

Recommendations For Improving Exclusive Breast Milk For Working Mothers With Health Action Process Approach (Hapa) In Batu Bara District

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Abstract.

Mother's Milk (ASI) is the main and best food for babies that have no equal. The benefits of exclusive breastfeeding are enormous, especially for the baby's growth and development, immunity, psychology, and the economy of the baby's parents. Even though the benefits of exclusive breastfeeding are clear for mothers and their babies, the coverage of exclusive breastfeeding for babies is still low. The purpose of this study was to analyze the increase in exclusive breastfeeding for working mothers using the Health Action Process Approach (HAPA) in Batu Bara Regency. The sample of this research is working mothers who have babies 0-6 months in Batu Bara Regency. The sampling technique is Non-Probability Sampling using Total Sampling, where the number of samples is the same as the population of 100 people. The data processing method used Univariate, Bivariate, and Multivariate tests. The results showed that self-efficacy, outcome expectations, risk perception, planning, the effect of intention, maintenance, and planning strategies to overcome barriers had a significant effect on breastfeeding practices for working mothers in Batu Bara Regency as evidenced by the p-value of each variable $0.000 < 0.05$. The multivariate test results show that together the independent variables have a significant effect on the dependent variable, with the most dominant variable being the maintenance variable with an average value of 10.66. The frequency of exclusive breastfeeding and the duration of breastfeeding has no effect on the practice of breastfeeding for working mothers in Batu Bara Regency.

Keywords: Nurse Performance, Training, Motivation, Incentives, Supervision.

I. INTRODUCTION

Mother's milk or breast milk is milk that is produced or produced by humans for babies who cannot digest solid food. Breast milk contains many nutrients that are needed by babies in a process of growth and development of babies as well as the first and the best food that has natural properties (Hidana, 2018). Breast milk contains components of macronutrients and micronutrients. What is meant by macronutrients are proteins, carbohydrates, and fats. While the micronutrients are minerals and vitamins. Breast milk is almost 90% made up of water (Ernawati et al., 2019). The United Nations Children's Emergency Fund (UNICEF) states that breastfeeding can save babies' lives, especially in developing countries, in developing countries exclusive breastfeeding can prevent under-five deaths by 90% due to diarrhea and acute respiratory infections. UNICEF and the World Health Organization (WHO) emphasize breastfeeding in order to reduce infant morbidity and mortality (Mahadewi & Heryana, 2020). The food eaten by the mother is a factor that greatly affects the production of breast milk. If the food that the mother consumes contains sufficient nutrition and is regular, it will greatly affect the production of breast milk, this is because the breast milk glands cannot work properly without regular and nutritious food. To meet all the nutrients in breast milk production, food from the mother must meet an adequate amount of calories, fat, protein, minerals, and vitamins (Ani T Prianti, Rahayu Eryanti. K, 2020). The function of breast milk is to fulfill the baby's nutritional intake, increase body resistance and reduce infant morbidity and mortality. Therefore, exclusive breastfeeding is highly recommended and it is recommended to continue until the baby is 2 years old (Putu et al., 2020). Working mothers are the cause of failure to provide exclusive breastfeeding. Some of the failures were caused by workplace regulations and mothers' attitudes towards exclusive breastfeeding.

Mothers are forced to stop exclusive breastfeeding and switch to formula milk because the workplace is far from home and there are no facilities for mothers to breastfeed their babies, such as providing a lactation corner or providing rest periods to express breast milk. Poor nutritional status or malnutrition that occurs in toddlers can occur due to reduced duration of breastfeeding by mothers due to work. In addition, the intensity of work that causes mothers to be away from their babies is the cause of

failure to give exclusive breastfeeding (Putu et al., 2020). Health Action Process Approach (HAPA) is a cognitive social approach to health behavior that shows that health behavior is a process of volitional motivational phase. The motivational phase is the process in which a person forms intentions, while the volitional phase is the process of turning intentions into behavior. Based on the results of a preliminary study with interviews with mothers who have babies aged 0-6 months in Batu Bara Regency a total of 10 people got 7 respondents working mothers and 3 respondents who did not work. Of the 7 working mothers, there are 6 mothers who do not give exclusive breastfeeding to their babies because they are busy working. Work sometimes results in delays in exclusive breastfeeding. Strictly speaking, this is because mothers are busy and do not have enough time to take care of their breast milk needs. In essence, a job should not be a reason and a cause for mothers to stop breastfeeding exclusively. Based on the above background, the researcher is interested in conducting research on "Analysis of Increasing Exclusive Breastfeeding for Working Mothers with the Health Action Process Approach (HAPA) in Batu Bara Regency".

