Paternity Leave: A Potential Policy for Improving Child Health

Angga Sisca Rahadian1,*, Puguh Prasetyoputro1, Marya Yenita Sitohang1, Tria Anggita Hafsi1

1Indonesian Institute of Sciences, Jl. Gatot Subroto No. 10, 12719, Jakarta, Indonesia
*Corresponding author. Email: anggas.raha@gmail.com

ABSTRACT
The benefits of exclusive breastfeeding for infants and mothers are well-understood. Exclusive breastfeeding can prevent babies from mortality due to infection such as pneumonia and diarreah, of which one of the leading factors of infant mortality. The rate of exclusive breastfeeding in the world, unfortunately, has been low, and this feature also evident in Indonesia. Several studies show that a father’s involvement has a significant impact on successful exclusive breastfeeding. However, the variable of fathers either in breastfeeding studies or maternal and child health programmes, has been neglected. This article aims to explore the importance of paternity leave in supporting exclusive breastfeeding success, which potentially influences child health. Qualitative research with in-depth interviews was undertaken to explore the significance of paternity leave after the babies born. The study shows that support from husband after babies born is very crucial not only for preventing the mother from baby blues syndrome but also ensuring the babies are exclusively breastfed. Despite the fact, there are just a few countries in the world that implement paternity leave. Indonesia is one of the countries that does not implement a paternity leave policy. The current policy only regulates two-day leaves for men workers to accompany their wives during the delivery process. The Government of Indonesia, therefore, needs to consider father-specific policies to significantly increase the rate of exclusive breastfeeding and ultimately improve child and community health.

Keywords: policy, paternity leave, child health, exclusive breastfeeding

1. INTRODUCTION
The benefits of breastfeeding are widely acknowledged [1][2]. Breastfeeding is crucial during the two key periods of the post-natal ‘window of opportunity’: infants aged 0-5.9 months are recommended to be exclusively breastfed and infants aged 6-23.9 months are given complementary feeding [3]. Exclusive breastfeeding (EBF) means providing breastmilk without any additional food or fluids (not even water) during the first six months of the infants’ live, as recommended by the United Nations Children’s Fund (UNICEF) and the World Health Organization [4]. It is well known that EBF positively influences infant health. Exclusively breastfed children have lower risks of infectious morbidities [5][6], being stunted [7][8][9], and not celebrating their fifth birthday [10][11][12][13]. An estimated 800,000 annual child deaths are attributed to suboptimal breastfeeding [14]. Moreover, the advantages of breastfeeding spans beyond the infant and also affects the mothers such as lowered risks of breast cancer, ovarian cancer, and type 2 diabetes [15]. The benefits of EBF does not stop at the health aspects of infants and mothers, but also their economic aspects. Rollins and colleagues [16] have demonstrated that suboptimal breastfeeding globally is responsible for economic losses of around USD302 billion. Despite the potential health benefits and economic returns of EBF, the global feature of the EBF rate has been poor. This deficit can be seen from the global target that stated no country has not achieved for all the indicators (WHO & UNICEF, 2017). This feature has also been evident in Indonesia. Based on the recent data from the Indonesia Demographic and Health Survey in 2017 (2017 IDHS), the exclusive breastfeeding rate was 52% [17]. That rate is 10% higher if it is compared to the previous period (2012). However, that rate has not yet achieved the global target of exclusive breastfeeding and the national target (Fikawati & Syafiq, 2009) [18]. Moreover, the 2017 IDHS also reported an increase in the percentage of children who were not breastfed, from 8% in 2012 to 12% in 2017 [17]. There is a significant division of mother’s and father’s roles based on a traditional view of parenting. Mothers, in some context, have related as primary caregivers, and they have a significant responsibility in domestic activities, while fathers more focus on breadwinning activities or public areas activities [19]. This thought has brought consequence on that fathers have had limited involvement in family matters, including issues on infant’s welfare. This
perspective has also influenced the breastfeeding discussion, which is often viewed as only women’s responsibility [20]. The effect of this perspective, therefore, the programs to overcome the issues around maternal and child health, have focused on women instead of parents, both fathers and mothers.

On the other hand, many studies assert that father’s involvement has a positive impact on breastfeeding success, such as the decision of infant feeding method, the duration breastfeeding period, and minimum problem during breastfeeding [21][22][23][24][25]. One of the kinds of breastfeeding support that the government can provide is paternity policy. Many countries have implemented paternity leave with particularly provisions either paid or nonpaid leaves that aim to enhance father’s involvement in taking care of babies and also creating a more gender-equal division of care work [26].

In the middle of the 1970s, Nordic countries have been initiators in introducing and promoting paternity and paternal leave, which aim not only to strengthen bonding between fathers and babies but supporting mothers after delivery the babies [27]. According to data from ILO, there are at least 79 out of 167 countries in every region that have paternity policy, and the leave provisions are most common throughout the Developed Economies, Africa, and Eastern European and Central Asian countries [28].

