leave or annual leave. Those who are working as contract workers cannot have access to either maternity or annual leave, forcing some to stop working for a while, either by not renewing their contracts or resigning before the end of the term. Karsinah, a piece rate worker in the finishing department in PT AI, also stopped working for three months due to this regulation, in addition to being asked to stop working by her husband.

The decision to stop working is a tough and stressful decision for workers, as their work and employment history before pregnancy ensure their future possibilities of being recruited as permanent employees or even contract workers in a new company (Perempuan Mahardhika, 2018). Karsinah, who had worked as a contract worker for two years from 2017 before getting pregnant in 2019, had to restart as a piece rate worker after her pregnancy, which paid her much less.

“My friends asked me, how could I take the piece rate work since I had already worked for years as a contract worker. Well, what can I do? Nowadays, it is also difficult to find a job with the economic needs going on, that was why I took this job. Perhaps I will get a chance to be a contract worker in the future, hopefully.” (Interview with Karsinah, 12 October 2021)



## Pressures on Women Workers in Balancing the Realms of Social Reproduction and Production

Factory work gives women very little to no time to take care of their needs. Working eight to five with additional *skorsing* (work penalty) means women spend 8-10 hours of their daily life—almost half a day—away from home. This means that women workers cannot be present beside their babies most of the time, affecting their breastfeeding practices. In the FGD, only one of 14 informants said that they breastfed their children exclusively; the others had to alternate between breast milk and formula milk or fully depend on formula milk. Women workers usually only manage to do exclusive breastfeeding for less than three months or even only for one month. As for Lastri and Yati who are both permanent employees, they were able to breastfeed their babies for two to three months because of the maternity leave given by the company. Women workers who get maternity leave usually start their leave from half or one month before their due dates, which leaves only two months left after the baby is born. Lastri said that in that remaining period, she had to “train” her baby with formula milk so it would not be difficult for her (*“repot juga kitanya”*) to get back to work. Yati also said:

“It (breastfeeding her second child) was different from his brother. When I fed my first child, I still worked in PT DK, so I could breastfeed him for four months although I alternated it with formula milk, especially when I took night shifts. However, for my second child, I was already working in PT DI and I only breastfed him when I was still on leave because seeing my work condition in this new job, in the printing department, I felt like it was quite impossible to breastfeed him.” (Interview with Yati, 21 October 2021)

For all informants, it is rather difficult, if not impossible, to pump their breast milk during lunch break. As mentioned earlier, women workers are only given an hour’s break, sometimes less since it depends on the workload they have to prioritise. Informants who work in PT AI said they have to calculate their time to eat since they do not get catering from the factory. It already takes much time for the workers to go outside the factory building, search for a meal, finish it, and walk back. As for PT DI, which provides catering for their workers, Yati said the food is usually not “proper” meaning it is given in a small portion and distasteful with weird combinations, aubergine and salted fish, for example. Therefore, she and many other workers opt to eat outside. Even when workers choose to eat catered meals, Dahana et al. (2016) illustrated how the distribution of catering in several companies was packed with hundreds of workers huddled together for a couple of minutes, which already uses up the limited break time.

The difficulty in pumping breast milk, or in general, doing any non-factory work tasks, is also caused by the type of work, role, and position. As mentioned earlier, Yati works in the printing division with different tasks and rhythms compared to the tasks she had in her old company. She explained:

“In the other divisions, you could work independently, individually, meaning that if a worker wants to go to the toilet or do other business they can leave their task (temporarily). Well, we in (the) printing department cannot leave our task if there is no one replacing us, because we work in a team, if one is absent, (the flow) will be halted, so someone has to replace them. Moreover, we already have to excuse ourselves

when we have to go to the toilet and during prayer times, so we can't do it often or for too long, so I thought, 'well if it's like this then I apparently can't pump'." (Interview with Yati, 21 October 2021)

Despite the "independent" work in other divisions that is slightly less hectic, as implied by Yati, with the targets piling up and the potential of *skorsing* (work penalty) lurking almost every week, workers in the other divisions also prefer to spend their time to do as much work as they can. This is different from non-operator workers, such as administration workers, who have different work rhythms and whom Lastri once saw using the lactation room. At the factory, both PT AI and PT DI provide lactation rooms, but there is only one in each factory for hundreds of workers, and they are not equipped with proper equipment (i.e., an adequate number of breast pumps). According to Lastri, the lactation room provides a refrigerator and a breast pump, but she was reluctant to use them because sharing them could make the equipment non-sterile, while infants are prone to germs. Other informants in the FGD said there is a lactation room in both factories, but they are rarely used. In addition, several informants admitted that despite their knowledge about the existence of the lactation room and its function, they were disinclined to use it because of their workloads.

