

A Regulatory and Implementative Study on Women's Rights, Lactation Spaces, and the Role of State Responsibility

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Abstract

The absence of comprehensive legal guarantees for the provision of lactation rooms in Indonesian workplaces limits female workers' ability to breastfeed adequately, negatively affecting maternal and child health. This study aims to examine and analyze the existence of lactation rooms as a form of legal protection for female workers from the perspective of labor law and health law in Indonesia. Descriptive-analytical method is used in this research, with a juridical-normative approach and qualitative research data. Primary, secondary, and tertiary data are obtained from relevant regulations and literature. The results of this study indicate that the provision of lactation rooms is regulated in Law No. 13 of 2003 on Employment, Law No. 17 of 2023 on Health, and Government Regulation No. 33 of 2012 on Exclusive Breastfeeding and its derivative regulations, the legal provision of lactation rooms remains limited and lacks comprehensive scope. This leads to the absence of adequate facilities in many workplaces, contributing to the low success rate of exclusive breastfeeding among employed mothers. Meanwhile, countries such as Sweden and Singapore, despite lacking explicit regulations mandating lactation rooms, have implemented successful workplace lactation policies through broader worker welfare frameworks.

1. Introduction

Female workers have specific rights that are protected by law, particularly those related to occupational health and safety.¹ The Constitution of the Republic of Indonesia guarantees every citizen the right to obtain employment and a decent livelihood, as well as the right to health, as stated in Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia (UUD 1945), which affirms that every person has the right to physical and spiritual well-being and access to proper health services. In the context of female workers, these rights include the protection of reproductive functions, including the right to access facilities that support maternal and child health.

This is further reinforced in Article 28B paragraph (2) of the 1945 Constitution, which stipulates that every child has the right to survival, growth, and development, encompassing the right to optimal nutrition from birth. The state also bears the responsibility to provide health service facilities as mandated in Article 34 paragraph (3), which includes the protection of mothers and children, such as the provision of lactation rooms as a supportive measure to ensure the success of exclusive breastfeeding for working mothers, particularly for women in the workforce.

The rights of female workers to reproductive health, including the right to breastfeed, are guaranteed by the 1945 Constitution and legitimized by Law No. 13 of 2003 on Manpower (Manpower Law), which, based on Article 185 of the Job Creation Law (Law No. 11/2020), remains in force except for provisions explicitly amended. Through the transitional provisions of the Job Creation Law (Article 185), most of the regulations under the Manpower Law, including the right to breastfeeding time (Article 83 of Law No. 13/2003), remain effective and are not repealed.

Although it does not explicitly regulate the obligation to provide lactation rooms, the Manpower Law generally mandates the protection of workers' rights, including the right to health and occupational safety. In addition, Article 76 provides specific protection for female workers who are pregnant or breastfeeding, by prohibiting employers from assigning them to certain working hours that may endanger their health and safety. This implicitly provides a legal basis for more specific protections, such as the provision of lactation facilities in the workplace.

In addition to being regulated under the Manpower Law, the fulfillment of breastfeeding rights and the provision of lactation rooms in the workplace also have

¹ KOMNAS HAM, *Kajian Pemenuhan Hak Atas Kesehatan Bagi Kelompok Rentan Di Indonesia*, ISSN 2502-3632 (Online) ISSN 2356-0304 (Paper) Jurnal Online Internasional & Nasional Vol. 7 No.1, Januari – Juni 2019 Universitas 17 Agustus 1945 Jakarta, vol. 53, 2019.

a legal basis in Law No. 17 of 2023 on Health (Health Law). Article 165 of the Health Law states that regional governments are obligated to implement integrated and comprehensive health efforts, including maternal and child health services. This provision is further reinforced by several implementing regulations. First, Minister of Health Regulation No. 15 of 2013 explicitly requires every workplace to provide an adequate, hygienic lactation room equipped with breast milk storage facilities. Second, Government Regulation No. 33 of 2012 emphasizes that all public workplaces, whether governmental institutions, private companies, or healthcare service institutions, must provide breastfeeding facilities or lactation rooms.

Moreover, the National Hospital Accreditation Standards (SNARS) and hospital environmental regulations incorporate lactation rooms as one of the quality and patient safety criteria, making it mandatory for hospitals seeking accreditation to have lactation rooms that meet technical standards. At the community health center (puskesmas) level, accreditation guidelines also require maternal and child health service units to provide lactation rooms with appropriate privacy, ventilation, and hygiene facilities, in accordance with Minister of Health regulations.

Thus, although the Health Law serves as a general legal framework, the accreditation schemes and implementing regulations explicitly mandate the existence of lactation rooms in various types of workplaces and healthcare facilities. In the context of this study, lactation rooms serve as a vital facility to support the health of breastfeeding mothers and to ensure that infants receive exclusive breastfeeding, in line with health recommendations.

