



Authority of Regional Government in Fulfilling Lactation Rooms in Office Area

Imam Subiyanto

Program Studi Ilmu Hukum, Sekolah Tinggi Ilmu Hukum dan Politik Pelopor Bangsa, Depok, Indonesia

Abstract: Breast milk is a crucial issue in the public domain and is of concern to many countries in achieving the Millennium Development Goals (MDGs) in the health sector. The government needs to support breastfeeding, one of which is by providing lactation rooms in public places, including office environments. This research aims to analyze the authority of local governments in providing lactation rooms in office environments based on Government Regulation Number 33 of 2012 concerning breastfeeding. The research method uses a normative legal approach based on Authority Theory, Rule of Law Theory and Welfare State Theory. Field findings concluded that the regional government's authority to provide lactation rooms in office environments is based on Government Regulation Number 33 of 2012 concerning breastfeeding related to basic services as regulated in Article 11 paragraph (2) of Law Number 23 of 2014 concerning Regional Government. Regional governments are expected to make regional regulations that specifically serve as a legal umbrella for providing lactation rooms because in general the government is responsible for establishing policies in the form of creating norms, standards, procedures and criteria to fulfill the provision of lactation rooms, especially in office environments.

Keywords: Authority; Lactation Rooms; Regional Government.

1. Introduction

Mother's milk (ASI) is the first and main food for babies and is the right of every baby in the world (Ainita, 2019). Various scientific points of view show that breast milk is the best and most ideal baby food, because breast milk contains all the necessary nutrients in the right amount and balance. Several epidemiological studies even state that breast milk protects babies and children from infectious diseases (Faradila et al., 2020).

As time progresses, the issue of breastfeeding continues to develop into a crucial matter in the public domain and has become the focus of many countries in achieving the Millennium Development Goals (MDGs) in the health sector (Hidayati & Fadlia, 2022). Many countries then try to implement various kinds of regulations and policies to encourage the achievement of exclusive breastfeeding coverage standards so that they become a marker of the quality of health attainment in a country (Gusmelia et al., 2019).

In the world, coverage of exclusive breastfeeding as of 2020 for babies aged <6 months has only reached <60%. Meanwhile, in Indonesia itself, exclusive breastfeeding for babies aged <6 months has only reached 66.1% nationally, as reported in the 2020 Ministry of Health Performance Report. This then becomes one of the benchmarks for maximizing the Early Breastfeeding Initiation (IMD) program. to increase the coverage of exclusive breastfeeding for babies immediately after the baby is born (Kusumasastra, 2023; Mujiharti, 2022).

In the health sector, breastfeeding is one of the most effective and cheapest ways to reduce the Infant Mortality Rate (IMR) (Hardi et al., 2019; Kartika et al., 2021). Even though breastfeeding campaigns have been intensively carried out throughout the world, coverage of exclusive breastfeeding, especially in developing countries like Indonesia, is still low (Aisyaroh & Sutrisminah, 2017). The low coverage of breastfeeding is

Correspondence:

Name; Imam Subiyanto

Email: imamsubiyanto1978@gmail.com

Received: date;

Revised: date;

Accepted: date;

Published: date;



Copyright: © 20xx by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons

Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0) license (<https://creativecommons.org/licenses/by-nc/4.0/>).

influenced by various factors including sociodemographic, biophysical, psychosocial and intervention (Ambarwati & Mutias, 2020; Jannah & Billah, 2023).

Many previous studies have examined the importance of the availability of lactation rooms in supporting exclusive breastfeeding programs. Most of these studies still examine it from the perspective of health (Ekawati, 2022; Gusmelia et al., 2019; Hardi et al., 2019; Kusumasastra, 2023; Mujiharti, 2022) and the implementation of government policies (Alyani & Hidayat, 2022; Esariti et al., 2020; Hidayati & Fadlia, 2022; Rini et al., 2018), but there are still a few that examine it from the perspective of legal regulations. In the research, researchers focused on intervention factors such as government policy, social support, support from health workers, and the availability of breastfeeding facilities as a basis for examining the problem of exclusive breastfeeding from a legal perspective (Kusumaningsih, 2020). This refers to the phenomenon of many breastfeeding mothers who continue to work, which becomes an obstacle because it is difficult for mothers to give breast milk directly to their babies.

