

Providing Exclusive Asi To Working Mothers Reviewed From Motivational Factors And Length Of Parental Leave At Pt. Rhs Seruyan District Central Kalimantan

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ABSTRACT

Exclusive breastfeeding is very important for the growth and development of babies. A mother's motivation is crucial in providing exclusive breastfeeding for six months. Apart from that, working mothers can be affected by insufficient time for maternity and maternity leave. The aim of this research is to determine the relationship between exclusive breastfeeding for working mothers in terms of motivation factors and length of maternity leave at PT.RHS, East Seruyan Regency, Central Kalimantan. The design of this research is observational analytics with a cross-sectional time approach. The sample in this study was 32 mothers who had babies aged > 6 months at PT.RHS East Seruyan Regency, Central Kalimantan. The sampling method used a simple random sampling technique. Data collection uses a questionnaire. Data analysis used the chi square statistical test. The research results showed that of the 32 respondents, the majority did not provide exclusive breastfeeding, 20 people (62.5%), the majority with low motivation, 18 people (56.3%), and most of them took the appropriate length of maternity leave (3 months). before giving birth 1.5 months and after giving birth 1.5 months, namely 17 people (53.1%). Data analysis using statistical tests with Chi Square shows that the significance level is $0.000 < \alpha = 0.05$ so that H_0 is rejected and H_1 is accepted, thus there is a relationship between exclusive breastfeeding for working mothers in terms of motivation factors and length of maternity leave at PT.RHS, Seruyan Regency. East, Central Kalimantan. Meanwhile, the results of the logistic regression test showed a relationship between motivation and length of maternity leave with exclusive breastfeeding at PT.RHS, Seruyan Regency, Central Kalimantan. The motivation variable has a stronger relationship with exclusive breastfeeding with an OR value of 24.686 compared to the length of maternity leave variable with an OR value of 16.941. It was concluded that the success factor in providing exclusive breastfeeding was low motivation and insufficient maternity and maternity leave. So it is necessary to strengthen the motivation of breastfeeding mothers so they can provide exclusive breast milk.

Keywords: Exclusive Breastfeeding, Maternity Leave, Motivation, Working Mother

INTRODUCTION

Breast milk (ASI) is the ideal food for babies because breast milk provides all the energy and nutrients that babies need in the early period of life. The World Health Organization (WHO) and the United Nations Emergency Children's Fund (UNICEF) recommend that babies start breastfeeding in the first hour of birth and continue with exclusive breastfeeding, which means the baby only gets breast milk without any other food or drink including mineral water for 6 months. However, for 2 decades almost 2 out of 3 babies were not exclusively breastfed. The World Health Organization states that exclusive breastfeeding, namely until the baby is 6 months old, plays a role in preventing infant mortality (WHO, 2020). The low level of giving exclusive breast milk (ASI) to babies is a serious problem. According to Soleha et al, (2021),

mothers who are busy at work, such as in a factory or in the office, which can take up a lot of time, prefer to give formula milk to babies. The decrease in coverage for exclusive breastfeeding occurs because mothers work, so they do not have the opportunity to give their babies exclusive breast milk and only choose to give formula milk to their babies so that babies do not have a strong immune system. WHO and UNICEF data show that in 2020 only around 47% of babies were breastfed exclusively until the age of 6 months. Nationally, data on exclusive breastfeeding coverage in Indonesia in 2021 for babies 0-6 months is 54.0%, while in 2022 it will be 40% (Ministry of Health of the Republic of Indonesia, 2022).

The Indonesian Health Demographic Survey (SDKI, 2020) states that the infant mortality rate in Indonesia is currently 32 per 1,000 live births and the under-five mortality rate is 40 per 1,000 live births. Two-thirds of infant deaths usually occur at the age of 0–28 days or the neonatal period (IDHS, 2021). In an effort to reduce infant morbidity and mortality rates, the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) recommend that children should only be breastfed with breast milk (ASI) for six months. Solid food should be given after the child is 6 months old, and breastfeeding should be continued until the child is two years old (WHO, 2021).