The provision of exclusive breastfeeding has been recognized as an essential need for the growth and development of infants² and is a fundamental right that must be guaranteed by the state. There is a strong interconnection between the Manpower Law and the Health Law in ensuring the rights of female workers to breastfeed and the rights of children to receive optimal nutrition. The Manpower Law focuses on labor protection and facilities that support productivity, while the Health Law emphasizes public health and the prevention of stunting. These two laws complement each other in creating a healthy work environment that supports the growth and development of future generations.

At the global level, the World Health Organization (WHO) reported that, in 2021, the coverage of infants aged 0–6 months receiving exclusive breastfeeding was only 44%, still below the global target of 50%, which is also part of the Sustainable Development Goals (SDGs).³ In Indonesia, according to the 2023 Indonesia Health

² Selasih Putri Isnawati Hadi, “Kandungan Dan Manfaat ASI,” 2021, <https://doi.org/10.46984/978-623-94453-9-3-1453>.

³ Elis Anjelina, Rizki Muji Lestari, and Dita Wasthu Prasida, “Pengaruh Pendidikan Kesehatan Terhadap Pengetahuan Dan Sikap Ibu Dalam Pemberian ASI Eksklusif Di Wilayah Kerja UPT

Profile, the coverage of six-month-old infants receiving exclusive breastfeeding reached 63.9%, yet it still falls short of the national target of 80% as mandated by Presidential Regulation No. 72 of 2021 on the Acceleration of Stunting Reduction.⁴

Moreover, data show that only 62% of working mothers in government offices and 50% in private offices are able to breastfeed or express breast milk at their workplace.⁵ Additionally, 35.2% of office buildings or companies in Indonesia have yet to provide adequate lactation rooms.⁶ The International Labour Organization (ILO) 2021 report also highlights that many female workers face barriers to breastfeeding at work, including the absence of lactation rooms, limited breastfeeding breaks, and pressure from an unsupportive work environment.⁷ Previous studies have indicated that toddlers with working mothers have a 15.1 times higher risk of experiencing stunting compared to toddlers whose mothers do not work.⁸

This study aims to examine the legal certainty and effectiveness of the protection of female workers' rights within labor practices in Indonesia, particularly regarding the provision of lactation rooms as a means of fulfilling the right to health and the right to exclusive breastfeeding for working mothers. The primary objective of this research is to provide a comprehensive understanding of the existence and implementation of regulations governing lactation rooms, as well as to evaluate the extent to which these regulations are enforced in the workplace. This study also contributes to the effort of proposing the strengthening of derivative regulations and promoting inter-agency synergy as part of the state's responsibility to guarantee the right to breastfeed, a right that continues to face numerous structural and cultural barriers.

Puskesmas Marina Permai Kota Palangka Raya Tahun 2022," *Jurnal Surya Medika* 9, no. 1 (2023), <https://doi.org/10.33084/jsm.v9i1.5159>.

⁴ Badan Pusat Statistik, "Persentase Bayi Usia Kurang Dari 6 Bulan Yang Mendapatkan Asi Eksklusif Menurut Provinsi," December 2024.; Ade Nasihudin Al, "WHO: Jumlah Bayi Yang Dapat ASI Eksklusif Meningkatkan Lebih Dari 10 Persen," August 2024.

⁵ Nela Kusuma Sari and Galuh Nita Prameswari, "Implementasi Kebijakan Ruang Laktasi Di Tempat Kerja," *Higeia Journal of Public Health Research and Development* 3, no. 1 (2019). Nela Kusuma Sari and Galuh Nita Prameswari, "Implementasi Kebijakan Ruang Laktasi Di Tempat Kerja," *Higeia Journal of Public Health Research and Development* 3, no. 1 (2019).

⁶ Arif Rahman, "Pekan Menyusui Sedunia 'Ayo Tingkatkan Kesadaran Program ASI Eksklusif Di Lingkungan Kerja,'" August 2024.

⁷ Diakhadi Setyonaluri et al., "Cuti Maternitas Di Kota Metropolitan Indonesia Temuan Terkait Durasi, Manfaat Dan Jaminan Pekerjaan" (Organisasi Perburuhan Internasional, 2023), https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@asia/@ro-bangkok/@ilo-jakarta/documents/publication/wcms_906943.pdf.

⁸ Ikrima Alinda Fitri, "HUBUNGAN TINGKAT PENDIDIKAN IBU, PEKERJAAN IBU, DAN PEMBERIAN ASI EKSKLUSIF DENGAN KEJADIAN STUNTING PADA BALITA DI PUSKESMAS BARUAH GUNUANG" (PhD Thesis, Universitas Islam Negeri Sultan Syarif Kasim Riau, 2024).

2. Research Method

This research falls under the category of normative legal research, which examines the law based on concepts that function as norms or rules applicable in society and serve as a reference for human behavior.⁹ The legal analysis in this study focuses on statutory provisions related to the provision of lactation rooms in the workplace as a form of legal protection for breastfeeding female workers.

This research also employs a comparative legal method to analyze the implementation of the obligation to provide lactation rooms in Indonesia in comparison with similar regulations in other countries. In addition, the study is supported by an analysis of existing regulations, such as Law No. 13 of 2003 on Manpower, Law No. 17 of 2023 on Health, and Government Regulation No. 33 of 2012 on the Provision of Exclusive Breastfeeding, in order to assess whether these regulations have been effectively implemented in practice.