II. LITERATURE REVIEW

2.1. Breast Milk (ASI)

The structure of the breast includes the nipple and areola, breast tissue, connective tissue, and supporting fat, blood, lymphatic vessels, and nerves. In mammary tissue, this tissue includes the alveoli, which are small sacs made of cells that secrete milk, and the ducts that carry milk out. When breastfeeding, milk will collect in the lumen of the alveolus and ducts. Alveoli are surrounded by myoepithelial tissue or muscle cells, which contract and make milk flow along the ducts (Heird, 2012). The physiology of the first lactation is the prolactin reflex, the prolactin reflex occurs when there is stimulation of the mother's nipple and then sends a signal to the hypothalamus and then sends a signal to the anterior pituitary gland and then to the prolactin hormone. When the signal reaches the prolactin hormone, milk will be produced in the alveolus. The more stimulation there is to breastfeeding, the more milk is produced. Then there is the flow reflex or let down reflex, that is, when the nipple is stimulated, it will send a signal to the posterior pituitary gland and then to the hormone oxytocin. Furthermore, the hormone oxytocin will stimulate the contraction of smooth muscle in the walls of the alveoli and the walls of the canal so that the milk will come out. The secretion of the hormone oxytocin is strongly influenced by the mother's emotions (Lawrence, 2015).

Breast milk (ASI) is an emulsion of fat in a solution of lactose, protein, and inorganic salts secreted by the mother's mammary glands, which serve as food for the baby. Exclusive breastfeeding is a baby who only receives breast milk without being given other additional drinks such as formula milk, honey, oranges, water, and also without the addition of other solid foods. Exclusive breastfeeding is recommended for a period of six months. According to the Ministry of Health of the Republic of Indonesia (2018), exclusive breastfeeding is giving only breast milk without providing other food or drinks to babies from birth to six months of age, except for the provision of drugs and vitamins (Ministry of Health, 2020). Breast milk in sufficient quantities is the best food for infants and can meet the nutritional needs of infants during the first six months of life. Breast milk is the first and main natural food for babies so that they can achieve optimal growth and development. Breast milk contains high-quality nutrients that will be useful for the growth and development of the baby's intelligence (Ministry of Health, 2020). An increase or decrease in milk production is dependent on breast gland stimulation. Several factors that influence the production of breast milk are the frequency of breastfeeding, birth weight, gestational age at delivery, age and parity, stress and acute illness, cigarette consumption, alcohol consumption, contraceptive pills, maternal nutritional intake, support from husband and other families, type of delivery, and take care of the join.

2.2. Health Action Process Approach (HAPA) Theory

The process of establishing a healthy lifestyle for these students can be explained through the theory of The Health Action Process Approach (HAPA), which is a stage-based model that specifies two different phases that must be passed so that individuals can adopt, initiate and maintain supportive behaviors. HAPA has two phases, namely the motivation phase and the action phase. The HAPA theory states that before a behavior is formed to carry out a healthy lifestyle, it is necessary to form the intention to do so. In the motivation phase, the intention appears driven by one of the risk perceptions possessed by students with a

family history of hypertension. The intention of healthy living behavior is an indication of how much students are willing to try, and how much effort they plan to put forth, to live a healthy lifestyle. In the action phase, after students have the intention to carry out healthy living behaviors, they will display healthy living behaviors (Armila, 2017).

III. METHODS

The type of research used is quantitative research with analytical design, which is used to explain the causal relationship between two variables. The design of this study used a quantitative research design, so the study used a cross-sectional approach. The location of this research was conducted in Batu Bara Regency and carried out from July 2021 - November 2021. The population in this study was working mothers who had babies 0-6 months in Batu Bara Regency. The sample in this study was working mothers who had babies 0-6 months in Batu Bara Regency. The sampling technique is Non-Probability Sampling using Total Sampling, where the number of samples is the same as the population of 100 people. Methods of Data Collection with Questionnaires and Literature Study.