In Central Kalimantan, the coverage of babies receiving exclusive breastfeeding in 2020 was 60.1%, in 2021 it was 66.6%, increasing in 2022 by 75.21%. Even though coverage has increased every year, this figure is still below the target of 80%. (Central Kalimantan Province Health Profile 2022). Meanwhile, at the district level, the prevalence of exclusive breastfeeding coverage in 2022 is 65.8% of mothers who do not provide exclusive breastfeeding. The highest coverage is in Seruyan Hilir District, 59.8%, and the lowest is in Lamandau District, namely 50.5% (Regency Health Service Profile East Kutai, 2022). From PT.RHS report data, Seruyan Regency, Central Kalimantan in 2022, the number of complaints from breastfeeding mothers was 121 people. The prevalence of coverage that does not provide exclusive breastfeeding is 58 mothers (45.8%). (Employee Profile About Maternal and Child Health PT.RHS) The results of a preliminary study conducted by interview (October 6 2023) on mothers who had babies aged > 6 months, working mothers said they wanted to give their babies only breast milk but because of limited time together with the baby, the mother gave formula milk to her baby. At work, there is also a place to pump breast milk, but mothers lack the motivation to do so. Due to lack of motivation in mothers, mothers do not breastfeed exclusively.

According to Amir (2020) obstacles in providing exclusive breastfeeding can be caused by internal factors, external factors. Internal factors in this case are exemplified by the level of knowledge, mother's education, work done by the mother, mother's age at birth, ethnicity, parity. Then there are characteristics that come from the baby, namely the baby's weight at birth and the baby's health condition, lactation counseling, place of delivery and birth attendant. The causes are external social and cultural factors of the mother, support from family and health workers, intensive promotion of formula milk, lack of husband's role in supporting exclusive breastfeeding. It could also be due to lack of motivation. Apart from that, external factors can also be influenced by insufficient time for maternity and childbirth leave. In accordance with the Employment Law, the minimum maternity and maternity leave period is 3 months. If it is less than 3 months it can affect the mother's psychological or physical condition. With a leave period that is in accordance with the Labor Law regulations, it is hoped that mothers will be able to provide breast milk exclusively. Motivation is a process that shows a person's intensity, direction and patience in achieving their goals. Self-motivation is very influential on a person's attitude, namely as a driving force based on behavior in carrying out actions to achieve something desired. This motivation is called variable motivation which is very influential on mothers in giving breast milk to their babies.

In this case, the role of the husband and family is also very influential in making the

exclusive breastfeeding program a success because it can facilitate breastfeeding which is meaningful for improving the quality of life of children, which unfortunately is not widely understood by husbands. Because there are still many mothers who do not breastfeed their children, especially exclusively. Apart from that, there needs to be high motivation to provide exclusive breast milk (Roesli, 2018).

Meanwhile, according to Safitri & Puspitasari (2018), efforts that can be made to increase exclusive breastfeeding are by conducting health counseling and education, most often accompanied by family and health workers and providing breastfeeding time for workers whose homes are close to the factory and also have time to breastfeeding mothers pump their breast milk. From the description above, researchers are interested in taking the title of providing exclusive breastfeeding to working mothers in terms of maternal motivation factors and length of maternity leave at PT.RHS, Seruyan Regency, Central Kalimantan.

METHODS

The design of this research is observational analytics with a cross-sectional time approach. The sample in this study was 32 mothers who had babies aged > 6 months at PT.RHS East Seruyan Regency, Central Kalimantan. The sampling method used a simple random sampling technique. Data collection uses a questionnaire. Data analysis used the chi square statistical test.

RESULT

a. Providing Exclusive Breastfeeding

Table 4.4 Frequency Distribution of Respondents Based on Providing Exclusive Breast Milk at PT.RHS Seruyan Regency, Central Kalimantan

No	Providing Exclusive Breastfeeding	Presentase (%)
1	Yes	
2	No	
12		37,5
20		62,5
Amount		32
		100

Based on table 4.4, it was found that of the 32 respondents, the majority did not breastfeed exclusively, namely 20 respondents (62.5%).

b. Motivation

Table 4.5 Frequency Distribution of Respondents Based on Motivation in Providing Exclusive Breast Milk at PT.RHS Seruyan Regency, Central Kalimantan

No	Motivation	Frequency	Prosentase (%)
1	Tall	14	43,7
2	Not Enough	18	56,3
Amount		32	100