The data do not contain information about pumping practices *outside* working hours in the workers' home for the baby's consumption. All my informants only stated that they prefer formula milk over breast milk because of the practicality and simplicity of the process that can be done by other people as well, making them able to concentrate in the workplace *during* working hours. However, all informants explained that the challenging and stressful workloads that women workers have to perform daily leave them drained and exhausted when they come home in the evening. On top of that, they are only able to do other house chores or preserve their time to rest in the remaining hours before they sleep—approximately only three to four hours. This is even more difficult for women workers who have to do a side job like Karsinah, who also works as a ride-hailing motorcycle driver.

Moreover, not every woman worker has her own refrigerator and pumping equipment, two of the most significant tools to support breast milk pumping. This adds to the finding that the act of pumping itself is layered; more likely to be done by the middle class, monthly salaried workers who occupy a private office space or have a more flexible work schedule—not like women factory workers (Hough, et al., 2018; Lubold and Roth, 2012). Furthermore, breastfeeding and breast milk pumping experiences are different from one mother to another; some find it pressuring or painful (Dykes, 2005; Hough, et al., 2018). Yati also felt this, as she said, "it would seep out the energy" left in her body if she still tried to breastfeed after working hard for a long day.

Matters related to breastfeeding depend not only on the capacity of a woman worker, but also on how she obtains support from her nuclear and extended family. The assistance from the workers' parents, who live near or at least within reach of the workers' houses, has proven to be very helpful in childcare and child feeding work while women are working. For example, in Karsinah, Lastri, and Yati's cases, although for most workers, care by extended families resulted in formula milk provisioning and consumption (see Jumisih, n.d.). This research did not investigate the relationships of care by extended families or kinship support for workers to pump their breast milk. However, Oliker's (2000) study about the informal and kin-based support networks in caregiving

illustrates that the difficulty experienced by working mothers to reciprocate the help others have given them makes them try harder to not burden the caregivers too much by additional care work. In this case, giving formula milk rather than pursuing another option, such as pumping, could be seen as a way to not add more care work to the extended caregiver's responsibilities. Regarding the relationship between women workers and their husbands, my data shows that some of the informants' spouses also work (two-earner families) and some of them are no longer living with their husbands (either because of formal or informal divorce). This also affected the possibilities to fulfil care work and pumping.

### **Formula Milk as An Entry Point of Precariousness: Corporate Power and State's Neglect**

**Q:** *Mbak* Yati, do you know what are the benefits of healthy food and the dangers of instant food and formula milk for children and for yourself?

**A:** Yes, they say (if children are given formula milk) it is easier (for them) to get sick.

**Q:** Do you know that people think sometimes “natural” is healthier and more beneficial?

**A:** Yeah ... maybe in my case the factor was that I was not diligent enough (to breastfeed and prepare food) when I came home from work I was already exhausted [...] but what else can I do? The situation made it not possible for me to give (my children) breast milk. Sometimes, I feel sad when people say that children who are not exclusively breastfed will not be close to their mothers; I often overthink: is that true? But they (my children) probably will understand why I did this, why they were given formula milk, even though I don't know for sure, of course ... (Interview with Yati, 21 October 2021)

For context, Yati has two children, the younger being under two years of age and the other one is six years old. Yati's husband also works. As shown in the conversation above, none of the informants lack knowledge that, according to medical considerations, breast milk is better than formula milk. They also know that breastfeeding has many health benefits and should be done exclusively for six months. This is shown in the quote taken from Yati's answers. However, industrial work disciplines influence how women workers create and regulate labour arrangement and time allocation orbiting their factory works—forcing them to adjust their lives in both the productive and reproductive realms. On the social reproduction sphere, this ultimately has implications for arrangements between child feeding care work and mother-infant relationships, which have to be replaced by commercial means such as infant formula milk.