Several studies assert that paternity leave has a positive impact on the father’s involvement [29]. Unfortunately, the regulation in Indonesia has not specifically stated about paternity leave. One of the articles on the labor law only states that male workers deserve to have two-day leave to accompany their wives during birth delivery. This study, therefore, aims to explore whether the paternity leave can support exclusive breastfeeding, which potentially benefits babies’ health.

2. METHOD

To gain a better understanding of mother’s and father’s perspectives on father’s involvement during exclusive breastfeeding, a qualitative design using a semi-structured interview with both mothers and fathers in different places and time in order were conducted. The location of the study was in Jakarta. The total participants in this research was ten couples. The inclusion criterion for participants to be involved in this research was: parents who have at least one child who was a minimum of six months old to under two years old. The age criteria are based on the WHO’s definition of exclusive breastfeeding for six months and continuing for up to two years. To select the participants as suitable to criteria, a purposive recruitment technique was chosen as suggested by Hennink and colleagues (2015) that method of sampling has high connectivity with the objective of the study so it can illustrate participants in an intentional way. By using gatekeeper and informal network strategies were applied to get suitable participants. Analysis of data by using thematic analysis and NVivo 12 was applied to organize data. In addition, reviewing the literature concerning paternity leave was applied to gain more data and to understand the paternity leave applied in some countries. From reviewing other studies associating with paternity leave can be a lesson learned for Indonesia. This study also gained ethics approval from the Faculty of Arts and Social Sciences Human Research Ethics Committee, University of Waikato, October 2017, with number FS2017-44.

3. RESULTS AND DISCUSSION

The first section will be describe the socio-demographic characteristics of the participants. All the participants were well-educated since they graduated from college at different levels, and the minimum level was a bachelor’s degree. Besides the education background, the ages, the occupation, the number of children, and the breastfeeding status are also explored. Table 1 presents the age, occupation, and education of the participants.

| Mothers* | Age | Occupation       | Education   | Fathers | Age | Occupation   | Education |
|----------|-----|-----------------|-------------|---------|-----|--------------|-----------|
| Anes     | 33  | House wife      | Postgraduate| Aang    | 34  | Private employee | Postgraduate|
| Nanet    | 32  | House wife      | Undergraduate| Bas     | 32  | Private employee | Undergraduate|
| Toki     | 28  | House wife      | Undergraduate| Bayu    | 29  | Musician      | Undergraduate|
| Renae    | 31  | House wife      | Undergraduate| Hadian  | 31  | Private employee | Undergraduate|
| Senti    | 36  | Government officer | Undergraduate| Seto    | 37  | Government officer | Postgraduate|
| Cacan    | 28  | Private employee | Undergraduate| Bintang | 28  | Private employee | Undergraduate|
| Gina     | 32  | Private employee | Postgraduate| Dora    | 33  | Private employee | Postgraduate|
| Nia      | 33  | Private employee | Undergraduate| Maja    | 33  | Private employee | Undergraduate|
| Murni    | 37  | House wife      | Undergraduate| Andy    | 41  | Private employee | Undergraduate|
| Ata      | 31  | Government officer | Postgraduate| Priyo   | 34  | Private employee | Undergraduate|

- The names are anonym
Table 2. Information about the participant couples: religion, number of children, the age of child within the participants’ criteria, and exclusive breastfeeding status

| The couples* | No. of Children | Age of Children in criteria (months) | Gender of child | Status of breastfeeding | Did the previous children exclusively breastfed? | Did the child in criteria still breastfeed? | Religion of the couples |
|--------------|-----------------|--------------------------------------|-----------------|------------------------|-----------------------------------------------|------------------------------------------|------------------------|
| Anes & Aang  | 2               | 24                                   | Girl            | Unsuccessfully         | N.A.                                          | No, until 9 months                      | Islam                  |
| Nanet & Bas  | 1               | 10                                   | Girl            | Successfully           | N.A.                                          | Yes                                     | Islam                  |
| Toki & Bayu  | 3               | 7                                    | Girl            | Successfully           | Yes                                           | Yes                                     | Unitarian Universalist |
| Renae & Hadian | 1           | 15                                   | Girl            | Successfully           | N.A.                                          | Yes                                     | Islam                  |
| Senti & Seto | 3               | 12                                   | Boy             | Successfully           | No                                            | Yes                                     | Islam                  |
| Cacan & Bintang | 1          | 12                                   | Girl            | Successfully           | N.A.                                          | Yes                                     | Islam                  |
| Gina & Dora  | 1               | 9                                    | Boy             | Successfully           | N.A.                                          | Yes                                     | Islam                  |
| Nia & Maja   | 2               | 8                                    | Boy             | Successfully           | Yes                                           | Yes                                     | Islam                  |
| Murni & Andy | 2               | 18                                   | Boy             | Successfully           | No                                            | Yes                                     | Islam                  |
| Ata & Priyo  | 2               | 18                                   | Girl            | Successfully           | No                                            | Yes                                     | Islam                  |