The reality is that breastfeeding mothers' activities outside the home, whether they are working or not working, are not as easy as expected. From the preliminary study, it can be seen that there are still many obstacles, such as the lack of special facilities for breastfeeding, community support and the negative stigma that still exists, making many breastfeeding mothers not give their breast milk outside the home, even just to express it (Dila, 2020; Ekawati, 2022; Esariti et al., 2020; Wijayanti et al., 2023). The difficulties experienced by mothers in providing breast milk outside the home then become one of the reasons for giving formula milk to babies prematurely. In fact, compared to breast milk, the nutritional coverage of formula milk does not reach 10% (Munaiseche et al., 2021; Nurlaela et al., 2023; Riani et al., 2022).

Efforts to increase the coverage of exclusive breastfeeding in Indonesia were carried out by the government by issuing Government Regulation Number 33 of 2012 concerning Exclusive Breastfeeding which requires central, regional governments, workplace administrators and public place organizers to support breastfeeding mothers so that they can provide exclusive breastfeeding to their babies until they are born. 6 months old (Widuri, 2019). This is as regulated in Article 30 paragraph (3) of Government Regulation Number 33 of 2012 concerning Exclusive Breastfeeding which states that Workplace Management and organizers of public facilities must provide special facilities for breastfeeding and/or expressing breast milk in accordance with the company's capacity. The consequence of this regulation is that it is mandatory to provide special breast-feeding rooms or better known as lactation rooms, one of which is in office environments (Alyani & Hidayat, 2022), including companies (Nurhidayati & Saleha, 2021), government-owned offices (Setyowati & Lestari, 2023), regional governments and private companies (Kristiyanasari, 2018), which are equipped with breastfeeding and breast-expressing facilities that can be used by breastfeeding mothers as regulated. further in Article 31 of Government Regulation Number 33 of 2012 concerning Exclusive Breastfeeding.

The provision of lactation rooms in office environments in the legal order in force in Indonesia is further regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 15 of 2013 concerning Procedures for Providing Special Facilities for Breastfeeding and/or Expressing Breast Milk. Providing lactation rooms in office environments is an effort to fulfill the rights of babies as regulated in Article 28B paragraph (2) of the 1945 Constitution which states that every child has the right to survival, growth and development and is entitled to protection from violence and discrimination. This regulation is also confirmed in Article 128 paragraph (1) of Law Number 36 of 2009 concerning Health which states that every baby has the right to receive exclusive breast milk from birth for 6 (six) months, except for medical indications, which then becomes the legal basis for the regulation. The baby's right to receive exclusive breast milk from birth until 6 months of age (Setyowati & Lestari, 2023). Apart from that, the state has also guaranteed special legal protection for female workers who are breastfeeding so that they can still provide breast milk to their babies if necessary during working hours, as regulated in Article 83 of Law Number 13 of 2003 concerning Employment (Sholikah, 2018).

Communication that exists between policy implementers and targets, the attitude of policy implementers in following up on policies, resource readiness, and environmental conditions to support policies are various factors that also determine whether a policy will be successful or not (Susilowati et al., 2021; Wijaya & Soesanto, 2017). Even though a regulation has been issued regarding the requirement for public facilities to provide special rooms for breastfeeding mothers or lactation rooms in Government Regulation Number 33 of 2012, its implementation in the field is still very lacking and the existence of lactation rooms has not been thoroughly monitored by the relevant parties, so this has caused many offices that do not heed the rules for providing lactation rooms and comply with applicable regulatory standards (Surbakti, 2019).

This research is proposed to provide benefits, especially considering the importance of lactation rooms in office environments as supporting the need and right to provide breast milk so that working mothers have the rights to provide breast milk in accordance with established regulations. The aim of this research is to determine support from all stakeholders, especially local governments and OPD leaders regarding the authority to provide and use lactation rooms optimally.

2. Materials and Methods

The type of research used in this research is normative legal research. In this research, a review of the regulations governing the provision of lactation rooms in local government offices was carried out. The data sources in this research come from primary data and secondary data. According to Moleong (2020), primary data is obtained from words, actions and additional data such as documents and so on. Soekanto & Mamudji (2019) secondary data has a very wide scope of sources, including: personal letters, diaries, books, even official documents issued by the government.