Data analysis used 3 methods of analysis, namely Univariate Analysis, namely to see the description of the frequency distribution and the presentation of the values obtained for each item in the questionnaire. The data that has been processed, presented in tabular form, Bivariate Analysis to determine the effect of each independent variable on the dependent variable. The independent variables in this study are self-efficacy (X1), outcome expectations (X2), risk perception (X3), planning (X4), intention (X5), maintenance (X6), and planning to overcome obstacles (X7), and the dependent variable in this study were the frequency of exclusive breastfeeding and the duration of exclusive breastfeeding (Y). The multivariate analysis aims to see which variables are most recommended in increasing exclusive breastfeeding for working mothers with the Health Action Process Approach (HAPA) approach in Batu Bara Regency using linear regression analysis. The multiple logistic regression test used is a logistic regression test with predictive modeling which aims to obtain a model consisting of several independent variables that are considered the best to predict the dependent event.

IV. ANALYZE AND RESULT

4.1. Description of Research Site

Batu Bara Regency is one of the regencies in the province of North Sumatra, Indonesia. The DPR approved the Draft Law for its establishment on January 2, 2007. The district was inaugurated on June 15, 2007, in conjunction with the inauguration of the Acting Regent of Batu Bara, Drs. H. Sofyan Nasution, S.H. This district is the result of the division of Asahan Regency and has a capital city in the Lima Puluh sub-district. Batu Bara Regency is one of 16 new regencies and cities that were divided in 2006. Based on data from the Central Statistics Agency for Batu Bara Regency 2021, the population of this regency in 2020 is 410,678 people with a density of 454 people/km².

4.2. Research Result

4.2.1. Characteristics of Respondents

The following are the results of the characteristics of research respondents based on the age of the respondents.

Tables 1. Characteristics of Respondents Based on Age

No.	Age	f	%
1.	20-30 years old	52	52
2.	31-40 years old	45	45
3.	>40 years old	3	3
Total Amount		100	100.0

Table 1 explains the results of the characteristics of respondents based on age, from the table we can see that for ages 20 – 30 years as many as 52 people with a percentage of 52%, ages 31-40 as many as 45 people with a percentage of 45% and for ages > 40 years as many as 3 people respondents with a percentage

of 3% of the total respondents as many as 100 respondents. The following are the results of the characteristics of research respondents based on the respondent's last education.

Tables 2. Characteristics of Respondents Based on Latest Education

No.	Latest Education	f	%
1.	Middle School	2	2
2.	High School	49	49
3.	Diploma I	1	1
4.	Diploma III	12	12
5.	Bachelor	32	32
6.	Master	4	4
Total Amount		100	100.0

Table 2 describes the results of the characteristics of respondents based on their latest education, from the table we can see that for respondents with the last education of junior high school as many as 2 people with a percentage of 2%, for the last education of high school as many as 49 people with a percentage of 49%, D1 as many as 1 person with a percentage of 1 %, D3 as many as 12 people with a percentage of 12%, S1 as many as 32 people with a percentage of 32%, and for the last education S2 as many as 4 people with a percentage of 4% of the total respondents as many as 100 respondents. The following are the results of the characteristics of the research respondents based on the age of the respondents.

Tables 3. Characteristics of Respondents Based on Occupation

No.	Occupation	f	%
1.	Entrepreneur	39	39
2.	Private Sector Employees	42	42
3.	Government Employees	19	19
Total Amount		100	100.0

Table 3 describes the results of the characteristics of respondents based on the respondent's occupation, from the table we can see that for respondents with self-employed jobs as many as 39 respondents with a percentage of 39%, private employee jobs as many as 42 respondents with a percentage of 42%, and for civil servant jobs as many as 19 respondents with a percentage of 19% of the total respondents as many as 100 respondents. The following are the results of the characteristics of the research respondents based on the respondent's producer.

Tables 4. Characteristics of Respondents Based on Income

No.	Income	f	%
1.	Rp. 1.900.000 – 3.799.000	51	51
2.	Rp. 3.800.000 – 6.999.000	49	49
Total Amount		100	100.0

Table 4 describes the results of the respondents' characteristics based on the income of the respondents, from the table we can see for respondents with an income of Rp. 1,900,000 – 3,799,000 as many as 51 respondents with a percentage of 51%, and for respondents with an income of Rp. 3,800,000 – 6,999,000 as many as 49 respondents with a percentage of 49% of the total respondents as many as 100 respondents. The following are the results of the characteristics of the research respondents based on the number of births.