Based on table 4.5, it was found that of the 32 respondents, the majority had low motivation in providing exclusive breastfeeding, namely 18 respondents (56.3%).

c. Maternity Leave

Table 4.6 Frequency Distribution of Respondents Based on Maternity Leave at PT.RHS Seruyan Regency, Central Kalimantan

No	Maternity Leave	Frequency	Presentase (%)
1	In Accordance	17	
2	It Is Not In Accordance	15	
	53,1		
	46,9		
	Amount	32	100

Based on table 4.6, it was found that of the 32 respondents, most of the length of maternity leave in the appropriate category (3 months) was taken before giving birth, 1.5 months and after giving birth, 1.5 months, namely 17 respondents (53.1%).

d. The Relationship between Motivation and Exclusive Breastfeeding

Table 4.10 Cross Tabulation of the Relationship between Motivation and Exclusive Breastfeeding at PT.RHS Seruyan Regency, Central Kalimantan

Motivation	Providing Exclusive Breastfeeding				Total	
	Yes		No			
	N	%	N	%	N	%
Tall	12	37,5	2	6,2	14	43,8
Not Enough	0	0,0	18	56,2	18	56,2
Amount	12	37,5	20	62,5	32	100

Based on table 4.10, it was found that of the 32 respondents, the majority of respondents did not breastfeed exclusively and had low motivation, namely 18 respondents (56.2%).

e. The Relationship between Maternity Leave and Exclusive Breastfeeding

Table 4.11 Cross Tabulation of the Relationship between Maternity Leave and Providing Exclusive Breast Milk at PT.RHS Seruyan Regency, Central Kalimantan

Maternity Leave	Providing Exclusive Breastfeeding				Total	
	Yes		No			
	N	%	N	%	N	%
In Accordance	12	37,5	5	15,7	17	53,1
It Is Not In Accordance	0	0,0	15	46,8	15	46,9
Amount	12	37,5	20	62,5	32	100

Based on table 4.11, it was found that of the 32 respondents, almost half did not breastfeed exclusively and the length of maternity leave was not appropriate, that is, it was taken immediately 3 months before birth, namely 15 respondents (46.8%).

f. The Relationship Between Motivation and Length of Maternity Leave with

Exclusive Breastfeeding Middle

Table 4.12 Statistical Test Results of the Relationship between Motivation and Length of Maternity Leave with Providing Exclusive Breast Milk at PT.RHS Seruyan Regency, Central Kalimantan

Variables not in the Equation			Score	df	Sig.
Step 0	Variables	Motivasi	24,686	1	,000
		Lama Cuti Melahirkan	16,941	1	,000
	Overall Statistics		27,040	2	,000

Based on data analysis using the Logistic Regression statistical test, it was found that the P value was $< \alpha 0.05$ ($0.000 < 0.05$), so H_0 was rejected and H_1 was accepted, which means there is a relationship between motivation and length of maternity leave with exclusive breastfeeding at PT.RHS Seruyan Regency. Central Kalimantan. The motivation variable has a higher or stronger relationship with exclusive breastfeeding with an OR value of 24.686 compared to the length of maternity leave variable with an OR value of 16.941.

DISCUSSION

a. Providing exclusive breast milk to working mothers at PT RHS, Seruyan Regency, Central Kalimantan

Based on the research results, it was found that of the 32 respondents, the majority did not provide exclusive breast milk, namely 20 respondents (62.5%) and almost half provided exclusive breast milk, namely 12 respondents (37.5%).

The results of this research are in line with research by Nur Hidayati (2022) that 11 people (27.5%) of respondents who work do not provide exclusive breast milk, while 21 people (52.5%) of respondents who do not work provide exclusive breast milk and do not provide Exclusive breastfeeding and non-working mothers who did not provide exclusive breastfeeding were 8 people (20%).

