



THE EFFECT OF LEAFLETS ON POSTPARTUM TREATMENT ON ATTITUDES AND ACTIONS OF PREGNANT WOMEN IN THE KATOBENGKE COMMUNITY HEALTH CENTER IN BAUBAU CITY IN 2019

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Abstract:-

This study aims to determine the differences in attitudes and actions of pregnant women before and after giving leaflets about postpartum care in the Katobengke Health Center area of Baubau City in 2019. This study is an intervention study in the form of quasi experiment design with time series design. The population in this study were 131 pregnant women. In this study determining the number of samples using numerical analytical methods in pairs. The method of sampling uses purposive sampling, namely sampling techniques that are based on certain considerations, so that the sample in this study amounted to 26 respondents. Data analysis was performed using the SPSS program (Statistical Package for Social Sciences) version 22. The analytical method carried out consisted of univariate and bivariate analysis methods. The results showed that: (1) there were differences in attitudes of pregnant women before and after giving leaflets about postpartum care, (2) there are differences in the actions of pregnant women before and after giving leaflets on postpartum care, (3) there is the effect of giving leaflets on attitudes based on maternal characteristics in the age category (20-35 years and > 35 years), education (junior high, high school, diploma -sarjana), occupation (not working and working), number of children (primipara, multipara), gestational age (7 months and months), and (4) and the influence of leaflets on actions based on maternal characteristics in the age category (20-35 years), education (high school), employment (not working), number of children (primipara), gestational age (7 months and months).

Keywords: leaflets, post partum care, attitudes, actions, pregnant women.

INTRODUCTION:-

The number of maternal deaths in a country can be a picture of the quality of health in the country. MMR (Maternal Mortality Rate) is one of the indicators in the degree of public health. According to the 2015 World Health Organization (WHO) report on Maternal Mortality (MMR) in the world, that is equal to 216/100,000 live births or 303,000 people. The results of the 2012 Indonesian Demographic and Health Survey (IDHS) Maternal Mortality in Indonesia amounted to 359 / 100,000 live births. Health Profile of Southeast Sulawesi Province 2017 shows the total number of cases of maternal deaths in Southeast Sulawesi as many as 75 cases which are dominated by cases of bleeding, eclampsia/hypertension in pregnancy, and infections.

The Riskesdas data in 2018 showed that the proportion of complete Indonesian KF services was 37.0%, an increase from 32.1% in 2013. Southeast Sulawesi Province was at the fourth lowest and experienced a decline from 2013-2018 to below 30%. The coverage of postpartum maternal health services in Southeast Sulawesi Province over the past five years shows an unstable trend. However, it has increased from 78.76% in 2016 to 79.56% in 2017. However, 2017 postpartum maternal services in Southeast Sulawesi have not yet achieved the expected targets for both the provincial KIA Program target (81%) and the Health Renstra (90%). While the coverage of postpartum maternal services in the city of Baubau fell from 83.42% in 2016 to 77.89% in 2017.

This is directly proportional to the percentage of postpartum / postpartum visits at the Katobengke health center. Based on 2017 data obtained from the Health Office, the Katobengke Community Health Center was one of the puskesmas with the lowest postpartum / postpartum visit. Consistent low postpartum/postpartum visits from the first postpartum visit (KF1) to the third postpartum visit (KF3). KF 1 coverage was 54.6%, KF2 was 51.8% and KF3 fell considerably to 35.5%. Unlike the data obtained at the Waborobo Health Center in the same sub-district. Data on postpartum visits were obtained by KF1 of 105.5%, KF2 of 100.0% and KF3 of 114.5%.

Mother's behavior in determining treatment methods is influenced by many factors. According to Notoatmodjo (2011) the behavior formed in a person is influenced by two factors, namely stimulus and response. Stimulus is a factor from outside oneself (external factors) such as social, cultural, economic, political and so on. While the response is a factor from within a person (internal factors) such as attention, observation, perception of motivation, and so on. A person's behavior is influenced by his intentions. This is because a person's behavior is almost always preceded by an intention to behave. The intention of the mother to take proper postpartum/postpartum care can be seen as a real action, namely by looking at how the mother carries out treatment in the postpartum/postpartum period. The low level of public knowledge and awareness in carrying out postpartum care for health workers also contributes to the high maternal mortality rate.

Public awareness of health is strongly influenced by information or health messages obtained. This can be because the health information obtained is not understood or does not even get the information that should be obtained. Every information obtained will stimulate the five senses where the results of its coordination with the human brain will affect one's perception. This perception will later influence the behavior of mothers in determining health care. Likewise in terms of determining maternal care in the postpartum period.

Various studies also confirm that health information influences the attitudes and actions of mothers in carrying out postpartum care. According to Yuliarti (2008) mother's attitude significantly increases the behavior of exclusive breastfeeding. In addition, according to Doka (2018) there is a relationship between attitude and ability of mothers to care for low birth weight babies. Elkhoudry et al (2017) stated that the proportion of women attending postnatal consultation in Morocco was 30.1%. Lack of information is one of the main reasons that hampered the consultation visit. According to Windarti and Dewi (2018) the success of postnatal care is determined by the delivery of good health information.

The purpose of the promotion or health education is the occurrence of a change in behavior. With health promotion, it is not only the process of public awareness or the provision and improvement of public knowledge about health, but also the existence of efforts to change behavior (Rodiah et al, 2016). Health promotion or education requires tools to deliver health information. These tools are media. Media in health promotion is known as the media for communication, information, education (IEC). Media can also be used as teaching aids that can help the community to understand the material conveyed by speakers or health workers.