Tables 5. Characteristics of Respondents Based on Number of Childbirths

No.	Number of Births	f	%
1.	1 Time	46	46
2.	2 Times	40	40
3.	>2 Times	14	14
Total Amount		100	100.0

Table 5 explains the results of the characteristics of respondents based on the number of giving birth to respondents, from the table we can see that for respondents with a number of births 1 time as many as 46 respondents with a percentage of 46%, respondents with a number of births 2 times as many as 40 respondents with a percentage of 40% and respondents with the number of giving birth > 2 times as many as

14 respondents with a percentage of 14 respondents from a total of 100 respondents. The following are the results of the characteristics of the research respondents based on the place of birth of the last child.

Tables 6. Characteristics of Respondents Based on Place of Birth of Last Child

No.	Place of Birth of the Last Child	f	%
1.	Hospital	38	38
2.	Private Clinic	20	20
3.	Midwife	22	22
4.	Public Health Center	20	20
Total Amount		100	100.0

Table 6 describes the results of the characteristics of respondents based on the place of birth of the last child, from the table we can see that for respondents with the place of giving birth to their last child in the hospital, 38 respondents with a percentage of 38%, respondents with the place of giving birth to their last child at a private clinic, as many as 20 with a percentage of 20%, respondents who gave birth to their last child at a midwife were 22 respondents with a percentage of 22% and respondents with a place where their last child gave birth at the community health centers were 20 respondents with a percentage of 20% of the total respondents were 100 respondents. The following are the results of the characteristics of the research respondents based on the birth process.

Tables 7. Characteristics of Respondents Based on Place of Birth of Last Child

No.	Birth Process	f	%
1.	Normal	45	45
2.	Operation	55	55
Total Amount		100	100.0

Table 7 describes the results of the characteristics of respondents based on the birth process, respondents with a normal birth process as many as 45 people with a percentage of 45%, and respondents with a surgical birth process as many as 55 respondents with a percentage of 55% of the total respondents as many as 100 respondents.

4.3. Univariate Test Results

The following are the results of the frequency and duration of exclusive breastfeeding for working mothers in the Batu Bara Regency.

Tables 8. Frequency of Exclusive Breastfeeding

No.	Breastfeed at Least 2 Times a Day	f	%
1.	Yes	51	51
2.	No	49	49
Total Amount		100	100.0

Table 8 describes the frequency of exclusive breastfeeding among working mothers in Batu Bara Regency, the results show that the frequency of mothers who breastfeed at least 2 times a day is 51 respondents with a percentage of 51%, and the frequency of mothers who do not breastfeed at least 2 times a day at work as many as 49 respondents with a percentage of 49% of the total respondents totaling 100 respondents.

Tables 9. Duration of Exclusive Breastfeeding

No.	Breastfeed for 6 Months	f	%
1.	Yes	38	38
2.	No	62	62
Total Amount		100	100.0

Table 9 describes the duration of exclusive breastfeeding for working mothers in Batu Bara Regency, the results show that the length of time mothers who breastfeed for 6 months is 38 respondents with a percentage of 38%, and for the length of time mothers who do not breastfeed for 6 months are 62 respondents. with a percentage of 62% of the total of all 100 respondents.

4.4. Bivariate Test Results

4.4.1. The Effect of Self-Efficacy on Breastfeeding Practices for Working Mothers in Batu Bara

Following are the results of the bivariate test for the variable of the effect of self-efficacy on breastfeeding practices for working mothers in the Batu Bara Regency.

Tables 10. The Effect of Self-Efficacy on Breastfeeding Practices for Working Mothers in Batu Bara

No.	Variable	Mean ± SD	P-Value
1.	(Self-Efficacy) Against Breastfeeding	8,52 ± 3,751	0,000

From the results of the bivariate test, we can see that the mean and standard deviation are 8.52 ± 3.751 , with a p-value of 0.000 which means a p-value < 0.05 which states that there is an influence between self-efficacy on breastfeeding practices for mothers. working in Batu Bara.