In this research, primary data was collected through interviews regarding policy arrangements for providing lactation rooms in local government offices. Meanwhile, secondary research data was collected through documentation studies of various data related to the implementation of providing lactation rooms in local government offices. Further data analysis was carried out through qualitative juridical analysis, by analyzing data obtained primary and secondary, as well as the implementation of policies in the field of providing lactation rooms.

3. Results and Discussion

3.1. Fulfillment of Lactation Rooms in Regional Institutions

The state and/or government has an important role in realizing the welfare of its people. The lactation room is one of the facilities needed by breastfeeding mothers, as regulated under the provisions of Article 2 of the Minister of Health Regulation Number 15 of 2013 concerning Procedures for Providing Special Facilities Regarding and/or Expressing Breast Milk. The aim of providing lactation rooms is to provide protection for mothers in providing exclusive breast milk and fulfill children's rights to receive exclusive breast milk, so the government needs to make efforts to have breast milk rooms in every public facility, health service and other government agencies.

The obligations of regional governments are not only limited to the provisions in Article 4 of Government Regulation Number 33 of 2012 concerning Providing Exclusive Breast Milk, but regional governments are also obliged to involve the community in implementing the IMD and Exclusive Breast Milk Programs and require other government agencies to support and provide opportunities. breastfeeding mothers to provide exclusive breast milk to their babies, so that in order to achieve success in implementing the exclusive breastfeeding program, the community can play an active role in supporting the success of implementing IMD and exclusive breastfeeding by doing things in the form of: (a) Providing motivation and support to mothers giving birth to be able to carry out IMD and provide exclusive breastfeeding. (b) Contribution of ideas and infrastructure related to policy determination and/or implementation of IMD and Exclusive Breastfeeding programs. (c) Dissemination of information to the public regarding IMD

and exclusive breastfeeding. (d) Providing time and place for mothers to engage in IMD and exclusive breastfeeding. (e) Participate in technical training in breastfeeding counseling. (f) Provide yourself as a breastfeeding counselor in public facilities

3.2. Regional Government Authority to Provide Lactation Rooms in Office Environments Based on Government Regulation Number 33 of 2012 concerning Breastfeeding

The lactation room is one of the important facilities that supports the central government program of providing exclusive breastfeeding to babies, especially from 0-6 months. Providing lactation rooms in various public places, including office environments, is a mandatory government matter, so in this case it is the regional authority to fulfill this because it is an effort to protect the rights of children and working mothers.

Many laws and regulations have been established and regulate lactation rooms, but breastfeeding is still not widely supported by various parties. This can be seen from the limited provision of lactation rooms in government and private offices, which in the end inevitably makes children victims. In fact, when mothers work for approximately 8 hours, this is often the reason why mothers do not have enough time to breastfeed their children, so providing adequate means and facilities for mothers to express breast milk is an absolute obligation as regulated in Article 83 of Law Number 13 of 2003 concerning Employment which states that female workers/laborers whose children are still breastfeeding must be given the proper opportunity to breastfeed their children if this must be done during work time. It is understood that this article requires employers to provide adequate opportunities to female workers with breastfeeding babies. These opportunities include building facilities for female workers to breastfeed at work and time to breastfeed during work in accordance with company (workplace) regulations or collective work agreements, so that opportunities to express breast milk can be provided.

The authority of regional governments in implementing regional autonomy is generally based on Article 9 paragraph (3) and paragraph (4) as well as Article 11 of Law Number 23 of 2014 concerning Regional Government. Meanwhile, the provision of lactation rooms itself refers to Article 12 paragraph (1) letter b and Article 12 paragraph (2) letters a and b which reads:

a. Article 9

Paragraph (3), Concurrent government affairs as referred to in paragraph (1) are Government Affairs which are divided between the Central and Regional Governments of provinces and districts/cities.