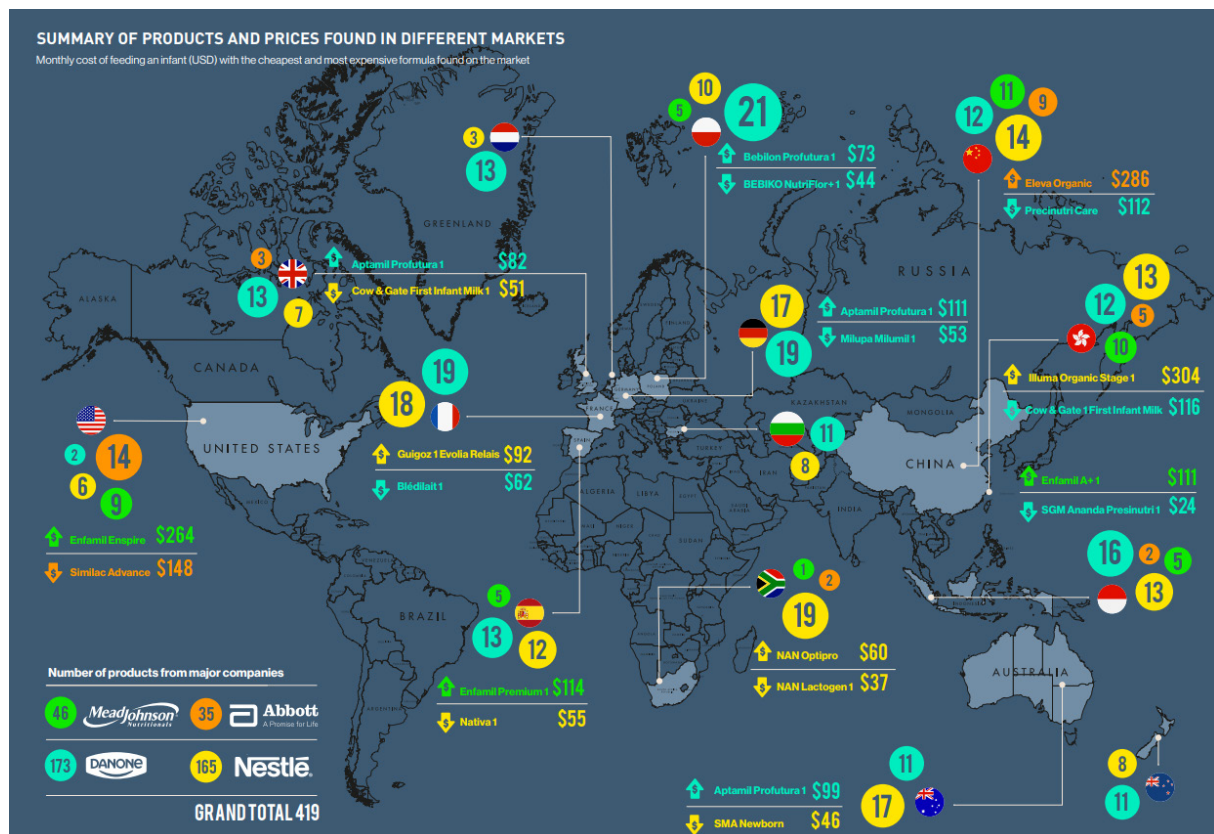
In various literatures, it is often reviewed that aggressive marketing is one of the main reasons why formula milk can eventually infiltrate a family's life and change a baby's taste buds (see AIMI, 2021; Changing Markets Foundation, 2017; Hidayana, et al., 2023; Rollins et al., 2023). However, in this study, the main reason was industrial labour practices, which made it impossible for women to work in harmony with breastfeeding (Tomori et al., 2018). Most informants said that doctors, nurses, and other health workers at the health facility where they gave birth directed them to initiate early breastfeeding (*Inisiasi Menyusui Dini/IMD*). In contrast, some reports indicate that health workers often suggest formula milk as a solution for mothers who have just given birth

and have difficulties delivering breast milk. Having said that, six informants said that they had been advised by midwives, doctors, nurses, or even *Posyandu* (Pos Pelayanan Terpadu/Integrated Health Service Post) cadres to buy formula milk, which might have influenced them. However, informants said that they decided to use formula milk because they saw their neighbours with the same occupation having done this before.

Some of the respondents admitted that they had planned to buy formula milk since they were pregnant, as stated by Yati, “I have already prepared it from the start,” or Lastri, “If (the baby) had not been trained with formula milk long ago, it would have been a hassle for us”. This shows that women workers chose to use formula milk from the start as an act of “conditioning” for labour arrangements, time allocation, and future gender roles. Some informants put it in simple words, such as: “so that it would not be a hassle for yourself or for the family you’re taking care of”, “to make me feel at ease when I am working at the factory”, and in general “for the sake of the economy”. This shows that women workers’ decision to choose formula milk over breastfeeding is about negotiating trade-offs between factory work, child-feeding care work, and other reproductive works that involve other parties, like parents or relatives. For them, the ability to be back at work and fully concentrate on their factory work during working hours is an advantage, while preceding breastfeeding and using formula milk is the opportunity cost that they can best afford amidst the scarcity of resources to pursue the alternatives (i.e. pumping and feeding the breast milk or accessing milk bank). Dykes (2005) described introducing formula milk to an infant as a mother’s way of planning and asserting a range of control and coping with a “normal” economically productive life.