The statistical test results obtained p-value = 0.000 (p-value < 0.05). In conclusion, there is a significant relationship between working mothers and exclusive breastfeeding in Blang Asan Village, Peusangan District, Bireuen Regency. From the results above, it is hoped that health workers will be able to motivate, provide guidance and counseling on breastfeeding management among mothers in order to increase the achievement of exclusive breastfeeding. Exclusive breast milk is breast milk which must be given to babies up to 6 months of age without giving any additional food, where while giving exclusive breast milk the mother does not need to give any additional food, either fruit juice or formula milk. During the first 6 months babies really only get breast milk. According to the researcher's assumptions, based on the research results, respondents who did not breastfeed exclusively were due to lack of (low) motivation. The low motivation to provide exclusive breastfeeding is due to low education as well. Most of the respondents who did not provide exclusive breastfeeding had junior high school education, so this greatly influenced the respondents' attitudes.

This is in line with the theory of Notoatmodjo (2020) that the higher a person's education, the broader their insight and information so that their knowledge also increases, including the respondent's knowledge about exclusive breastfeeding. Based on table 4.7 above, it is known that almost half of the respondents aged 20-35 years do not provide exclusive breastfeeding, 10 respondents (31.3%), almost half of the respondents from junior high school education do not provide exclusive breastfeeding, 12 respondents (37.5%) and almost half of

respondents with multiparous parity do not breastfeed exclusively, as many as 13 respondents (40.6%).

Based on previous research from Ni Putu Ayu (2021), the chi-square test obtained a p value of 0.006 ($p < 0.05$), which means there is a relationship between the mother's employment status and motivation for exclusive breastfeeding. This research can be a basis for health workers to provide health promotion regarding the importance of exclusive breastfeeding and also to increase community empowerment in an effort to increase coverage of exclusive breastfeeding. Mothers are expected to actively seek information about exclusive breastfeeding so that they can increase mothers' motivation to provide exclusive breastfeeding. According to the researchers' assumptions, the results of the questionnaire were that respondents who did not provide exclusive breastfeeding were aged 20-35 years. At this age you should be mature enough to take a stand, in this case, namely giving exclusive breast milk. The mother said that the lack of motivation meant that the mother could not breastfeed exclusively. It was also found that many respondents with a junior high school education did not provide exclusive breastfeeding.

According to Notoatmodjo (2018), the higher a person's education, the broader their way of thinking, in this case, providing breast milk until the age of 6 months without additional food. Meanwhile, respondents with multiparous parity were also found not to provide exclusive breastfeeding due to lack of support from their husbands, and physical factors (tired after coming home from work) and wanting to lie down straight away. So I don't have time to pump breast milk to store it.

b. Motivation in Providing Exclusive Breast Milk to Working Mothers at PT RHS Seruyan Regency, Central Kalimantan

Based on the research results, it was found that most of the 32 respondents had low motivation in providing exclusive breastfeeding, namely 18 respondents (56.3%) and almost half of the respondents with high motivation were 14 respondents (43.7%).

The results of this research are not in line with Dwiyantri's (2021) research that of the 32 respondents, the majority had elementary/middle school education, namely 20 respondents (62.5%), the social and cultural support was not supportive, namely 21 respondents (65.6%), some The majority of respondents did not breastfeed exclusively, 20 respondents (62.5%).

The results of data analysis show that the significance level is $0.003 < \alpha = 0.05$ so that H_0 is rejected and H_1 is accepted, thus there is a relationship between educational factors and social and cultural support with the provision of exclusive breast milk to respondents at the Sangkulirang Community Health Center UPT, East Kutai Regency. The low level of social and cultural support for the exclusive breastfeeding program in the Sangkulirang Community Health Center working area is due to the fact that there are still many breastfeeding mothers who provide additional food to babies before the age of 6 months. These include giving porridge (chicken stock), honey, formula milk. Breastfeeding mothers and their families assume that a baby who is still crying after drinking breast milk is considered to be still hungry, therefore the family adds other food in the hope that the baby will immediately feel full and not cry.