*the names are anonym (not the real full name)

**Paid Leave Entitlements for Fathers in Other Countries**

Statutory rights to maternity leave are available to working women in 185 countries, but only 78 offer statutory rights to paternity leave [29]. Paternity leave is generally paid, and mostly at a high earnings-related level for the duration of leave [30]. According to the World Economic Forum (WEF), about 90 out of 138 countries offer statutory paid paternity leave [31]. Across countries, there are different dimensions of flexibility in the implementation of paternity leave. The most common forms of flexibility in Paternity leave policy are in relation to the period during which the leave can be taken and regarding entitlements to additional time for multiple births. Moreover, there also changes in paternity leave across countries. In Slovenia, the number of paid Paternity leave days was increased by five. Also, in the Czech Republic, a seven-day Paternity leave has been newly created [30]. Among other countries in Southeast Asia, the Philippines, Vietnam, and Myanmar have each instituted paternity leave policies of varying durations, wage replacement rates, funding sources and eligibility requirements. The Philippines had national paternity leave legislation since 1996, with some changes, married fathers employed in the private and public sectors eligible for up to 14 paid leave days for up to four children. In Vietnam, since 2016, employed married fathers are entitled to paid-paternity leave throughout five to 14 days that sponsored by social insurance. Meanwhile, in Myanmar, since 2012, employed fathers have made at least six months of social security contributions in the 12 months prior to the child’s birth, will be eligible to have up to 15 days of paid paternity leave [29]. Besides paternity leave, several countries also have parental leave that also beneficial for employed fathers to leave from employment to care for his child following its birth. Both paternity and parental leave legislation are enabling the father to participate on child rearing, especially in supporting breastfeeding practice. In sum, paternity and parental leave legislation across countries showed by Table 3.
Initial paternity leave take-up was relatively low compared with maternity leave awards. This phenomenon was found in several countries. In Ireland, Paternity Leave awards for the period March 2017 and February 2018 were equivalent to 58% of Maternity Leave awards. In Japan, according to a survey conducted in 2016 [6], 55.9% of fathers whose spouse gave birth in 2015 took some leave, including Parental leave, leave for childbearing of the spouse, and annual leave, within two months after the childbearing of their spouse [30]. Research on paternity leave in OECD economies showed that men might be reluctant to take leave and fearful that they will be stigmatized in their workplaces. The authors find that male employees overestimate the negative attitudes of their colleagues toward Parental leave use. Furthermore, they find that those who believe that their colleagues have negative attitudes toward Parental leave use are less willing to use leave, despite positive attitudes of their own on taking the leave [32]. Also, the study conducted in Japan found that family-friendly workplace practices and active participation in household chores before the birth of a first child promote father’s taking Parental leave.

Another reason why paternity leave take-up was not maximum is the low wage replacement rates and unavailable of other social benefits for caring because their full earnings are needed for economic survival [33]. Paid leave entitlements for father, in the form of paternity or paternal leave, were made because of the benefits of these regulations. Moreover, the philosophy behind both parental and paternity leave is that fathers should be encouraged to be present during childbirth, to bond with their newborn infants, and to participate in their daily care [33]. A study in Japan showed that fathers taking parental leave would shorten their working hours and increased their participation in care and household chores, which enhanced the couple’s well-being. This research also suggests that the government should inform employers that father’s taking of Parental leave had positive impacts on both work and family life [30]. A survey of more than 6000 men across South and Southeast Asia linked father’s involvement in the care of young children with lower levels of intimate partner violence. Paternity leave has also been found to deliver health benefits to fathers, including lower levels of depression and reductions in levels of smoking and alcohol consumption [29].

Moreover, paternity leave delivers significant benefits to children’s health as it can positively affect a mother’s decision to breastfeed [30]. A study conducted on 51,671 fathers in Sweden showed that fathers did not take paternity leave during the infant’s first year were significantly less likely to be breastfed exclusively [34]. According to Baker, short leave that forces employees to return to work quickly after childbirth could discourage breastfeeding, encourage maternal or infant health problems, and lead to childcare difficulties [33]. Paternity leave would enable the father to support breastfeeding practice. The five main attributes of father support in relation to breastfeeding were knowledge about breastfeeding, positive attitude to breastfeeding, involvement in the decision-making process, practical support, and emotional support [35].