3. Results and Discussion

Regulation of Lactation Rooms Under Indonesian Positive Law

The regulation of lactation rooms in the workplace is an integral part of protecting women's reproductive health rights, particularly for employees who are breastfeeding. A lactation room is not merely a physical facility but also reflects the state's seriousness in fulfilling maternity rights for working women.¹⁰ The obligation to provide lactation rooms in the workplace is part of the effort to promote the success of exclusive breastfeeding programs, which are nationally regulated through various health and labor policies.¹¹

Although the Manpower Law does not explicitly mention lactation rooms, Article 83 affirms that female workers who are breastfeeding are entitled to special time to breastfeed their children. This provision shows that while infrastructure obligations may not be explicitly mandated, the state recognizes the needs of breastfeeding mothers in the workplace. Further strengthening of breastfeeding support facilities is provided through more specific sectoral regulations.¹²

One important regulation is the Regulation of the Minister of Health of the Republic of Indonesia Number 15 of 2013 concerning Guidelines for Exclusive Breastfeeding. Article 30 paragraph (1) of this regulation explicitly states that workplaces must provide lactation rooms that are adequate and hygienic for

⁹ Nanda Dwi Rizkia and Hardi Fardiansyah, *Metode Penelitian Hukum (Normatif dan Empiris)*, 1st ed. (Bandung: Widina Media Utama, 2023).

¹⁰ Sari and Prameswari, "Implementasi Kebijakan Ruang Laktasi Di Tempat Kerja."

¹¹ Putri Hidayati and Faradila Fadlia, "Ketersediaan Ruang Laktasi Yang Masih Bias Gender (Studi Kasus Di Kota Banda Aceh)," *Jurnal Ilmiah Mahasiswa FISIP Unsyiah* 7, no. 1 (2022).

¹² P. S. Wijaya and Soesanto, "Kajian Implementasi Kebijakan Ruang Laktasi Di Sektor Pemerintah Dan Swasta Kabupaten Purbalingga," *Public Health Perspective Journal* 2, no. 2 (2017).

expressing breast milk and include storage facilities. This regulation offers a clear legal foundation for workplace lactation rooms and signifies a shift from merely granting breastfeeding time to requiring physical space provision.

In addition, the Regulation of the Minister for Women's Empowerment and Child Protection (PPPA) Number 3 of 2011 on the National Policy for Women's Empowerment encourages companies and government institutions to provide facilities supporting working women, including lactation rooms. This policy emphasizes that gender-sensitive workplaces must ensure equality and fulfillment of rights for female workers, including breastfeeding support.¹³

The government's commitment is also reflected in Government Regulation Number 33 of 2012 on Exclusive Breastfeeding. Article 6 of this regulation mandates that every workplace and public facility must support exclusive breastfeeding by providing breastfeeding and/or milk expression facilities. This places the responsibility on employers to ensure that breastfeeding mothers' rights are upheld even while working.

However, in practice, compliance with these regulations remains uneven. Studies across various regions indicate that many workplaces still fail to provide lactation rooms that meet established standards. One contributing factor is the lack of local government supervision and the absence of strict sanctions for regulatory violations. Normatively, however, the legal framework for lactation rooms already has sufficient strength to be widely implemented.

Beyond government regulations, the National Standardization Agency (BSN) has issued Indonesian National Standard (SNI) 9040:2021 on Breastfeeding Rooms in Workplaces and Public Places.¹⁴ This standard provides technical guidelines regarding size, ventilation, cleanliness, comfort, and other support facilities such as refrigerators and sinks.¹⁵ Although non-binding, this SNI serves as an important reference for employers to ensure that lactation rooms are not merely symbolic but function optimally.

Strengthening lactation room regulation is also closely linked to Sustainable Development Goals (SDGs), especially Goal 3 (Good Health and Well-Being) and

¹³ Sendy Krisna Puspitasari, "KONTRIBUSI RUANG LAKTASI PADA TEMPAT KERJA DI ERA KESETARAAN GENDER," *Egalita Jurnal Kesetaraan Dan Keadilan Gender* 18, no. 1 (2023), <https://doi.org/10.18860/egalita.v18i1.21491>.

¹⁴ Rahma Mochtar Kusumasastra, "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, no. 2 (2023), <https://doi.org/10.26751/jikk.v14i2.1993>.

¹⁵ Artika L. Essa, Diana V. Doda, and Wulan P. J. Kaunang, "Hubungan Antara Beban Kerja Dan Ketersediaan Ruang Laktasi Terhadap Pemberian Asi Eksklusif Pada Ibu Pekerja Di Kecamatan Tuminting Manado," *Kesmas* 8, no. 5 (2019).

Goal 5 (Gender Equality).¹⁶ With accessible lactation rooms, women no longer have to choose between work responsibilities and breastfeeding, thereby improving both productivity and the quality of life for mothers and children.