Paragraph (4), Concurrent government affairs submitted to the Regions become the basis for implementing Regional Autonomy

b. Article 11

Paragraph (1), Concurrent government affairs as intended in Article 9 paragraph (3) which are the authority of the Region consist of Mandatory Government Affairs and Optional Government Affairs. Paragraph (2), Mandatory Government Affairs as intended in paragraph (1) consist of Government Affairs relating to Basic Services and Government Affairs not relating to Basic Services. Paragraph (3), Mandatory Government Affairs relating to Basic Services as intended in paragraph (2) are Mandatory Government Affairs, part of the substance of which is Basic Services.

c. Article 12 paragraph (1)

Mandatory Government Affairs relating to Basic Services as intended in Article 11 paragraph (2) include: education; health; public works and spatial planning; public housing and residential areas; peace, public order and community protection; And social.

d. Article 12 paragraph (2)

Mandatory Government Affairs which are not related to Basic Services as intended in Article 11 paragraph (2) include: labor; women's empowerment and child protection;

food; land; environment; population administration and civil registration; community and village empowerment; population control and family planning; transportation; communications and informatics; cooperatives, small and medium enterprises; capital investment; youth and sports; statistics; coding; culture; library; and record management.

In providing a lactation room, it is necessary to pay attention to the suitability of the lactation room as regulated in Articles 10, 11 and 12 of the Minister of Health Regulation Number 15 of 2013 concerning Procedures for Providing Special Facilities for Breast-feeding and/or Expressing Breast Milk as follows:

e. Article 10

The health requirements for the Breast Milk Room as intended in Article 9 paragraph (2) at least include: (a) availability of a special room with a minimum size of 3x4 m² and/or adjusted to the number of female workers who are breastfeeding; (b) there is a lockable door, which is easy to open/close; (c) ceramic/cement/carpet floors; (d) have sufficient ventilation and air circulation; (e) free from potential dangers in the workplace including free from pollution; (f) quite quiet environment away from noise; (g) indoor lighting is sufficient and not dazzling; (h) humidity ranges from 30-50%, maximum 60%; and (i) There is a sink with running water for washing hands and washing equipment.

f. Article 11

Paragraph (1), Breast milk room equipment in the workplace at least consists of breast milk storage equipment and other supporting equipment according to standards. Paragraph (2), Equipment for storing breast milk as intended in paragraph (1) includes, among other things: refrigerator (refrigerator) for storing breast milk; cooling gel (ice pack); bag for carrying expressed breast milk (cooler bag); And breast milk bottle sterilizer.

Paragraph (3), Other supporting equipment as intended in paragraph (1) includes, among others: desk; chairs with backrests for mothers to express breast milk; breastfeeding counseling kit consisting of a breast model, doll, breast milk drinking cup, 5cc syringe, 10 cc syringe, and 20 cc syringe; IEC media regarding breastfeeding and early initiation of breastfeeding consisting of posters, photos, leaflets, booklets and breastfeeding counseling books); tool storage cupboard; cold and hot dispensers; bottle washing equipment; bins and covers; air conditioning (AC/Fan); nursing apron/barrier/use krey to express breast milk; washcloth for breast compresses; tissue/hand wipes; And pillow for support while breastfeeding.

g. Article 12

Paragraph (1), The provision of breast milk rooms in public facilities must comply with the standards for breast milk rooms. Paragraph (2), Standards for Breast Milk Rooms as intended in paragraph (1) at least include: (a) chair and table; (b) sink; And (c) hand soap.

The provisions in Article 9 paragraph (1) of Law Number 23 of 2014 concerning Regional Government state that Government Affairs consist of absolute government affairs, concurrent government affairs and general government affairs. Thus the relationship between the central government and regional governments cannot be separated, the relationship between government functions and regional governments is implemented using an autonomous system approach which includes a decentralization system, a de-concentration system and a co-administration system.

With the implementation of regional autonomy, it is appropriate for the government as a government administrator to increase the implementation of policies that are made to be of higher quality, one of which is in the health sector in order to achieve the desired community welfare. Regional autonomy in the health sector provides ample opportunities for the government to explore regional capabilities from various aspects, starting from the commitment of leaders and communities to develop health, regional health systems, regional health management, adequate funds, facilities and infrastructure, so that public health is expected in regions become better and higher as regulated in

Article 11 of Law Number 23 of 2014 concerning Regional Government. The authority of government affairs must be exercised over basic services based on the provisions in Article 12 (1) of Law Number 23 of 2014 concerning Regional Government.

Based on the description that has been explained, it is hoped that the authority that regional governments have regarding health services will be able to create autonomous regions that can improve the welfare of the community in the field of health development, especially as the role of the community is also expected in implementing health development because the community is an object of decentralization policy that can participate and play an active role in realizing decent health for the community. By providing lactation rooms in office environments, the regional government of Banten Province has fulfilled its obligations in mandatory government affairs as regulated in Article 12 paragraph (1) letter b and Article 12 paragraph (2) letters a and b of Law Number 23 of 2014 concerning Local government.