4.4.2. Effect of Outcome Expectancy on Breastfeeding Practices for Working Mothers in Batu Bara

Following are the results of the bivariate test for the variable of the effect of Outcome Expectancy on the practice of breastfeeding for working mothers in Batu Bara Regency.

Tables 11. Effect of Outcome Expectancy on Breastfeeding Practices for Working Mothers in Batu Bara

No.	Variable	Mean ± SD	P-Value
1.	(Outcome Expectancy) Against Breastfeeding	6,26 ± 1,744	0,000

From the results of the bivariate test, we can see that the mean and standard deviation of the outcome expectancy variable is 6.26 ± 1.744 , with a p-value of 0.000 which means the p-value < 0.05 which states that there is an influence between the outcome expectancy of breastfeeding practices on mother works in Batu Bara.

4.4.3. Effect of Risk Perception on Breastfeeding Practices for Working Mothers in Batu Bara

The following are the results of the bivariate test for the variable of the effect of risk perception on the practice of breastfeeding for working mothers in the Batu Bara Regency.

Tables 12. Effect of Risk Perception on Breastfeeding Practices for Working Mothers in Batu Bara

No.	Variable	Mean ± SD	P-Value
1.	(Risk Perception) Against Breastfeeding	7,36 ± 1,925	0,000

From the results of the bivariate test, we can see that the mean and standard deviation of the risk perception variable is 7.36 ± 1.925 , with a p-value of 0.000 which means the p-value < 0.05 which states that there is an influence between risk perception (risk perception) on the practice of breastfeeding for working mothers in Batu Bara Regency.

4.4.4. Effect of Action Planning on Breastfeeding Practices for Working Mothers in Batu Bara

The following are the results of the bivariate test for the variable influence of action planning on breastfeeding practices for working mothers in the Batu Bara Regency.

Tables 13. Effect of Action Planning on Breastfeeding Practices for Working Mothers in Batu Bara

No.	Variable	Mean ± SD	P-Value
1.	(Action Planning) Against Breastfeeding	3,24 ± 0,874	0,000

From the results of the bivariate test, we can see that the mean and standard deviation of the action planning variable is 3.24 ± 0.874 , with a p-value of 0.000 which means the p-value < 0.05 which states that there is an influence between action planning on breastfeeding practices. working mothers in Batu Bara Regency.

4.4.5. The Effect of Initiative/Intention on Breastfeeding Practices for Working Mothers in Batu Bara

Following are the results of the bivariate test for the variable of the influence of initiative/intention on the practice of breastfeeding for working mothers in the Batu Bara Regency.

Tables 14. The Effect of Initiative/Intention on Breastfeeding Practices for Working Mothers in Batu Bara

No.	Variable	Mean ± SD	P-Value
1.	(Initiative/Intention) Against Breastfeeding	3,11 ± 0,840	0,000

From the results of the bivariate test, we can see that the mean and standard deviation of the initiative/intention variable is 3.11 ± 0.840 , with a p-value of 0.000 which means the p-value < 0.05 which indicates that there is an influence between initiative/intention on practice breastfeeding for working mothers in Batu Bara.

4.4.6. The Effect of Maintenance on Breastfeeding Practices for Working Mothers in Batu Bara

The following are the results of the bivariate test for the variable of the effect of maintenance on breastfeeding practices in working mothers in Batu Bara Regency.

Tables 15. The Effect of Maintenance on Breastfeeding Practices for Working Mothers in Batu Bara

No.	Variable	Mean ± SD	P-Value
1.	(Maintenance) Against Breastfeeding	10,66 ± 2,664	0,000

From the results of the bivariate test, we can see that the mean and standard deviation of the maintenance variable is 10.66 ± 2.664 , with a p-value of 0.000 which means the p-value < 0.05 which states that there is an influence between maintenance on breastfeeding practices for mothers. working in Batu Bara.

4.4.7. The Influence of Planning Strategies to Overcome Barriers (Coping Planning) on Breastfeeding Practices for Working Mothers in Batu Bara Regency

The following are the results of the bivariate test for the variables of the influence of planning strategies to overcome obstacles (coping planning) on the practice of breastfeeding for working mothers in the Batu Bara Regency.