Despite the existence of various supporting regulations, there is a need for integrative efforts in harmonizing cross-sectoral regulations, including the inclusion of incentives or administrative sanctions for violators.¹⁷ Persuasive and educational approaches toward employers are also key to expanding effective and sustainable implementation of lactation rooms.

Thus, normatively, Indonesian positive law has provided a strong foundation for the provision of lactation rooms in the workplace. However, implementation challenges remain a major issue that must be addressed through multisectoral collaboration among government, private sector, and society. Existing regulations need to be continuously disseminated, monitored, and reinforced so that they do not remain only at the normative level, but are realized as tangible benefits for all female workers in Indonesia.

Comparative Regulation of Lactation Rooms in Several Countries

A comparison of lactation room regulations between Indonesia and countries such as Sweden and Singapore reveals variations in legal approaches and implementation effectiveness. Although Indonesia explicitly mandates the provision of lactation rooms in the workplace, its primary challenge lies in enforcement and oversight. Conversely, Sweden and Singapore do not explicitly mention “lactation rooms” in their legislation, yet their approaches are more comprehensive and systemic in supporting breastfeeding mothers.

In Indonesia, regulations can be found in Article 128 paragraph (2) of the Health Law and Ministry of Manpower Regulation No. 3 of 2013, which encourage the provision of lactation rooms at work. While these regulations normatively accommodate the needs of female workers, implementation remains limited. Studies show that standard-compliant lactation rooms are only available in a small proportion of formal workplaces.

In contrast, Sweden, with its advanced welfare state system, guarantees breastfeeding rights through the Parental Leave Act (1995:584) and flexible work policies. Mothers are granted generous and flexible parental leave, and workplaces commonly provide informal breastfeeding facilities equivalent to lactation rooms.

¹⁶ Jamie Perin et al., “Global, Regional, and National Causes of under-5 Mortality in 2000–19: An Updated Systematic Analysis with Implications for the Sustainable Development Goals,” *The Lancet Child and Adolescent Health* 6, no. 2 (2022), [https://doi.org/10.1016/S2352-4642\(21\)00311-4](https://doi.org/10.1016/S2352-4642(21)00311-4).

¹⁷ Atie Rachmatie et al., “Promosi Kesehatan Dalam Bentuk Media Digital Campaign Untuk Pencegahan Stunting,” *Jurnal Soshum Insentif* 6, no. 2 (October 2023): 89–102, <https://doi.org/10.36787/jsi.v6i2.1182>.

Organizational culture and state support have made breastfeeding a part of social norms and public policy.¹⁸

Singapore also does not explicitly regulate lactation rooms in its labor laws. However, the *Tripartite Standards on Flexible Work Arrangements* and *Breastfeeding Guidelines for Workplaces* issued by the Health Promotion Board provide detailed recommendations for workplace breastfeeding facilities. Although these are non-mandatory, adherence contributes to a company's social responsibility and public image.

This comparison indicates that the success of lactation room implementation does not depend solely on legal mandates, but also on support mechanisms, organizational culture, and active participation from all stakeholders. Indonesia can draw valuable lessons from these practices to strengthen the effectiveness of its existing regulations.

Table 1 .
Comparison of Lactation Room Regulations

Country	Regulation	Regulatory Content
Indonesia	Law No. 13 of 2003 on Manpower	Regulates the obligation of employers to provide lactation room facilities at the workplace for breastfeeding mothers.
	Government Regulation No. 33 of 2012 on Exclusive Breastfeeding	States that employers are required to provide lactation rooms as part of the working mother's right to exclusive breastfeeding.
Sweden	Swedish Work Environment Act (Arbetsmiljölagen) - 1977:1160	Regulates safe and healthy working environments, including the obligation to provide facilities that support breastfeeding mothers.
	Parental Leave and Benefits Act (Föräldraledighetslagen) - 1995:584	Grants maternity leave and the right to breastfeed, including the employer's obligation to support breastfeeding employees, although "lactation room" is not explicitly stated.
	Swedish Work Environment Authority (Arbetsmiljöverket) - AFS 2009:2	Regulates workplace facilities that support maternal health, including lactation rooms, even though not explicitly defined.
Singapore	Employment Act (Chapter 91)	States the right of working mothers to receive breastfeeding breaks, but does not explicitly mandate the provision of lactation rooms.
	Workplace Safety and Health Act (Chapter 354A)	Regulates workplace health and safety, including creating supportive environments for breastfeeding, although not explicitly mentioning lactation rooms.

¹⁸ Nordic Co-operation, "Parental Benefit in Sweden," February 2024.

Tripartite Guidelines on the Employment of Women (TGSW)	Recommends that employers provide proper lactation rooms for working mothers, but it is not legally binding.
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Source: Author’s synthesis and analysis, 2025.

The regulation of lactation rooms in the workplace illustrates the diversity of legal approaches among countries in protecting the rights of female workers. In Indonesia, lactation room provisions are explicitly stipulated in the Manpower Law and the Government Regulation on Exclusive Breastfeeding. These two regulations affirm that employers are obliged to provide lactation room facilities as a form of legal protection and support for breastfeeding employees. Although the regulations are mandatory and clearly articulated, their implementation remains challenging, particularly in the informal sector and small enterprises that often neglect such provisions due to weak supervision and the absence of strict legal sanctions.