The researcher's assumption is that respondents' motivation in providing breast milk is low. This is due to factors including, working mothers are sometimes tired and tired when they get home. This condition makes the frequency of breastfeeding the baby less frequent and the milk comes out less smoothly. From here, respondents switched to formula milk because it was considered faster to produce. And respondents sometimes also have the assumption that if there is leftover breast milk stored in the refrigerator, then it is still warm, etc., this condition makes respondents feel busier in preparing to give breast milk. The workplace has been provided with a room for breastfeeding but respondents still lack enthusiasm for doing so. Most are tired and tired after work. Apart from that, support from my husband is also lacking. After the mother

comes home from work she is tired, the husband's role here is very less supportive, namely not helping the wife with her duties at home. So the wife chooses to give formula milk because it is considered easier to produce. Based on table 4.8 above, it is known that a small percentage of respondents aged 20-35 years have low motivation in providing exclusive breastfeeding, 8 respondents (25.0%), almost half of the respondents with a recent junior high school education have low motivation in providing exclusive breastfeeding, 11 respondents. (34.3%) and almost half of respondents with multiparous parity had low motivation in providing exclusive breastfeeding and that was 11 respondents (34.3%).

Based on previous research from Ni Putu Ayu (2021), the chi-square test obtained a p value of 0.006 ($p < 0.05$), which means there is a relationship between the mother's employment status and motivation for exclusive breastfeeding. This research can be a basis for health workers to provide health promotion regarding the importance of exclusive breastfeeding and also to increase community empowerment in an effort to increase coverage of exclusive breastfeeding. Mothers are expected to actively seek information about exclusive breastfeeding so that they can increase mothers' motivation to provide exclusive breastfeeding.

According to the researchers' assumptions, from the results of the questionnaire, 5 people aged 20-35 years did not provide exclusive breastfeeding because their breast milk was no longer flowing smoothly, due to work exhaustion. And also poor nutrition so that 3 people didn't give breast milk because their nipples went in even though they had been milked but the results that came out were not optimal and they could only give breast milk until the baby was 3 months old. There were also respondents with junior high school education with less motivation (low) in providing breast milk, this is because the mother has a side business apart from working at Pt.RHS so the mother chooses formula milk for her baby because she is often away from work. There were also multiparous mothers with less (low) motivation because there was still a tradition of parents adding honey or crushed food after the baby was 2 months old, this condition made the baby's mother surrender to her parents.

c. Length of Maternity Leave for Working Mothers at PT RHS, Seruyan Regency, Central Kalimantan

Based on the research results, it was found that of the 32 respondents, most of the length of maternity leave in the appropriate category (3 months) was taken before giving birth, 1.5 months and after giving birth, 1.5 months, namely 17 respondents (53.1%) and almost half of the respondents with The length of maternity leave is not appropriate (leave taken before delivery until birth with the same length of 3 months) for 15 respondents (46.9%).

The results of this study are not in line with research by Yunita Marliana (2019) that working mothers who received support from their husbands were mostly successful in breastfeeding their babies, 76.5% of the time. With the Chi Square test results of 0.001, it can be concluded that there is an influence of husband's support on the success of exclusive breastfeeding for working mothers. Meanwhile, the majority of working mothers who received support from their superiors had a success rate in providing exclusive breastfeeding of 78.9%.

With the Chi Square test results of 0.000, it can be concluded that there is an influence of superior support on the success of providing exclusive breastfeeding to working mothers. Several studies state that the mother's employment status is an obstacle to exclusive breastfeeding. Research in Vietnam shows that working mothers have a 14 times greater risk of not providing exclusive breastfeeding. Research conducted in Jakarta shows that only 32% of women working in the formal sector and 20% of women working in the industrial sector provide exclusive breastfeeding. For working mothers, providing exclusive breastfeeding is not an easy thing. Working mothers need to have a positive attitude, knowledge, skills, self-commitment, open communication, as well as social and workplace support to successfully provide exclusive breastfeeding. Factors that cause failure to provide exclusive breastfeeding to working mothers include the perception that breast milk is not enough, lack of knowledge

of lactation management while working, lack of time to express breast milk, facilities that are not conducive to breastfeeding or expressing breast milk, and no support from management.

Apart from that, maternity leave is a factor in the problem of breastfeeding. Maternity leave in accordance with the employment law is given for 90 days (3 months). Taking leave from the company is usually taken 1.5 months before birth and 1.5 months after birth. This condition is sometimes a reason or obstacle in providing breast milk, because the leave period is taken before birth so it can reduce the frequency of breastfeeding when the baby is born. Because the leave period has been reduced (taken before birth). Based on table 4.6, it is known that a small percentage of respondents aged 20-35 years with the appropriate length of maternity leave (taken before the birth of 3 months) were 10 respondents (31.2%), a small proportion of respondents with junior high school education with an inappropriate length of maternity leave (taken leave). taken 1.5 months before birth and 1.5 months after birth with a fixed length of leave of 3 months) as many as 8 respondents (25.0%), while multiparous respondents with the appropriate length of maternity leave were 11 respondents (34.3%).