Globally, awareness of the pivotal role of fathers in breastfeeding practice increases gradually. Each country will keep learning how to improve the legislation of paid leave entitlement for father effectively as one of the child development support, especially breastfeeding practice. This improvement is the result of the tireless effort and collaboration between the government and its partners to develop good attitudes and behaviors of mothers, families, and communities.

### The Importance of Paternity Leave Policy in Exclusive Breastfeeding

Various polemic regarding the policy of maternity leave is an issue in Indonesia. Some activists in several times voiced about the policy of paternity leave that supports mothers

| Countries          | Paid paternity leave (weeks) | Paid parental and home care leave reserved for fathers (weeks) | Total paid leave reserved for fathers (weeks) |
|--------------------|------------------------------|-------------------------------------------------------------|-----------------------------------------------|
| Australia          | 2                            | 0                                                           | 2                                             |
| Belgium            | 2                            | 0                                                           | 2                                             |
| Czech Republic     | 1                            | 0                                                           | 1                                             |
| Denmark            | 2                            | 0                                                           | 2                                             |
| Estonia            | 2                            | 0                                                           | 2                                             |
| Finland            | 3                            | 6                                                           | 9                                             |
| France             | 2                            | 26                                                          | 28                                            |
| Ireland            | 2                            | 0                                                           | 2                                             |
| Japan              | 0                            | 52                                                          | 52                                            |
| Korea              | 0.6                          | 52                                                          | 52.6                                          |
| Myanmar            | 2                            | 0                                                           | 2                                             |
| Philippines        | 2                            | 0                                                           | 2                                             |
| Sweden             | 1.4                          | 12.9                                                        | 14.3                                          |
| United Kingdom     | 2                            | 0                                                           | 2                                             |
| Vietnam            | 2                            | 0                                                           | 2                                             |

Source: OECD Family Database 2019
from pregnancy to providing exclusive breastfeeding. However, until now, the Indonesian government has not budged to accommodate the need for paternity leave in order to achieve exclusive breastfeeding. The government's consideration in applying policy about paternity leave is only focused on the father's assistance during childbirth. It seems that the role of fathers is only seen during the proses of babies born. They, therefore, thought that fathers do not have a responsibility to support their wives after the babies born. In fact, breastmilk supply requires the father's participation in creating the ideal psychological condition of the mother. Postpartum depression is common, but it will have a bad impact if not treated well. Even worse, if the mother suffers from baby blues syndrome, it will make the baby cannot get exclusive breastfeeding as their main food intake.

The current policy about the period of paternity leave that only one month or even worse two days is certainly not in line with the Government Regulation on Exclusive Breastfeeding. The right to leave because the wife gives birth to male workers requires a long period of time, before giving birth wife requires some preparation both physical and mental preparation. Moreover, if the wife in certain conditions that require the wife to rest for the safety of the mother and child, and preparation after giving birth is even more important considering the baby is born and needs intensive care and affection from his parents, including a father, to create a good bond between father and child. The period after childbirth should be longer than the rest period before childbirth, except in certain conditions. The condition of the mother, who is still recovering, urgently needs assistance from a father in caring for the newborn baby. Until the exclusive breastfeeding period, there are many roles that fathers can play as mother's side-kicks, for example, helping with housework, providing input on food intake while breastfeeding, taking care of babies in turn with the mother, etc. These things can reduce the psychological pressure of the mother in caring for children because the father continues to provide support in various forms. So it is unfortunate that the government tends to override the roles of fathers as the number 1 support system for mothers who are providing exclusive breastfeeding.

Father’s role before babies are born

This section will explore the findings of the study, particularly the experience and the perspective of both mothers and fathers before the babies were born. Several findings show that the synchronies the vision between mothers and fathers about their upcoming baby, for example, the method of delivery, infant feeding method, and all the stuff in relation to children's welfare, are significant to be understood. In addition, this section also portrays the support of husband during delivery time, which was the most important to decision continuity on exclusive breastfeeding. Most couples reveal that the idea of either feeding infant method or anything about children’s welfare came from mothers, so the fathers just support and said yes as long as it was the best treatment for babies. Only a few couples expressed that both of them had the same idea and discussing the best choice for their babies. Most of them who agree with what mothers said to argue that mothers who were more knowledgeable about babies’ welfare than fathers. So, the fathers put their belief on mother’s decisions, and the fathers always support whatever the decision as long as it was beneficial for babies. For father who always follows the mother’s decision stated that

“I believe in my wife since she read a lot and joined a lot of community to enhance her understanding of breastfeeding, and I just support whatever the decision.”  
(Priyo, 34 years old).

In line with her husband, Atta (Priyo’s wife) also admitted that she was the first time to decide the infant feeding method for the second baby. She really wanted to give exclusive breastfeeding since the first daughter failed exclusive breastfed due to lack of breastfeeding knowledge and also lack of husband’s support.