However, this trade-off also leads to unintended and undesirable consequences, such as the expenses that female workers have to incur to buy formula milk. Informants explained that they only get a small income from factory work. From the calculation of income combined with their husband’s income, those with a permanent employee status have an income of approximately IDR 4,000,000 to IDR 7,000,000, meanwhile contract workers get less than IDR 4,000,000, and some of them have unstable incomes due to the different amount of incomes for every employment status and contractual agreements renewal. This makes spending on food (in general) and purchasing formula milk alone take up a lot of the income they get. In Yati’s case, she had to buy six boxes of Bebelac infant milk per month for Rp. 144,000/box or Rp. 864,000/month in total; this excludes formula milk expenses for her first child. If her first child’s milk expense is added, the amount spent on formula milk would be Rp. 1,200,000. With the family’s cumulative income in the range of Rp. 5,000,000 to Rp. 7,000,000, expenditure on formula milk purchases would take up 17% to 24% of the expenses, or almost a quarter of the family’s income. This has not included housing, electricity and water costs, which according to Luviani (2020) absorbs an average of 25-50% of basic wages of women workers.

It is essential to highlight that Yati’s economic condition is relatively fortunate compared to that of other women workers since she is married and her husband is working. Many others are not that lucky. Some informants were unable to access expensive formula milk like Bebelac. Therefore, they would purchase SGM instead, which is relatively Rp50.000,00 cheaper than Bebelac. Some of them also had to go into debt to cover monthly food expenses, including the expenses for formula milk. Falling into debt for purchasing formula milk was not experienced exclusively by women workers’ families alone but also by poor families with very low income all



**Figure 3.** Number of Products and Prices of Infant Feeding Products Marketed in Various Countries. **Source:** Changing Markets Foundation, 2017.

over Indonesia (see Alfajri et al., 2022a; Alfajri et al., 2022b; Sarwindaningrum et al., 2022).

However, women workers’ decision to choose formula milk cannot be seen as an individual choice since it is not separate from structural conditions such as corporate power and aggressive marketing by the big baby food industry. In the context of corporate power, Indonesia is one of the infant formula industry’s biggest target markets in Southeast Asia (Hidayana et al., 2023). Hidayana et al. (2023) showed that commercial milk formula (CMF) sales in Indonesia in 2014 were around US\$240 million, which then grew drastically to approximately US\$2,8 billion in 2020.

With sales figures this high, various marketing strategies must have been aggressively carried out by the formula milk and baby food industries in order to secure their profits. I have argued that adjusting to industrial work discipline is the main reason for women workers to purchase infant formula milk. However, it does not mean that women workers are not affected by the marketing. With women’s rising anxiety due to the social demand to ensure that their children are well-fed and the government’s persistent policy and campaigns to eradicate child stunting and malnutrition, the formula milk industry takes advantage of this by doing “nutritional positioning” and “science capture” marketing strategies (Baker, et al., 2021; Changing Markets Foundation, 2017). The nutritional profile of formula milk products, combined with claims about health advantages based on industry-funded research, have convinced several informants, such as Lastri and Yati, that formula milk still has good nutritional quality whose quality differs between

products or brands. This is shown by Yati's decision to give her newborn child Bebelac and her oldest child Dancow under the consideration that the youngest child needs "to be prioritised, his (older) brother can consume anything", hence implying that Bebelac might be more beneficial and better than Dancow for her youngest child's growth (Interview with Yati, 21 October 2021). This marketing strategy that targets working mothers is considered one of the many violations of the International Code of Marketing of Breast Milk Substitutes and of Government Regulation No. 33 of 2021 on the Provision of Exclusive Breast Milk (see Hidayana et al., 2023; WHO, 2017).

This raises the question of where the state is on this issue. The narrative regarding the capacity to breastfeed is frequently constructed as an individual capacity imposed on working women themselves or working women's families. This contradicts the fact that existing regulations, such as Law No. 36 of 2009 on Health, Government Regulation No. 33 of 2021 on the Provision of Exclusive Breast Milk, and Law No. 13 of 2003 on Employment, have all made it clear that the right to breastfeed is the responsibility of the state and should be a part of the community's attention as well. There is a popular view that breastfeeding is a personal child-rearing choice and not a public health measure or human rights in the context of work and family life (Mulford, 2012). This view reflects neoliberal logic around personal choice, individual responsibility, self-sufficiency, and productivity without anyone's support (Hough, 2018; Gross et al., 2014). In this case, the factory regime, which takes the form of discipline, control, and industrial work methods (Braverman, 1974) and which is full of stress, anxiety, and violence, is considered to be surmountable by the sheer willingness of women workers to balance their care work more diligently and make good time management, rather than requiring structural changes in labour regime to protect and ensure labourers' rights.