According to the researchers' assumptions, most of the respondents' leave was taken immediately 3 months before the birth until the leave period ended. This condition will help respondents to be more intensive in providing breast milk. Because he spends more time at home. For respondents who took maternity leave 1.5 months before and 1.5 months after giving birth, they said they had less leave after giving birth. Because it was taken before birth 1.5 months. So this condition can affect breastfeeding, respondents only intensively breastfed for 1.5 months. Then you have started or are actively working again.

d. The Relationship between Motivation and Providing Exclusive Breast Milk to Working Mothers at PT RHS, Seruyan Regency, Central Kalimantan

Based on the research results, it was found that of the 32 respondents, the majority of respondents did not provide exclusive breastfeeding and had low motivation, namely 18 respondents (56.2%) and there was not a single respondent who did not provide exclusive breastfeeding with low motivation. Meanwhile, 12 people (37.5%) provided exclusive breastfeeding with high motivation and 2 people (6.2%) did not provide exclusive breastfeeding with high motivation. Based on data analysis using the Chi Square statistical test, it was found that the P value was $< \alpha 0.05$ ($0.000 < 0.05$), so H_0 was rejected and H_1 was accepted, which means there is a motivational relationship with exclusive breastfeeding at PT.RHS, Seruyan Regency, Central Kalimantan.

The results of this research are in line with Fithri Hidayati's (2019) research that the majority of mothers have good motivation in providing exclusive breastfeeding at 61.4%. The results of the chi square test obtained a value of $p=0.011$ with a significant value of $p<0.05$ so there is a relationship between motivation with a history of providing exclusive breastfeeding to mothers who work in Bantul Regency Regional Companies. Conclusion: There is a relationship between motivation and the history of exclusive breastfeeding in mothers who work in companies in the Bantul Regency area.

Exclusive breastfeeding plays a role in quality human development, because exclusive breast milk for 6 months contains many substances that are not found in any food and drink, including formula milk. Therefore, all parties, especially health services, are obliged to provide comprehensive care, especially mothers and babies, both when they are still in health care settings/institutions and when mothers are at home so that the infant mortality rate can decrease.

According to researchers' assumptions, most respondents who have high motivation will provide exclusive breast milk to their babies. Respondents with high motivation have high basic education, apart from that, most of them are multiparous. Multiparous parity means that respondents have experience from the birth of previous children regarding breastfeeding. In this research, it was found that a small number of respondents were highly motivated and did not provide exclusive breastfeeding due to the mother's condition being tired and tired after

work so that when she got home the mother wanted to rest.

e. **The Relationship between the Length of Maternity Leave and Providing Exclusive Breast Milk to Working Mothers at PT RHS, Seruyan Regency, Central Kalimantan** Based on the research results, it was found that of the 32 respondents, almost half did not breastfeed exclusively and the length of maternity leave was not appropriate, that is, it was taken immediately 3 months before birth, namely 15 respondents (46.8%).

Meanwhile, almost half of the respondents took appropriate maternity leave (leave taken immediately 3 months before delivery) by providing exclusive breastfeeding, namely 12 people (37.5%), and a small number of respondents did not provide exclusive breastfeeding with the appropriate length of maternity leave, namely 5 people (15.7%). Based on data analysis using the Chi Square statistical test, it was found that the P value was $< \alpha 0.05$ ($0.000 < 0.05$), so H_0 was rejected and H_1 was accepted, which means there is a relationship between the length of maternity leave and exclusive breastfeeding at PT.RHS, Seruyan Regency, Central Kalimantan.

Maternity leave in accordance with the employment law is given for 90 days (3 months). Taking leave from the company is usually taken 1.5 months before birth and 1.5 months after birth. This condition is sometimes a reason or obstacle in providing breast milk, because the leave period is taken before birth so it can reduce the frequency of breastfeeding when the baby is born. Because the leave period has been reduced (taken before birth). Several studies state that the mother's employment status is an obstacle to exclusive breastfeeding.