“I had with share to my husband that I really wanted to give exclusive breastfeeding. I said to my husband; you had to support me because when the first child you did not know, I was crying and struggling alone in the middle of the night when I had to wake up without you helped me.”  
(Atta, three years old)

In addition, Atta said that the agreement from her husband about the infant feeding method was really important to boost her confidence that she can give exclusive breastfeeding for the next baby. Even though her husband had limited breastfeeding knowledge, the support was very meaningful to have persistent in exclusive breastfeeding. As long as the fathers had a mindset that caretaking babies, including breastfeeding, are the collective responsibility between fathers and mothers, so it is much easier to achieve exclusive breastfeeding success.

Another finding, particularly for mothers and fathers who had the same portion in the decision in relation to babies’ needs felt much easier to face the problem during unexpected delivery situations. This is the portrait of how important father’s role before the babies born to keep in exclusive breastfeeding.

The first time I read about father’s involvement in breastfeeding, I questioned myself whether being involved is really important. After I had my own experience, I concluded that fathers have to accompany mothers in breastfeeding process because to provide breastmilk is not easy. My wife had a dramatic delivery process. And it was so stressful. Furthermore, the breastmilk did not come out. It gave additional stressfulness. When in hospital, we thought the baby cannot suck the mother’s
breast yet, and we also did not know the best method to make breastmilk come out. We were taught, but for the first time, we still cannot understand. My wife could not move after she had a caesarean section, so I carried the babies. Furthermore, the breastmilk did not come out, and the breast was really sore and swollen. She was panic and stressed, so was I, but I could not show my nervousness to my wife. Moreover, the breastmilk was so little. I then read an article, and I made sure that babies do not need much breastmilk in the first days after they were born as their stomach is still small. After that, my wife was relaxed, and everything was OK (Hadian, January, 2018).

Father’s role after the babies are born
This section will explore the support from the fathers in the early days after the babies are born. According to the result of our study, the support that fathers provided during the exclusive breastfeeding period divided into two support; psychological and physical support. The most important support that both fathers and mothers felt and had a positive influence on continuities exclusive breastfeeding was psychological support.

It is common in Indonesian culture to visit a newborn baby and the new family. However, sometimes the visitor posing the negative statement or question in relation to the condition of babies, such as the babies lack breastmilk, the babies are cranky, the babies are thin. Those comments absolutely annoying and make mothers down, sad, and also decreasing mother’s confidence. In the end, those negative feelings influence breastmilk supply since there is a strong connection between the psychological condition and breastmilk supply. The more the mothers less stressful, the easier breastmilk comes out. The role of fathers in the situation is very crucial always to encourage mothers and to ensure that everything will be fine since the husband is the closest and the primary supporter of mothers, particularly after the babies are born. Here is the perspective of a father.

(Fathers) can protect their wives from others’ feedback as in my opinion, when somebody visits to see a baby and make unhelpful or hurting comments which can make our wives down. In that case, the father’s position is that they let the wives share everything about others’ feedback with us. We can say to them to not to listen to others’ negative comments or give her encouraging statements. It has always been a habit for our society to give critical comments on others’ life (Bintang, 28 years old).

In addition, another view from the same participant about his involvement during exclusive breastfeeding. The father acknowledged that breastfeeding is a tiring process, and mothers need support. It is crucial that both mothers and fathers should be aware of collective responsibility for breastfeeding. Awareness of that issue makes it easier in facing the problem during exclusive breastfeeding and can find the solution to the problems during breastfeeding. Here is the view of the father.

Father’s role in breastfeeding is really important. The support is more psychologically. It is undeniable that breastfeeding is a tiring process, so we have to help and admit that it is an exhausting task. Since the support needed is more psychologically, so I tried to make her happy by accompanying her to watch her favourite movie, which is Korean drama movies. Now, I am also addicted to Korean drama movies, hahahaha (Bintang, 28 years old).

The perspective from mothers about father’s involvement after the babies born is important. So, we can understand from the mother side, who directly experienced this issue. The existence of fathers as the biggest supporter cannot be replaceable, and it influences the continuity of exclusive breastfeeding. As a mother said:

One day I almost gave up, but my husband encouraged me to continue breastfeeding. My husband always supported me when I wanted to give up breastfeeding (Nia, 33 years old).

Another supportive evidence can be seen from another mother’s experience about the importance of a father’s role during the breastfeeding period, especially in the early days after babies were born. This kind of support can make exclusive breastfeeding a pleasure activity and can achieve successful exclusive breastfeeding.

The most important thing is my husband; I don’t know what will happen if my husband is not beside me. Fortunately, in the early month, I had maternal leave, and I did not have any difficulties. A husband is part of a support system. He is number one. When we faced the most difficult part in the middle of the night, my husband helped and woke up too. Even though he was doing nothing, his presence at that time was such a big help (Gina, 32 years old).