Unlike Indonesia, Sweden does not have regulations that explicitly mention “lactation rooms”; however, its approach is highly systemic and comprehensive. The Swedish Work Environment Act (1977:1160), the Parental Leave and Benefits Act (1995:584), and their implementing regulation AFS 2009:2 from the Swedish Work Environment Authority regulate workplace environments that support maternal health and ensure full rights for female workers during lactation. Although the term “lactation room” is not expressly used, the employer’s obligation to create a safe and breastfeeding-friendly work environment has resulted in highly effective lactation room practices. This is further supported by a work culture that values gender equality and workplace well-being.

Meanwhile, Singapore adopts a tripartite policy-based approach involving the government, employers, and trade unions. The Employment Act (Chapter 91) guarantees breastfeeding breaks, while the Workplace Safety and Health Act (Chapter 354A) mandates employers to maintain workplace safety and health, both of which indirectly support the needs of breastfeeding mothers.¹⁹ However, these regulations do not explicitly mandate lactation rooms. Singapore relies on the *Tripartite Guidelines on the Employment of Women (TGSW)*, which provide non-binding recommendations for companies to establish lactation rooms. Although these guidelines are not mandatory, compliance is relatively high among large corporations, especially those with international standards and strong corporate image considerations. However, in the informal sector and small businesses, lactation rooms have not yet become a priority.

Thus, it can be concluded that Indonesia has the most explicit legal provisions regarding lactation rooms but still faces serious implementation challenges.

¹⁹ Ministry of Manpower, “Maternity Leave Eligibility and Entitlement,” April 2025.

Sweden, despite not specifically mentioning lactation rooms, demonstrates high success due to its systemic and cultural approach. Singapore, on the other hand, relies on policy persuasion and collaborative efforts that are effective in the formal sector but have yet to comprehensively reach informal work environments.

Cultural, Social, and Organizational Aspects as Barriers to Implementing Lactation Rooms in the Workplace

The implementation of lactation rooms in the workplace is not solely dependent on formal regulations but is also heavily influenced by cultural, social, and organizational factors that develop within a given society and work environment.²⁰ Culturally, breastfeeding is still perceived by many as a domestic matter that should not be brought into public or workplace settings.²¹ This stigma results in breastfeeding facilities such as lactation rooms being deprioritized in many institutions, particularly in the informal sector or small businesses.

Socially, the lack of awareness regarding the importance of exclusive breastfeeding further exacerbates the issue. Many workplace stakeholders, including colleagues, supervisors, and management, do not fully understand the long-term benefits of breastfeeding for maternal and child health as well as for workplace productivity. Consequently, breastfeeding mothers often receive minimal social support in the workplace.

Organizational factors are also highly influential. Companies frequently view lactation room provision as an additional cost without immediate economic return. In fact, various studies, including those by UNICEF (2019), have shown that supported breastfeeding employees tend to have lower absenteeism and higher work loyalty. However, without internal policies or commitment from top management, the implementation of lactation rooms is unlikely to be sustained. Additionally, not all institutions have the human resources or managerial capacity to translate regulations into corporate policy. This highlights the importance of training, advocacy, and outreach targeting company leaders and HR departments as key decision-makers.

Rahayu & Hidayat (2020) emphasize that the absence of lactation rooms is not merely a logistical or physical issue, but also reflects a lack of collective concern, from families, coworkers, superiors, to policymakers. Without strong cultural and social support, the existence of lactation rooms often becomes symbolic, they exist

²⁰ Febby Fridyas Kurniawan, Erwin Kurniasih, and Edy Prawoto, "Hubungan Dukungan Sosial Dengan Kecukupan Pengeluaran ASI Pada Ibu Menyusui Di Wilayah Kerja Puskesmas Teguhan," *E-Journal Cakra Medika* 9, no. 1 (2022), <https://doi.org/10.55313/ojs.v9i1.90>.

²¹ Amanda J. Wagg, Margie M. Callanan, and Alexander Hassett, "Online Social Support Group Use by Breastfeeding Mothers: A Content Analysis," *Heliyon* 5, no. 3 (2019), <https://doi.org/10.1016/j.heliyon.2019.e01245>.

but are underutilized.

This situation is worsened by the absence of an inclusive work culture that accommodates breastfeeding needs. Some mothers even experience psychological pressure for “pumping in secret” or feeling guilty for taking short breaks from work to breastfeed. In societies still deeply rooted in patriarchal norms, women’s rights often lack equal space in both domestic and public spheres,²² including the workplace. Patriarchal culture positions women as secondary to men, resulting in their biological needs and rights, such as the right to breastfeed and access proper lactation facilities at work, being overlooked in institutional policies and workplace design.²³ This insensitivity to the specific needs of female workers reflects the weakness of gender perspectives in labor policy planning and implementation.