Research in Vietnam shows that working mothers have a 14 times greater risk of not providing exclusive breastfeeding. Research conducted in Jakarta shows that only 32% of women working in the formal sector and 20% of women working in the industrial sector provide exclusive breastfeeding. For working mothers, providing exclusive breastfeeding is not an easy thing. Working mothers need to have a positive attitude, knowledge, skills, self-commitment, open communication, as well as social and workplace support to successfully provide exclusive breastfeeding. Factors that cause failure to provide exclusive breastfeeding to working mothers include the perception that breast milk is not enough, lack of knowledge of lactation management while working, lack of time to express breast milk, facilities that are not conducive to breastfeeding or expressing breast milk, and no support from management. . Apart from that, maternity leave is a factor in the problem of breastfeeding.

The researcher's assumption is that the length of maternity leave is not a problem. Depends on the respondent's intentions and motivation in providing breast milk. Respondents who took leave at the beginning (1.5 months before birth and 1.5 months after birth) sometimes were less likely to accompany their babies. Because his leave was taken in advance. This can make respondents' motivation less strong in providing breast milk. Meanwhile, respondents who took leave before birth and after birth without reducing their leave time, namely 3 months, accompanied their baby for longer because their leave was taken before delivery so contact with their baby was also longer.

f. **The Relationship between Motivation and Length of Maternity Leave with Providing Exclusive Breast Milk to Working Mothers at PT RHS Seruyan Regency, Central Kalimantan**

Based on multivariate data analysis using the Logistic Regression statistical test, it was found that the P value was $< \alpha 0.05$ ($0.000 < 0.05$), so H_0 was rejected and H_1 was accepted, which means there is a relationship between motivation and length of maternity leave with exclusive breastfeeding at PT.RHS Regency. Seruyan, Central Kalimantan. The motivation variable has a higher or stronger relationship with exclusive breastfeeding with an OR value of 24.686 compared to the length of maternity leave variable with an OR value of 16.941.

The results of previous research from Fithri Hidayati (2019) show that the majority of mothers have good motivation in providing exclusive breastfeeding, 61.4%. The results of the chi square test obtained a value of $p=0.011$ with a significant value of $p<0.05$, so there is a relationship between motivation and history. providing exclusive breastfeeding to mothers who work in Bantul Regency Regional Companies. Conclusion: There is a relationship between motivation and the history of exclusive breastfeeding in mothers who work in companies in the Bantul Regency area. Exclusive breastfeeding plays a role in quality human development, because exclusive breast milk for 6 months contains many substances that are not found in any food and drink, including formula milk. Therefore, all parties, especially health services, are obliged to provide comprehensive care, especially mothers and babies, both when they are still in health care settings/institutions and when mothers are at home so that the infant mortality rate can decrease. The researcher's assumption is that the relationship between motivation and length of maternity leave with exclusive breastfeeding is stronger because motivation is the basis for taking action or behaving. If motivation is lacking or low then what we plan will not work well, in this case namely motivation in providing breast milk to babies up to 6 months of age.

CONCLUSION

Based on the results of research conducted on 32 respondents, it was found that most respondents had low motivation in providing exclusive breastfeeding. In addition, it was found that the majority of respondents took maternity leave according to the correct category, which was for 3 months, divided into 1.5 months before giving birth and 1.5 months after giving birth. The results also showed that most respondents did not provide exclusive breastfeeding to their babies. Data analysis showed a significant relationship between motivation and exclusive breastfeeding at PT. RHS, Seruyan Regency, Central Kalimantan, with a P value $<\alpha 0.05$ ($0.000 < 0.05$). In addition, there was also a significant relationship between the length of maternity leave and exclusive breastfeeding with a P value $<\alpha 0.05$ ($0.000 < 0.05$). However, the influence of motivation on exclusive breastfeeding was greater than the influence of the length of maternity leave, which was also evidenced by a P value $<\alpha 0.05$ ($0.000 < 0.05$). These findings indicate that increasing maternal motivation plays an important role in the success of exclusive breastfeeding.

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