The importance of father’s role during the exclusive breastfeeding period has a positive influence on finding a solution when there are breastfeeding problems. Both fathers and mothers need breastfeeding knowledge to overcome those issues. Without breastfeeding knowledge and the same mindset about the importance of collective responsibility,
the challenges around breastfeeding will be difficult to be done.

The biggest challenge facing the wife is her panic when her breastmilk is not flowing, so the husband needs much information to make their wives calm. Then, communication is important.

**DISCUSSION**

**The Importance of Paternity Leave**

The Government of Indonesia (GoI) has issued in Government Regulation Number 33 of 2012 about the Provision of Exclusive Breastfeeding, in article 34, which reads, "the management of the workplace is obliged to provide opportunities for working mothers to give exclusive breastfeeding or expressing milk during the time at work." For both working and non-working mothers, exclusive breastfeeding is highly dependent on the good psychological condition of the mother. According to Djami, there are several factors that can influence exclusive breastfeeding include maternal characteristics (knowledge, education, occupation, age, parity and ethnicity), baby characteristics (birth weight and infant health conditions), environment (beliefs, support family, place of residence and socioeconomic) and health services (pregnancy checks, lactation counseling, place of delivery, birth attendants and policies). All of these factors have their own contribution to creating the expected behavior in exclusive breastfeeding.

One of the supportive factors is the environment system, especially the support of her husband. It has been explained through the previous discussion that mother’s and father's understanding about the collective responsibility in children welfare is significant in breastfeeding continuity. According to Menon et al. in Kemalasari decision making in exclusive breastfeeding by mothers, one of which is influenced by the role of fathers. The role of the father is an integral part of the role of the family because the father is always there when his wife is pregnant, giving birth, until finally deciding to breastfeed or not. In addition, the father also plays a role in determining how the parenting style for their children. Fathers should be the first to support the exclusive breastfeeding program for their babies, and there should be no hassle in providing the best nutrition for the baby.

The postpartum psychological condition of mothers is very fragile so that positive affirmations are needed as a support system from the surrounding environment, especially the husband. The assistance of the husband to the wife that starts from before giving birth to giving exclusive breastfeeding is important to avoid postpartum depression. Postpartum depression is a common condition that happened in every new mother. According to findings from a meta-analysis of 59 studies in the perinatal field, 13% of women will suffer from postpartum depression after at least two weeks postpartum. Stein and colleagues found that mothers needed more sources of support. The implications of a mother who is depressed because they do not get support will affect her baby's growth and development. Husband's support in giving positive affirmations to mothers in handling children becomes a protective factor against post-natal depression.

**Current Regulations for Paternity Leave**

The right of maternity leave for workers (private) in Indonesia has been regulated in Law Number 13 of 2003 concerning Labor. The duration of maternity leave is explained three months as written in the rules, but the maternity leave provisions in the Labor Laws are intended for mother or female workers. Whereas it is explained in the Labor Laws article 94 paragraph 4 letter E, for male workers are entitled to get paternity leave for two days to accompany the wife who gave birth. This policy is obviously irrelevant to the important role of the husband during bring forth. Based on qualitative research that has been done before, that the role of fathers is not only important during bring forth but also in supporting mothers in exclusive breastfeeding. Gina, 32, revealed that husband existence is the number one support system that can support a mother's psychological success in achieving exclusive breastfeeding.

Unlike the private workers whose father's leave policy refers to the Labor Laws. For civil servants, recently, a new policy related to leave for civil servants (men) was implemented. The maternity leave policy for fathers is regulated in BKN Regulation Number 24 of 2017, leave for fathers included in the category of important reasons leave. The father's leave stated in the regulation reads, "Male civil servants whose wives give birth / have C-section can be given leave for important reasons by attaching an inpatient certificate from the Health Service Unit." The duration of leave for important reasons (the wife giving birth) is given by the Authorized Officer for one month without reducing the annual leave entitlement for 12 days. During the use of leave rights for important reasons, the relevant civil servant still earns income accordingly.