As a result of such neglect, many working mothers are denied the opportunity to practice exclusive breastfeeding optimally due to the absence of adequate facilities and time to express breast milk at work.²⁴ The WHO and UNICEF have emphasized the importance of exclusive breastfeeding for the first six months of a baby's life to ensure optimal development and reduce the risk of infectious diseases. Early termination of breastfeeding not only affects maternal and child health but also the future quality of human resources.²⁵ Therefore, the neglect of lactation room provision is not merely an issue of facility, but a structural problem that reveals the persistence of gender injustice in social and labor systems. This requires a paradigm shift and firmer policy interventions to ensure the fulfillment of women’s reproductive rights as part of human rights. Hence, cultural, social, and organizational dimensions constitute structural barriers that must be addressed through collaborative cross-sectoral approaches, including the involvement of professional organizations, NGOs, and community leaders, to transform perceptions about breastfeeding and women’s work rights in a more progressive direction.

Aspects of Regulation and Supervision as Barriers to the Implementation of Lactation Rooms in the Workplace

²² Riski Oktafia, Rini Rahmayanti, and Dea Ainun Maghpira, “PEMBERDAYAAN MASYARAKAT TERHADAP PENCEGAHAN MASALAH PSIKOLOGIS PADA IBU PASCA MELAHIRKAN,” *JURNAL ABDI MERCUSUAR* 2, no. 1 (2022), <https://doi.org/10.36984/jam.v2i1.292>.

²³ Novia Ludha and Iroma Maulida, “Hubungan Tingkat Pengetahuan Dan Status Pekerjaan Ibu Menyusui Dengan Pemberian Asi Eksklusif Pada Bayi Di Pesantunan,” *Jurnal Ilmiah* 84 (2018).

²⁴ Zainab Taha et al., “Factors Associated with Delayed Initiation and Cessation of Breastfeeding among Working Mothers in Abu Dhabi, the United Arab Emirates,” *International Journal of Women's Health* 13 (2021), <https://doi.org/10.2147/IJWH.S303041>.

²⁵ Noveri Aisyaroh and Emi Sutrisminah, “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*, no. September (2017).

Although the rights of breastfeeding mothers and the obligation to provide lactation rooms are regulated under several statutory instruments in Indonesia, their implementation in practice remains far from optimal. One of the main causes is the weakness of regulatory aspects in terms of enforceability (mandatory nature) and supervisory mechanisms regarding the execution of this obligation.

The Health Law clearly stipulates that workplaces must provide facilities for breastfeeding or expressing breast milk. However, the provision is general in nature and is not accompanied by clear administrative sanctions in cases of non-compliance. This differs from several other regulations governing occupational health and safety, which contain stricter sanctions and more systematic supervisory mechanisms.

Furthermore, the Government Regulation on Exclusive Breastfeeding, particularly Articles 30 and 32, does mandate the provision of lactation rooms but does not explicitly outline monitoring and evaluation mechanisms for its implementation. The absence of a dedicated institution assigned to oversee the provision of lactation rooms in workplaces leads many employers to believe they are under no obligation to implement this consistently. Even under the Manpower Law (now replaced by the Job Creation Law), the rights of female workers are focused more on maternity leave and occupational safety protection, without specific provisions on breastfeeding facilities. The lack of harmonization among these various regulations creates legal ambiguity that disadvantages working mothers.

From a supervisory standpoint, the role of regional labor inspectors remains suboptimal, both in terms of capacity and quantity. Many regions lack inspectors with a comprehensive understanding of the importance of lactation rooms as part of women's reproductive health rights. Another issue is the weak integration between the Ministry of Health and the Ministry of Manpower in formulating operational-level policies. Without institutional synergy, lactation rooms risk becoming rhetorical gestures lacking meaningful support for working mothers. This situation is further exacerbated by the absence of a publicly accessible complaint or reporting system for female workers. Many breastfeeding mothers are reluctant to assert their rights for fear of job loss or being perceived as disloyal by their employers.

A study by Febriani (2024) in Sleman found that only 56% of 25 community health centers (puskesmas) had lactation rooms that met the standards, and 64% faced difficulties in utilizing them. This indicates that even within health service institutions, the implementation of lactation rooms is still inadequate, let alone in non-health-related private sectors. Regulatory revision is necessary, not only to mandate lactation room provision but also to include effective sanctions and establish regular supervisory mechanisms. Regional governments could also issue local regulations or derivative policies to strengthen implementation at the local

level. Therefore, regulatory refinement and a robust supervisory system are imperative to ensure that lactation rooms are not merely symbolic formalities but represent comprehensive protection of female workers' health rights.

Strategies for Improving the Implementation of Lactation Rooms in the Workplace

Strategies to improve the implementation of lactation rooms in the workplace must be formulated comprehensively through regulatory, educational, and cross-sectoral collaborative approaches. Considering that lactation rooms are not just physical facilities but also a representation of the protection of women workers' maternity rights, improvements cannot be made partially.