Tables 16. The Influence of Planning Strategies to Overcome Barriers (Coping Planning) on Breastfeeding Practices for Working Mothers in Batu Bara Regency

No.	Variable	Mean ± SD	P-Value
1.	(Coping Planning) Against Breastfeeding	3,10 ± 0,847	0,000

From the results of the bivariate test, we can see that the mean and standard deviation of the coping planning strategy variable is 3.10 ± 0.847 , with a p-value of 0.000 which means the p-value < 0.05 which states that there is an influence between planning strategies to overcome obstacles (coping planning) to the practice of breastfeeding for working mothers in Batu Bara Regency.

4.4.8. The Effect of Frequency and Duration of Exclusive Breastfeeding on Breastfeeding Practices for Working Mothers in Batu Bara Regency

Following are the results of the bivariate test for the variables of the effect of the frequency and duration of exclusive breastfeeding on breastfeeding practices for working mothers in the Batu Bara Regency.

Tables 17. The Effect of Frequency and Duration of Exclusive Breastfeeding on Breastfeeding Practices for Working Mothers in Batu Bara Regency

No.	Variable	Mean ± SD	P-Value
1.	Frequency and Duration of Breastfeeding on Breastfeeding	0,88 ± 0,715	0,988

From the results of the bivariate test, we can see that the mean and standard deviation of the variable frequency and duration of breastfeeding are 0.88 ± 0.715 , with a p-value of 0.988 which means the p-value > 0.05 which means that there is no effect between frequency and duration of breastfeeding on breast feeding practices for working mothers in Batu Bara Regency.

4.5. Multivariate Test Results

In this study, the multivariate test was carried out using multiple logistic regression because the dependent variable was categorical data. The following are the results of the multivariate test in this study.

Table 18. Multivariate Test Results

ANOVA ^a						
	Model	Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1872,689	7	267,527	113,999	,000 ^b
	Residual	215,901	92	2,347		
	Total	2088,590	99			

a. Dependent Variable: Y

b. Predictors: (Constant), X7, X5, X4, X3, X2, X6, X1

Table 18 describes the results of a multivariate test on increasing exclusive breastfeeding for working mothers using the Health Action Process Approach (HAPA) in the Batu Bara Regency. From the results of the multivariate test, we can see a significance value of $0.000 < 0.05$ which states that together or simultaneously, the independent variable in this study has a significant effect on the dependent variable, namely the increase in exclusive breastfeeding for working mothers with the Health Action approach. Process Approach (HAPA) in Batu Bara Regency. To see how much influence the independent variable has on the dependent variable can be seen in Table 19 below.

Table 19. R square

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	,947 ^a	,897	,889	1,532

a. Predictors: (Constant), X7, X5, X4, X3, X2, X6, X1

Based on Table 19, the value of R Square (R^2) is 0.897, which means 0.897 or (89.7%) the independent variable in this study is able to explain the dependent variable. While the remaining 10.3% is influenced or explained by other variables that are not included in the research model.

4.6. Discussion

The self-efficacy of working mothers in providing exclusive breastfeeding in Batu Bara Regency is classified as good self-efficacy. There is a significant influence between self-efficacy on breastfeeding practices in working mothers in Batu Bara Regency, as evidenced by a p-value of 0.000 (< 0.05). The success of exclusive breastfeeding cannot be separated from one of the factors, namely the psychological factor of the mother, and the desire and belief of the mother to give exclusive breastfeeding, which is called the self-efficacy sentence in breastfeeding. Expected results on breastfeeding practices for working mothers in Batu Bara Regency have a significant effect as evidenced by a p-value of 0.000 (< 0.05). Not only do people need to be aware of health threats, but they also need to know how to regulate their behavior by understanding the possibilities between their actions and their subsequent outcomes. Expectations of these outcomes are beliefs that influence the motivation to change. Risk perceptions of breastfeeding practices for working mothers in Batu Bara Regency has a significant influence as evidenced by the p-value of 0.000 (< 0.05). If a person is completely unaware of the risky nature of his actions, motivation will not develop. Usually, people are aware of some degree of risk even though the accuracy of their perception may be biased. Planning for breastfeeding practices for working mothers in Batu Bara Regency has a significant effect as evidenced by the p-value of 0.000 (< 0.05). Planning comes from the word plan, which means the design or framework of something to be done.