Instead, the state often sides with the formula milk and baby food industries. Violations in the marketing of formula milk are rarely followed up strictly by the government. In fact, the formula milk and baby food industries have funded and sponsored government projects, programmes, institutions, and initiatives through their corporate social responsibility and corporate philanthropy by inviting and incentivising healthcare professionals to speak in a company-sponsored forum or as a person endorsing the company's products; and by contributing their products in some social assistance programmes and donations, especially during COVID-19 (Baker et al., 2021). According to AIMI or Indonesian Breastfeeding Mothers Association (2021), this shows not only the conflict of interest but also the state's direct engagement in the violation of the code. In other words, the state reaps some benefits from formula milk sales and production despite the health, social, and economic risks this industry causes specifically to women and children.

Women workers know that they are "disposable women", as Melissa Wright (2006) put it. It means that they can be dismissed at any time if they demand too much from the company or if they cannot meet targets, replaced by those who are more "productive"—in this case by those who do not (yet) have to birth and breastfeed a child and perform reproductive roles. With the Job Creation Law, labour market conditions, which were already flexible under the regulations of the "old" Labour Law, are becoming more flexible, which makes workers increasingly replaceable at any time (Izzati, 2022). As a result, women workers are progressively under pressure to sacrifice various priorities to maintain their jobs and submit to the factory regime, even if it means that they would be exposed to greater health and economic vulnerability. One of the things that workers can sacrifice, in addition to other sacrifices, is giving up the possibility of breastfeeding their babies.

This action is not without consequences for both women workers and their children. Karsinah experienced pain all over her body for days and even developed a fever because she had to force her body to stop breastfeeding. This only refers to the bodily and health impacts for women workers in the short term. In longer terms, several studies have highlighted the increased risk of non-communicable diseases and deaths in later life resulting from the inability to breastfeed (see Baker et al., 2021), showing extended vulnerabilities for both the child and mother.

The dependence of workers on industrial products to feed their babies illustrates not only the inability of women workers to perform desired care work but also a form of neoliberalism in which the state subjects women workers to the capitalist economy, both in the realm of production and social reproduction. In the realm of production, formula milk gives the illusion of women workers' freedom to work while they are still entwined in exploitative capitalist relations that extract their work without the protection of their maternity rights. In the realm of social reproduction and consumption, not only do women workers and their children become the consumers of formula milk, which is relatively expensive and thus a burden on their expenditure and liability for creating debts; the infant formula milk also endangers women's and children's health and places them in the context of prolonged vulnerability, such as health issues and financial debt. Formula milk thus becomes an extension of neoliberal state and corporations under the guise of an "opportunity", while it would then emerge as a threat.

As Standing (2011) said, with insufficient wages, lack of time, and pressure to do more work-for-labour and work-for-production since they cannot pay for the substitutes, a worker will remain in "precarity traps." Another precarity trap here is the possibility that the younger generation, born under these conditions, must inherit and bear the financial debt from their parents due to the inability to purchase food and formula milk. They live precariously, facing health risks that can potentially arise as a result of not being breastfed. Therefore, we can see that women workers are placed in precarious conditions which further distances them and their families from prospects of a stable livelihood and future. They focus only on matters of survival (Han, 2018; Willis, 2020). In this condition, the neoliberal state and the formula milk industry continue to show not only how the capitalist economy benefits from caregiving activities, as stated by Fraser (2017), but also exploits them.

## CONCLUSION

In this article, I have outlined how the industrial work disciplines of garment and textile industries occupy women workers' time use and labour practices to the point that they have to compromise their child feeding by using market-based and commoditised products such as infant formula milk to substitute breast milk. However, I have also tried to paint the bigger picture of how the state allows this, enabling corporate power imposed by the formula milk industries to keep women workers and their children in precarious conditions.

It is important to emphasise the uncertain conditions faced by women via a notion of a crisis of care because the state still makes no effort to support women's social capacity to breastfeed—as part of caring for and raising children—even though the state also needs a healthy and qualified workforce to accumulate capital and profits in a capitalistic economy. This is what Fraser (2017, 2022) calls a contradiction or paradox of capitalism, which devalues and destabilises social

reproduction on which the production of labour depends.

In the end, this paper hopes that the breastfeeding vs. formula feeding debate is viewed not only from the perspective of consumer choice but also serves as an angle on discussions related to reproductive justice and rights amidst neoliberal settings and stronger corporate power.

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