First, in terms of regulation, it is necessary to strengthen binding legal norms and impose administrative sanctions on companies or government agencies that fail to provide lactation rooms. Revisions to the Government Regulation on Exclusive Breastfeeding and harmonization with the Job Creation Law and its derivative regulations are essential to avoid regulatory overlap and legal gaps. **Second**, routine supervision and evaluation by labor inspectors or designated agencies must become an integral part of monitoring women-friendly workplace facilities. Local governments can incorporate lactation room indicators into company performance assessments or institutional governance evaluations. **Third**, education and public campaigns are also crucial strategies. Awareness of the benefits of lactation rooms should not be limited to company management but also extended to male employees to foster a supportive and non-discriminatory work environment for breastfeeding mothers. **Fourth**, incentives or awards should be developed for companies that successfully provide lactation rooms in accordance with WHO and Ministry of Health standards. One example is a *Workplace Supporting Breastfeeding Award* that can be presented by government institutions or NGOs as a motivational driver.

Fifth, the roles of labor unions, NGOs, and professional organizations (such as the Indonesian Pediatric Society or Women Workers' Associations) must be strengthened to advocate for female workers' rights, including breastfeeding facilities. With civil society oversight, companies are more likely to remain accountable. **Sixth**, the formation of cross-sectoral forums between the Ministry of Health, the Ministry of Manpower, and the Ministry of Women's Empowerment and Child Protection could result in integrated policies, including the development of technical guidelines for lactation facilities across different types of workplaces. **Seventh**, companies should be provided with technical guidance on how to build proper yet cost-effective and space-efficient lactation rooms. For example, utilizing vacant rooms or installing temporary partitions in private office areas. **Eighth**, digital monitoring systems should be developed, such as online reporting platforms where workers can report on the availability and quality of lactation

rooms. This would facilitate easier monitoring and prompt follow-up by relevant authorities. **Ninth**, universities and research centers must play a stronger role in conducting periodic studies on the effectiveness of lactation rooms in relation to workplace productivity and maternal-child health outcomes.

Ultimately, these strategies will be most effective if they are supported by a strong commitment from policymakers and business owners who recognize that lactation rooms are not merely auxiliary facilities but are fundamental human rights components in a modern, fair, and gender-just working environment.

4. Conclusion

The existence of lactation rooms in the workplace represents the realization of the rights of breastfeeding female workers, as regulated in various Indonesian laws and regulations, including Law Number 13 of 2003 on Manpower and the Regulation of the Minister of Health of the Republic of Indonesia No. 15 of 2013. Although regulations regarding the provision of lactation rooms in the workplace are already in place, their implementation remains limited, particularly in certain sectors. Indonesia's positive legal framework provides a sufficiently strong foundation; however, monitoring and enforcement need to be strengthened to ensure that such facilities are applied more evenly and effectively.

A comparison with countries such as Sweden and Singapore, where explicit regulations on lactation rooms are absent, yet the governments have successfully built cultures and systems that support breastfeeding rights for working mothers, demonstrates that Indonesia's current policies and implementation still require significant enhancement. Countries that have achieved greater success in this area, such as Finland and Canada, tend to have clearer regulations and stricter oversight, serving as useful models for improving and strengthening Indonesia's approach.

Several factors contribute to the lack of effective implementation of lactation rooms in Indonesian workplaces, including limited awareness of the importance of such facilities, insufficient company budgets, and inadequate infrastructure. Therefore, cooperation among the government, the private sector, and civil society is essential to ensure equitable access to lactation rooms for all female workers. The provision of lactation rooms must become a priority within Indonesia's labor policies, with incentives granted to companies that comply with established standards.

Going forward, with stronger regulations, more rigorous supervision, and increased education and support for employers, the right of female workers to

provide exclusive breastfeeding can be more effectively fulfilled. Effective implementation of lactation rooms will not only support maternal and child health but also contribute to broader social and economic welfare.