It is the right choice when a region uses the principle of regional autonomy in administering government affairs because the existence of this principle of regional autonomy makes each region more capable and independent to provide services to improve the welfare of the people in the region. In this way, government affairs, whether mandatory or optional, have been decentralized to autonomous regions (both provincial regional governments and district/city regional governments) to be carried out based on the principle of autonomy, so the autonomous regions can form regional regulations related to these areas of government affairs, whether mandatory or optional. which in the case of exclusive breastfeeding is closely related to mandatory government affairs, namely the health sector, the field of women's empowerment and child protection, as well as the field of family planning and family welfare, then it is possible for regions to legally regulate the provision of exclusive breastfeeding in Regional Regulations.

Based on the research findings that have been described and linked to the theory of authority, it can be concluded that the authority of local governments in providing lactation rooms in office environments is an authority obtained through attribution because lactation rooms are one of the basic service facilities in the health sector that must be provided by local governments. to fulfill the rights of breastfeeding mothers who work outside the home and protect the rights of babies as children as envisioned in the Exclusive Breastfeeding program. The attribution authority received by the Banten Provincial government is a manifestation of the implementation of regional autonomy as regulated in Law Number 23 of 2014 concerning Regional Government.

4. Conclusions

The provision of lactation rooms in regional government offices refers to the provisions of Article 30 of Government Regulation Number 33 of 2012 concerning Exclusive Breastfeeding and is the authority of regional governments regarding Basic Services as regulated in Article 11 paragraph (2) of Law Number 23 of 2014 concerning Local government. Therefore, it is recommended that regional governments create regional regulations that specifically serve as the legal umbrella for regional policies regarding the availability of lactation rooms to support exclusive breastfeeding programs. This is because, apart from being a baby's right, breast milk also protects the mother's health and can increase the productivity of working breastfeeding mothers.

By paying attention to the provision of lactation rooms in public facilities, the results of this research contribute to the importance of the obligation of managers of local government and private offices to be able to provide adequate lactation rooms in their environment. By providing breast milk to babies, the results of this research have implications for increasing the work productivity of mothers who breastfeed, and improving the image of the institution because it pays attention to the non-financial interests of its workers who breastfeed.