From this simple understanding, several important components can be described, namely goals (what you want to achieve), activities (actions to realize goals), and time (when these activities are to be carried out). Whatever is planned is of course future actions (for the future). Thus a plan can be understood as a response (reaction) to the future. Intention to breastfeeding practice among working mothers in Batu Bara Regency has a significant effect as evidenced by a p-value of 0.000 (< 0.05). The intention is defined as the possibility of a person performing a certain behavior. Maintenance of breastfeeding practices for working

mothers in Batu Bara Regency has a significant effect as evidenced by a p-value of 0.000 (<0.05). Maintenance or better known as maintenance can be defined as an activity that is needed to maintain or maintain the quality of maintenance, maintenance in this study is the maintenance of time and exclusive breastfeeding that must be maintained so that exclusive breastfeeding will be given to babies can still run smoothly for as long as possible. the process of breastfeeding the baby while the baby's mother is working. Planning strategies to overcome barriers to breastfeeding practices for working mothers in Batu Bara Regency have a significant effect as evidenced by a p-value of 0.000 (<0.05). In the planning strategy, the majority of respondents answered that there were no obstacles when mothers wanted to plan to give breast milk to their babies and to maximize breastfeeding for mothers who worked in Batu Bara Regency, the plan was to prepare breast milk before the mother worked by expressing breast milk first and then storing breast milk. at the temperature that should be for storing breast milk, this is done to overcome if working mothers do not have enough rest time to give breast milk to their babies (Fikawati, 2019).

From the results of the bivariate test, we can see that the mean and standard deviation of the variable frequency and duration of breastfeeding are 0.88 ± 0.715 , with a p-value of 0.988 which means the p-value > 0.05 which means that there is no effect between frequency and duration of breastfeeding on breastfeeding practices for working mothers in Batu Bara Regency. On the frequency of breastfeeding, the average respondent's answer was to maximize breastfeeding for babies with a frequency of at least 2 times a day, and there were also some respondents who answered that they would maximize exclusive breastfeeding for babies with a frequency of more than 2 times a day. On the duration of exclusive breastfeeding for infants with working mother status, respondents answered that they would try to continue to provide exclusive breastfeeding for 6 months and even some respondents answered that they would give exclusive breastfeeding to their babies up to the age of 2 years. In research using the Health Action Process Approach (HAPA) approach to increase exclusive breastfeeding for working mothers in Batu Bara Regency the best recommendation that must be maintained by nursing mothers who work is maintenance, this is because the value of the average of the highest maintenance when compared to other dimensions in this study, the average value is 10.66 with a standard deviation of 2.664. Maintenance in this study is the maintenance of breastfeeding time and exclusive breastfeeding that must be maintained so that the exclusive breastfeeding that will be given to the baby is maintained and can run smoothly during the process of breastfeeding the baby while the baby's mother is working.

IV. CONCLUSION

From the results of the research that has been done, the conclusions of this study are as follows:

1. There is an effect of self-efficacy on the practice of breastfeeding for working mothers in the Batu Bara Regency.
2. There is an effect of outcome expectancy on the practice of breastfeeding for working mothers in the Batu Bara Regency.
3. There is an effect of risk perception on the practice of breastfeeding in working mothers in the Batu Bara Regency.
4. There is an effect of action planning on the practice of breastfeeding for working mothers in the Batu Bara Regency.
5. There is an effect of initiative/intention on the practice of breastfeeding for working mothers in the Batu Bara Regency.
6. There is an effect of maintenance on breastfeeding practices for working mothers in the Batu Bara Regency.
7. There is an effect of planning strategies to overcome obstacles (coping planning) on the practice of breastfeeding for working mothers in the Batu Bara Regency.
8. There is no effect of the frequency and duration of exclusive breastfeeding on breastfeeding practices for working mothers in the Batu Bara Regency.
9. The best Health Action Process Approach (HAPA) approach to increase exclusive breastfeeding for working mothers in Batu Bara Regency is the maintenance of the practice of exclusive breastfeeding.