The difference in time for private workers and civil servants in paternity leave rights shows that the government is inconsistent in looking at the importance of the role of fathers for the wife who will give birth. Regulatory policies that only give two days for private (male) workers for paternity leave are still underestimated and not in line with the program of achieving exclusive breastfeeding. Whereas in the previous presentation, there were many countries both in Europe and Asia who paid attention to paternity leave to support mothers in providing exclusive breastfeeding. Even though civil servants are given a longer paternity leave, which is one month, it is still not enough to provide full support to mothers who will provide exclusive breastfeeding. As WHO said, the most optimal time period in providing exclusive breastfeeding is six months. So far, the rule only considered the role of fathers in accompanying childbirth, besides the role of fathers in giving exclusive breastfeeding is no less important for baby’s nutrition.
4. CONCLUSION

According to the result and the discussion, it can be concluded that it is crucial to have a father-specific policy in Indonesia which regulates leave rights for male workers in order to support their wives giving exclusive breastfeeding. However, the most significant consideration is father’s and mother’s understanding of the collective responsibility in children’s welfare. Without any understanding, the goal of the father-specific policy cannot be achieved and it possibly emerges other problems in their family. The application of paternity leave policy for exclusive breastfeeding, therefore, needs to be accompanied by strengthening the capacity of the father as a major supporter of the success of exclusive breastfeeding. So that this policy can be optimally achieved, and synchronized with other government policies, Government Regulation No. 33 of 2012 concerning the Provision of Exclusive Breast Milk. The policy also potential to improve child health since the more the fathers involved, the more successful exclusive breastfeeding will be.

REFERENCES

[1] American Academy of Pediatrics - Section on Breastfeeding. (2012). Breastfeeding and the use of human milk. *Pediatrics*, 129(3), e827–e841. doi:10.1542/peds.2011-3552

[2] Breastfeeding: AWHONN Position Statement. (2015). *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 44(1), 145-150. doi: 10.1111/1552-6909.12530

[3] Dewey, K. G. (2016). Reducing stunting by improving maternal, infant and young child nutrition in regions such as South Asia: evidence, challenges and opportunities. *Maternal & Child Nutrition*, 12(S1), 27-38. doi:10.1111/mcn.12282

[4] UNICEF. (2018). *Breastfeeding: A Mother’s Gift for Every Child*. New York, NY: United Nations Children’s Fund. (UNICEF). Retrieved from https://www.unicef.org/publications/files/UNICEF_Breastfeeding_A_Mothers_Gift_for_Every_Child.pdf

[5] Arifeen, S., Black, R. E., Antelman, G., Baqui, A., Caulfield, L., & Becker, S. (2001). Exclusive Breastfeeding Reduces Acute Respiratory Infection and Diarrhea Deaths Among Infants in Dhaka Slums. *Pediatrics*, 108(4), e67. doi:10.1542/peds.108.4.e67

[6] Ogbo, F. A., Agho, K., Ogeleka, P., Woolfenden, S., Page, A., Eastwood, J., & Global Child Health Research Interest Group. (2017). Infant feeding practices and diarrhea in sub-Saharan African countries with high diarrhea mortality. *PLoS ONE*, 12(2), e0171792. doi: 10.1371/journal.pone.0171792

[7] Kuchenbecker, J., Jordan, I., Reinhott, A., Herrmann, J., Jeremias, T., Kennedy, G., . . . Krawinkel, M. B. (2015). Exclusive breastfeeding and its effect on growth of Malawian infants: results from a cross-sectional study. *Paediatrics and International Child Health*, 35(1), 14-23. doi:10.1179/2046905514Y.0000000134

[8] Lestari, E. D., Hasanah, F., & Nugroho, N. A. (2018). Correlation between non-exclusive breastfeeding and low birth weight to stunting in children. *Paediatrica Indonesiana*, 59(3). doi: 10.14238/pis58.3.2018.123-7

[9] Cethakrikul, N., Topothai, C., Suphanchaimat, R., Tisayaticom, K., Limwattananon, S., & Tangcharoensathien, V. (2018). Childhood stunting in Thailand: when prolonged breastfeeding interacts with household poverty. *BMC Pediatrics*, 18(1), 395. doi: 10.1186/s12887-018-1375-5

[10] Edmond, K. M., Zandoh, C., Quigley, M. A., Amenga-Etego, S., Owusu-Agyei, S., & Kirkwood, B. R. (2006). Delayed Breastfeeding Initiation Increases Risk of Neonatal Mortality. *Pediatrics*, 117(3), e380. doi:10.1542/peds.2005-1496

[11] Sankar, M. J., Sinha, B., Chowdhury, R., Bhandari, N., Tanega, S., Martines, J., & Bahl, R. (2015). Optimal breastfeeding practices and infant and child mortality: a systematic review and meta-analysis. *Acta Paediatrica*, 104(S467), 3-13. doi:10.1111/apa.13147

[12] Khan, J., Vesel, L., Bahl, R., & Martines, J. C. (2015). Timing of Breastfeeding Initiation and Exclusivity of Breastfeeding During the First Month of Life: Effects on Neonatal Mortality and Morbidity—A Systematic Review and Meta-analysis. *Maternal and Child Health Journal*, 19(3), 468-479. doi: 10.1007/s10995-014-1526-8