References

- Aisyaroh, Noveri, and Emi Sutrisminah. "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*, no. September (2017).
- Al, Ade Nasihudin. "WHO: Jumlah Bayi Yang Dapat ASI Eksklusif Meningkatkan Lebih Dari 10 Persen," August 2024.
- Anjelina, Elis, Rizki Muji Lestari, and Dita Wasthu Prasida. "Pengaruh Pendidikan Kesehatan Terhadap Pengetahuan Dan Sikap Ibu Dalam Pemberian ASI Eksklusif Di Wilayah Kerja UPT Puskesmas Marina Permai Kota Palangka Raya Tahun 2022." *Jurnal Surya Medika* 9, no. 1 (2023). <https://doi.org/10.33084/jsm.v9i1.5159>.
- Co-operation, Nordic. "Parental Benefit in Sweden," February 2024.
- Essa, Artika L., Diana V. Doda, and Wulan P. J. Kaunang. "Hubungan Antara Beban Kerja Dan Ketersediaan Ruang Laktasi Terhadap Pemberian Asi Eksklusif Pada Ibu Pekerja Di Kecamatan Tuminting Manado." *Kesmas* 8, no. 5 (2019).
- Fitri, Ikrima Alinda. "HUBUNGAN TINGKAT PENDIDIKAN IBU, PEKERJAAN IBU, DAN PEMBERIAN ASI EKSKLUSIF DENGAN KEJADIAN STUNTING PADA BALITA DI PUSKESMAS BARUAH GUNUANG." PhD Thesis, Universitas Islam Negeri Sultan Syarif Kasim Riau, 2024.
- Hidayati, Putri, and Faradila Fadlia. "Ketersediaan Ruang Laktasi Yang Masih Bias Gender (Studi Kasus Di Kota Banda Aceh)." *Jurnal Ilmiah Mahasiswa FISIP Unsyiah* 7, no. 1 (2022).
- Kurniawan, Febby Fridyas, Erwin Kurniasih, and Edy Prawoto. "Hubungan Dukungan Sosial Dengan Kecukupan Pengeluaran ASI Pada Ibu Menyusui Di Wilayah Kerja Puskesmas Teguhan." *E-Journal Cakra Medika* 9, no. 1 (2022). <https://doi.org/10.55313/ojs.v9i1.90>.
- Kusumasastra, Rahma Mochtar. "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, no. 2 (2023). <https://doi.org/10.26751/jikk.v14i2.1993>.
- Ludha, Novia, and Iroma Maulida. "Hubungan Tingkat Pengetahuan Dan Status Pekerjaan Ibu Menyusui Dengan Pemberian Asi Eksklusif Pada Bayi Di Pesantunan." *Jurnal Ilmiah* 84 (2018).
- Manpower, Ministry of. "Maternity Leave Eligibility and Entitlement," April 2025.
- Oktalia, Riski, Rini Rahmayanti, and Dea Ainun Maghipira. "PEMBERDAYAAN MASYARAKAT TERHADAP PENCEGAHAN MASALAH PSIKOLOGIS PADA IBU

- PASCA MELAHIRKAN." *JURNAL ABDI MERCUSUAR* 2, no. 1 (2022). <https://doi.org/10.36984/jam.v2i1.292>.
- Perin, Jamie, Amy Mulick, Diana Yeung, Francisco Villavicencio, Gerard Lopez, Kathleen L. Strong, David Prieto-Merino, Simon Cousens, Robert E. Black, and Li Liu. "Global, Regional, and National Causes of under-5 Mortality in 2000–19: An Updated Systematic Analysis with Implications for the Sustainable Development Goals." *The Lancet Child and Adolescent Health* 6, no. 2 (2022). [https://doi.org/10.1016/S2352-4642\(21\)00311-4](https://doi.org/10.1016/S2352-4642(21)00311-4).
- Puspitasari, Sindy Krisna. "KONTRIBUSI RUANG LAKTASI PADA TEMPAT KERJA DI ERA KESETARAAN GENDER." *Egalita Jurnal Kesetaraan Dan Keadilan Gender* 18, no. 1 (2023). <https://doi.org/10.18860/egalita.v18i1.21491>.
- Rachmiate, Atie, Dey Ravena, Oji Kurniadi, Mohamad Subur Drajat, and Ferra Martian. "Promosi Kesehatan Dalam Bentuk Media Digital Campaign Untuk Pencegahan Stunting." *Jurnal Soshum Insentif* 6, no. 2 (October 2023): 89–102. <https://doi.org/10.36787/jsi.v6i2.1182>.
- Rahman, Arif. "Pekan Menyusui Sedunia 'Ayo Tingkatkan Kesadaran Program ASI Eksklusif Di Lingkungan Kerja,'" August 2024.
- Sari, Nela Kusuma, and Galuh Nita Prameswari. "Implementasi Kebijakan Ruang Laktasi Di Tempat Kerja." *Higeia Journal of Public Health Research and Development* 3, no. 1 (2019).
- Setyonaluri, Diahhadi, Flora Aninditya, Dinda Srikandi Radjiman, Eka Fasikha, Nurul Fajri, Calvin Aryaputra, and Ippei Tsuruga. "Cuti Maternitas Di Kota Metropolitan Indonesia Temuan Terkait Durasi, Manfaat Dan Jaminan Pekerjaan." Organisasi Perburuhan Internasional, 2023. https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@asia/@ro-bangkok/@ilo-jakarta/documents/publication/wcms_906943.pdf.
- Statistik, Badan Pusat. "Persentase Bayi Usia Kurang Dari 6 Bulan Yang Mendapatkan Asi Eksklusif Menurut Provinsi," December 2024.
- Taha, Zainab, Ahmed Ali Hassan, Ludmilla Wikkeling-Scott, and Dimitrios Papandreou. "Factors Associated with Delayed Initiation and Cessation of Breastfeeding among Working Mothers in Abu Dhabi, the United Arab Emirates." *International Journal of Women's Health* 13 (2021). <https://doi.org/10.2147/IJWH.S303041>.
- Wijaya, P. S. and Soesanto. "Kajian Implementasi Kebijakan Ruang Laktasi Di Sektor Pemerintah Dan Swasta Kabupaten Purbalingga." *Public Health Perspective Journal* 2, no. 2 (2017).