REFERENCES

- [1] Agung, A.S. Shirmarti, R.D. 2021. Analysis Of Motivation Phase Of The Hapa Theory (Health Action Process Approach) And Intention To Exclusive Breastfeeding In The Sidosermo Primary Healthcare Center, Surabaya. Faculty of Public Health Airlangga University, Surabaya
- [2] Alifani, F.F. Sandra, F. Factors Associated With Maternal Knowledge On Exclusive Breastfeeding In Cipayung Sub-District, Depok City, Indonesia. Proceedings of International Conference on Applied Science and Health (No. 3, 2018)
- [3] Ani T Prianti, Rahayu Eryanti. K, R. (2020). Efektivitas Pemberian Sari Kurma Terhadap Kelancaran Produksi Asi Ibu Post Partum Di Rskdia Siti Fatimah Makassar. *Jurnal Antara Kebidanan*, 3(1), 11–20.
- [4] Ani T Prianti, Rahayu Eryanti. K, R. (2020). Efektivitas Pemberian Sari Kurma Terhadap Kelancaran Produksi Asi Ibu Post Partum Di Rskdia Siti Fatimah Makassar. *Jurnal Antara Kebidanan*, 3(1), 11–20.
- [5] Choiriyah M, Hapsari ED, Lismidiati W. Tradisi dan Lingkungan Sosial Memengaruhi Dukungan Menyusui pada Bayi Berat Badan Lahir Rendah di Kota Malang. Kesmas: *Jurnal Kesehatan Masyarakat Nasional* Vol. 10 No.1. Diunduh 28 Maret 2017.
- [6] Ernawati, D., Ismarwati, I., & Hutapea, H. P. (2019). Analisa Kandungan FE dalam Air Susu Ibu (ASI) pada Ibu Menyusui. *Jurnal Ners Dan Kebidanan (Journal of Ners and Midwifery)*, 6(1), 051–055.
- [7] Fikawati, S.S. Mardatillah. (2017). Maternal Calorie Intake is a Significant Factor Associated with 6 Months of Exclusive Breastfeeding among Lactating Mothers in Depok City, Indonesia. Center for Nutrition and Health Studies, Faculty of Public Health, University of Indonesia, Depok Indonesia
- [8] Hagger, M. S., & Luszczynska, A. (2014). Implementation intention and action planning interventions in health contexts: State of the research and proposals for the way forward. *Applied Psychology: Health and Well-Being*, 6(1), 1-47.
- [9] Haryono R, Setianingsih S. Manfaat ASI Eksklusif Untuk Buah Hati Anda. Gosyen Publishing; 2014.
- [10] Heird WC. Infant Nutrition. Present Knowl Nutr Tenth Ed. Published online 2012:624-636. doi:10.1002/9781119946045.ch40
- [11] Hidana, R. (2018). Pengaruh Pemberian Sari Kurma Pada Ibu Menyusui Eksklusif Terhadap Status Gizi Bayi Usia 0-5 Bulan Di Kota Semarang. *Hearty*, 6(1).
- [12] Kementrian Kesehatan RI. (2020). Buku KIA Revisi 2020 Lengkap. Published online 2020:16.
- [13] Lawrence R. (2015). Breastfeeding: A Guide for the Medical Profession. 8th ed. Elsevier; 2015.
- [14] Mahadewi, E. P., & Heryana, A. (2020). Analisis Perilaku Pemberian ASI Eksklusif Di Puskesmas Bekasi. Gorontalo *Journal of Public Health*, 3(1), 23.
- [15] Maharani, G,S. Ajeng, F.C. 2019. Perceived Social Support Dan Breastfeeding Self Efficacy Pada Ibu Menyusui Asi Eksklusif. Fakultas Psikologi Universitas Gunadarma
- [16] Netti, Y. Sandra. F. Ahmad. S. 2021. Factors Associated with Energy Consumption of Lactating Mothers in Cipayung District, Depok City, Indonesia. Fakultas Kesehatan Masyarakat, Universitas Indonesia
- [17] Putu, N., Sukma, W., S, W. C. W., Y, P. C. D., Studi, P., Dokter, P., Kedokteran, F., Udayana, U., & Udayana, U. (2020). Perilaku Pemberian Asi Eksklusif Pada Wanita Pekerja Tenaga Kesehatan Rumah Sakit Umum Pusat Sanglah. *Jurnal Medika Udayana*, 9(1), 70–78.
- [18] WHO. (2016). Recommendations on Antenatal Care for Positive Pregnancy Experience.