[13] NCEVTA Study Group. (2016). Timing of initiation, patterns of breastfeeding, and infant survival: prospective analysis of pooled data from three randomised trials. *The Lancet Global Health*, 4(4), e266-e275. doi: 10.1016/s2214-109x(16)00040-1

[14] Black, R. E., Victora, C. G., Walker, S. P., Bhutta, Z. A., Christian, P., de Onis, M., . . . Uauy, R. (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *The Lancet*, 382(9890), 427-451. doi: 10.1016/s0140-6736(13)60937-x

[15] Stuebe, A. (2009). The risks of not breastfeeding for mothers and infants. *Reviews in Obstetrics & Gynecology*, 2(4), 222-231. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/20111658

[16] Rollins, N. C., Bhandari, N., Hajeebboy, N., Horton, S., Lutter, C. K., Martines, J. C., . . . Victora, C. G. (2016). Why invest, and what it will take to improve breastfeeding practices? *The Lancet*, 387(10017), 491-504. doi:10.1016/S0140-6736(15)01044-2

[17] BKKBN, BPS, Kementerian Kesehatan RI, & USAID. (2018). *Survei Demografi dan Kesehatan Indonesia 2017*. Jakarta: Badan Kependudukan dan Keluarga Berencana Nasional (BKKBN). Retrieved from https://e-koren.bkkbn.go.id/wp-content/uploads/2018/10/Laporan-SDKI-2017-WUS.pdf
[18] Fikawati, S., & Syafiq, A. (2009). Penyebab keberhasilan dan kegagalan praktik pemberian asi eksklusif. *Jurnal Kesehatan Masyarakat Nasional, 4*(3), 120 - 131.

[19] Carrillo, S., Bermúdez, M., Suárez, L., Gutiérrez, M. C., & Delgado, X. (2016). Father’s perception of their role and involvement in the family: A qualitative study in a Colombia sample. *Revista Costarricense de Psicología, 35*(2), 101-118.

[20] Bueno-Gutierrez, D., & Chantry, C. (2015). ‘Life does not make it easy to breastfeed’: Using the socio-ecological framework to determine social breast-feeding obstacles in a low-income population in Tijuana, Mexico. *Journal of International Health, 18*(18), 3371-3385. 10.1017/S1368980015000452

[21] Rempel, L. A., Rempel, J. K., Khuc, T. N., & Vui, L. T. (2017). Influence of father–infant relationship on infant development: A father-involvement intervention in Vietnam. *Developmental Psychology, 53*(10), 1844-1858. 10.1037/dev0000390

[22] Şencan, İ., Tekin, O., & Tatli, M. (2013). Factors influencing breastfeeding duration: A survey in a Turkish population. *European Journal of Pediatrics, 172*(11), 1459-1466. 10.1007/s00431-013-1706-8

[23] Jacob, S., & Sujatha, R. (2013). An exploratory study on knowledge and attitude of fathers towards breastfeeding in selected hospitals at Mangalore. *International Journal of Nursing Education, 5*(1), 213-217. 10.5958/j.0974-9357.5.1.051

[24] Rempel, L. A., & Rempel, J. K. (2011). The breastfeeding team: The role of involved fathers in the breastfeeding family. *Journal of Human Lactation, 27*(2), 115-121.

[25] Sherriff, N., Panton, C., & Hall, V. (2014). Engaging and supporting fathers to promote breast feeding: A concept analysis, *Midwifery*. Elsevier, 30(6), pp. 667–677. doi: 10.1016/j.midw.2013.07.014

[26] Miyajima, T. and Yamaguchi, H. (2017) ‘I want to but i won’t: Pluralistic ignorance inhibits intentions to take paternity leave in Japan’, *Frontiers in Psychology, 8*(SEP), pp. 1–12. doi: 10.3389/fpsyg.2017.01508.

[27] Baker, M. (2016) ‘Parental Leave in Comparative Perspective’, *The Wiley Blackwell Encyclopedia of Gender and Sexuality Studies*, (Baker 2006), pp. 1–5. doi: 10.1002/9781118663219.wbegss001.

[28] Hasnan, L. (2019) *Paternity leave in ASEAN* | *The ASEAN Post.* Available at: https://theaseanpost.com/article/paternity-leave-asean (Accessed: 23 September 2019).

[29] O’Hara, M.W., & Swain, A.M. (1996). Rates and risk of postpartum depression – A metaanalysis. *International Review of Psychiatry, 8*, 37–54.

[30] Stein, A., Cooper, P.J., Day, A., Altham, P.M., (1989). Social adversity and perinatal complication: Their relation to postnatal depression. BMJ. 298(6680):1073-1074.

[31] Gotlib, I.H., Whiffen, V.E., Wallace, P.M., & Mounte, J.H. (1991). Prospective investigation of postpartum depression factors involved in onset and recovery. *Journal of Abnormal Psychology, 100*, 122–132.