References

- Ainita, O. (2019). Analisis Yuridis Kebijakan Pemerintah Tentang Penyediaan Fasilitas Khusus Menyusui Dan/Atau Memerah Asi Untuk Mendukung Program Asi Eksklusif Di Provinsi Lampung. *Pranata Hukum*, 14(1), 80–88. <https://doi.org/10.36448/pranatahukum.v14i1.163>
- Aisyaroh, N., & Sutrisminah, E. (2017). Evaluasi Fasilitas Ruang ASI Dalam Implementasi Kebijakan Pemberian ASI Eksklusif Pada Buruh Perempuan di Perusahaan Tekstil Jawa Tengah. *Prosiding Seminar Nasional Publikasi Hasil-Hasil Penelitian Dan Pengabdian Masyarakat*, September, 266–272. <http://jurnal.unimus.ac.id/index.php/psn12012010/article/viewFile/2872/2791>
- Alyani, N., & Hidayat, E. (2022). Literasi Fasilitas Umum Berbasis Gender Di Supermall Untuk Keamanan Pengunjung Dari Bencana. *Jurnal Ilmu Pemerintahan Suara Khatulistiwa*, 7(1), 42–51. <https://doi.org/10.33701/jipsk.v7i1.2591>
- Ambarwati, W. N., & Mutias, A. R. (2020). Dampak Lingkungan Kerja Terhadap Perilaku Ibu Menyusui Yang Bekerja Sebagai Tenaga Kesehatan Di Pelayanan Kesehatan. *PROFESI (Profesional Islam): Media Publikasi Penelitian*, 17(2).
- Dila, F. (2020). Eksklusif Pada Bayi Di Kabupaten Sampang. *Jurnal Hukum*, 7(1), 2442–4641.
- Ekawati, D. (2022). Analisis Dukungan Keluarga, Ketersediaan Fasilitas Ruang Laktasi dengan Pemberian Asi Eksklusif pada Ibu Bekerja. *Jurnal Ilmu Kebidanan (Journal of Midwifery Science)*, 10(1), 29–36. <https://doi.org/10.36307/jik.v10i1.138>
- Esariti, L., Ariyanti, K. E., & Putri, M. D. (2020). Penyediaan Fasilitas Responsif Gender pada Ruang pada Ruang Terbuka Publik di Kota Lama Semarang. *Jurnal Riptek*, 14(2), 108–114. <http://ripteck.semarangkota.go.id>
- Faradila, D., Purnama, E., & Syahbandar, M. (2020). Kewajiban Pemerintah Aceh dalam Penyediaan Fasilitas Pemberian ASI di Ruang Publik: Pengalaman Kota Banda Aceh. *Media Syari'ah*, 21(1), 90. <https://doi.org/10.22373/jms.v21i1.4570>
- Gusmelia, I., Lipoeto, N. I., & Hardisman, H. (2019). Implementasi Kebijakan Penyediaan Ruang Menyusui di Kota Padang. *Jurnal Kesehatan Andalas*, 8(1), 151. <https://doi.org/10.25077/jka.v8i1.984>
- Hardi, M. W., Yuliana, T., & Purbasari, A. A. D. (2019). Faktor – Faktor Yang Berhubungan Dengan Pemanfaatan Ruang Laktasi Pada Ibu Menyusui Yang Bekerja Di Kementerian Keuangan Ri 2019. *JKM (Jurnal Kesehatan Masyarakat) Cendekia Utama*, 7(1), 129. <https://doi.org/10.31596/jkm.v7i1.382>
- Hidayati, P., & Fadlia, F. (2022). Ketersediaan Ruang Laktasi Yang Masih Bias Gender (Studi Kasus Di Kota Banda Aceh). *Jurnal Ilmiah Mahasiswa FISIP Unsyiah*, 7(1), 1–10.
- Jannah, A. N., & Billah, Z. I. (2023). Optimalisasi Kebijakan Penyediaan Ruang Laktasi Pada Puskesmas di Desa Wangkal Dusun Krajan Kecamatan Gading Kabupaten Probolinggo Menjadi Ruang Laktasi Syariah. *Bahtsuna*, 5(1), 1–14. <https://www.ncbi.nlm.nih.gov/books/NBK558907/>
- Kartika, A., Wahyuni, W. S., & Harahap, D. A. (2021). Aspek Hukum Fasilitas Ruang Laktasi pada Pusat Perbelanjaan (Mall) di Kota Medan. *Ejurnal.Seminar-Id.Com*, 1(10), 503–508. <file:///C:/Users/HP/Downloads/701-Article Text-2189-1-10-20210330.pdf>
- Kristiyanasari. (2018). *ASI, Menyusui dan Sadari*. Nuha Medika.
- Kusumaningsih, R. (2020). Penyediaan Ruang Laktasi Sebagai Upaya Pemenuhan Hak Pekerja Dan Peningkatan Kualitas Sumber Daya Manusia. *Jurnal Hukum & Pembangunan*, 7(1), 11.
- Kusumasastra, R. M. (2023). Analisis Implementasi Kebijakan Pemberian ASI Eksklusif dan Penyediaan Ruang Laktasi pada Ibu Bekerja di Kabupaten Kudus (Studi Kasus: PT Djarum). *Jurnal Ilmu Keperawatan Dan Kebidanan*, 14(2), 411–424.
- Moleong, L. J. (2020). *Metodologi Penelitian Kualitatif*. Remaja Rosdakarya.
- Mujiharti, R. (2022). Implementasi Kebijakan Ruang Laktasi Dalam Mendukung Pemberian Asi Eksklusif Bagi Ibu Pekerja. *Fakultas Keperawatan, Institut Kesehatan Rajawali Bandung*, 259–269. <journal.id/NU/article/download/958/916>
- Munaiseche, M. M., Wagey, F., & Mayulu, N. (2021). Implementasi kebijakan pemberian ASI eksklusif di puskesmas. *Journal of Public Health and Community Medicine*, 2(1), 10–14.
- Nurhidayati, N., & Saleha, S. (2021). Hubungan Penyediaan Ruang Asi Dan Pemanfaatannya Terhadap Keberhasilan Asi Eksklusif Di Universitas Almuslim Bireuen-Aceh. *Journal of Midwifery Care*, 2(01), 61–73. <https://doi.org/10.34305/jmc.v2i01.386>
- Nurlaela, W., Noor, M. T., & Nugraheni, N. (2023). Tanggung Jawab Hukum Pemerintah Atas Pemenuhan Hak Laktasi Bagi Tenaga Kesehatan Di Fasilitas Pelayanan Kesehatan. *Jurnal Hukum Dan Etika Kesehatan*, 3(2), 46–64.

- Riani, R. D., Nurikah, N., & Jazuli, E. R. (2022). Ketersediaan Ruang Laktasi di Pusat Perbelanjaan Modern Central Park Mall Jakarta Sebagai Wujud Pemenuhan Hak Anak Atas Asi Eksklusif Berdasarkan Permenkes RI Nomor 15 Tahun 2013 Tentang Tata Cara Penyediaan Fasilitas Khusus Menyusui dan/atau Memerah Asi. *Yustisia Tirtayasa: Jurnal Tugas Akhir*, 2(1), 34. <https://doi.org/10.51825/yta.v2i1.12973>
- Rini, Sasmito, C., & Gunawan, C. I. (2018). IMPLEMENTASI KEBIJAKAN PENYEDIAAN RUANG LAKTASI DI KOTA MALANG. *Jurnal AcTion*, 3(1), 48–56. <https://doi.org/10.30867/action.v3i1.9>
- Setyowati, I. N. C., & Lestari, M. G. (2023). Implementasi Penyediaan Fasilitas Khusus Menyusui Di Kota Probolinggo Berdasarkan Peraturan Wali Kota Probolinggo Nomor 36 Tahun 2012 Tentang Pedoman Persalinan Aman, Inisiasi Menyusu Dini Dan Pemberian Air Susu Ibu Eksklusif. *Jurnal Ilmu Sosial Dan Pendidikan (JISIP)*, 7(2), 837–843. <https://doi.org/10.58258/jisip.v7i2.44854/http>
- Sholikah, B. M. (2018). Hubungan Penolong Persalinan, Inisiasi Menyusu Dini dan Dukungan Petugas Kesehatan dengan Perilaku Ibu Dalam Pemberian ASI Eksklusif. *Jurnal Keperawatan Muhammadiyah*, 3(2), 6–12. <https://doi.org/10.30651/jkm.v3i2.1755>
- Soekanto, S., & Mamudji, S. (2019). *Penelitian Hukum Normatif Suatu Tinjauan Singkat*. Remaja Rosdakarya.
- Surbakti, E. (2019). Rendahnya Pemberian Asi Eksklusif Pada Ibu Yang Bekerja Lingkungan Xx Kelurahan Kwala Bekala Kecamatan Medan Johor Tahun 2013. *Jurnal Ilmiah PANNMED (Pharmacist, Analyst, Nurse, Nutrition, Midwifery, Environment, Dentist)*, 9(1), 20–25. <https://doi.org/10.36911/pannmed.v9i1.334>
- Susilowati, E., Chairunisa, F., & Ahmad, M. S. (2021). Kebijakan Program Pojok Asi Untuk Tercapainya Asi Exclusive Pegawai Rumah Sakit Umum Daerah (Rsud) I Lagaligo Kabupaten Luwu Timur. *Jurnal Administrasi Negara*, 27(2), 161–181. <https://doi.org/10.33509/jan.v27i2.1469>
- Widuri, H. (2019). *Cara mengelola ASI Eksklusif bagi Ibu bekerja*. Gosyen Publisihing.
- Wijaya, P. S., & Soesanto, S. S. (2017). Kajian Implementasi Kebijakan Ruang Laktasi Di Sektor Pemerintah Dan Swasta. *Unnes Journal of Public Health*, 6(3), 196. <https://doi.org/10.15294/ujph.v6i3.11731>
- Wijayanti, F., Margawati, A., & Zen Rahfiludin, M. (2023). Faktor-Faktor Dalam Pekerjaan Ibu Yang Menghambat Pemberian Asi Eksklusif (Studi Literatur). *Al-Insyirah Midwifery: Jurnal Ilmu Kebidanan (Journal of Midwifery Sciences)*, 12(1), 46–55. <https://doi.org/10.35328/kebidanan.v12i1.2320>