Leaflets as an educational medium can be an alternative to disseminating health information. Leaflets are the media most often used by health workers in counseling. Leaflets can also be saved, so if you forget you can look back. The use of leaflets in influencing behavior has the same effectiveness as other media. In line with the results of the study by Akman et al. (2010) that counseling and leaflets given in the prenatal period were equally effective in raising awareness and encouraging women to use modern postpartum contraception. Nasution (2010) in his research stated that health promotion media (leaflets) were effective in increasing the knowledge score and attitude score of pregnant women about IMD and Exclusive ASI.

LITERATURE REVIEW:-

Postpartum Period

Postpartum period is the time or time since the baby is born and the placenta comes out from the uterus, until the next 6 weeks accompanied by the recovery of organs related to the womb and changes due to the pregnancy process. The postpartum period is also known as the puerperium. Postpartum period (puerperium) is the period after the release of the placenta until the reproductive organs recover as before pregnancy and normally last for 6 weeks or 60 days (Ambarwati, 2010 in Walyani & Purwoastuti, 2015). Postpartum period is often equated with postnatal. But basically these two things are different. Both are treatments after childbirth. However, postnatal care is focused on the baby. Whereas postpartum focuses on maternal care. According to WHO (2003) postpartum care is treatment for women in the postpartum period, from the release of the placenta to 42 days after giving birth.

Health Education

Education or health education according to WHO is a process by which people can improve and improve their health. According to Lawrence Green (1972) in Mubarrak (2007) health education is a term applied to the planned use of the educational process to achieve health goals which include several combinations and learning opportunities. Health education is a process that includes the dimensions and intellectual, psychological and social activities needed to improve the ability of individuals to make conscious decisions and that affect the well-being of themselves, their families, and society (Maulana, 2009). Health education is all an effort to educate, provide information on knowledge, skills to improve the quality of health, both at the individual, group and community level (Induniasih & Ratna, 2018).

Attitude

Attitude is a reaction or response that is still closed from someone to a stimulus or object (Notoatmodjo, 2012). Health education as a stimulus can influence the formation of one's attitude. Like research conducted by Prabawati (2014) which states that there is an effect of health education on the level of knowledge and changes in attitudes and behavior of mothers. Individual attitudes arise because of the perception that is formed on him. A good perception will form a good attitude which will then cause a certain behavior. As research conducted by Khayati et al (2017) that between the attitudes of respondents to lactation management with the implementation of lactation management performed by nurses in the post partum room there is a relationship.

Action

In order for an attitude to be formed into a real action or action a supporting factor or a possible situation is needed, among others, facilities and support from other parties, for example husband or wife, parents, in-laws, etc. Action or practice is a domain of behavior that is expected to change in a health education process, namely the formation of a real action or health behavior. As the results of a study conducted by Rusli (2017) that there is an influence of health education about newborn care for the behavior of primiparous mothers in caring for babies. According to Yugistyowati (2013) there is the influence of postpartum health education on the self-care ability of postpartum post SC mothers. The ultimate goal of health education is to improve health status. According to Notoatmodjo (2012) health promotion in the sense of education, in general is all efforts planned to influence other people, whether individuals, groups or communities, so that they do what is expected by the perpetrators of education or health promotion.

METHODOLOGY:-

This research is an intervention study in the form of quasi experiment design with time series design. This design takes the form of repeated measurements both before and after the intervention. The design of this study only uses one group, so it does not require a control group (Sugiyono, 2013). The population in this study were 131 pregnant women. In this study determining the number of samples using numerical analytical methods in pairs. The method of sampling uses purposive sampling, namely sampling techniques that are based on certain considerations, so that the sample in this study amounted to 26 respondents.

Data collection techniques in this study use primary data and secondary data. The data collected was obtained from primary data, namely data obtained directly from the sample which was carried out by intervention through a media leaflet that had been designed. Data were also obtained from secondary data, namely data from the Baubau City Health Office, data from the Katobengke Health Center, and other sources that were worthy of trust.

Data analysis was performed using the SPSS program (Statistical Package for Social Sciences) version 22. The method of analysis consisted of univariate analysis methods which aimed to describe and explain the characteristics of each research variable which included respondent characteristics, dependent variables and independent variables, bivariate aims to determine the differences in attitudes and actions before and after the intervention using leaflet media, and multivariate which aims to see the effect and magnitude of the influence of the independent variables together on the dependent variable.



RESULT:-

Characteristics of Respondents

The characteristics of respondents in this study were explained based on mother's age, education, occupation, number of children, and gestational age.

Table 1 Frequency Distribution of Respondents Based on Demographic Characteristics in the Katobengke Community Health Center Area in 2019

Demographic Characteristics	Total	%
Mother Age Group (year)		
20 – 35	24	92,3
> 35	2	7,7
Total	26	100,0
Education		
Elementary school	2	7,7
Junior high school	7	26,9
High school	9	34,6
Diploma - Bachelor	8	30,8
Total	26	100,0
Work		
Housewife	21	80,8
Honorary	1	3,8
Employee	2	7,7
Entrepreneurship	2	7,7
Total	26	100,0
Number of children		
1	17	65,4
2	5	19,2
3	2	7,7
4	2	7,7
Total	26	100,0
Pregnancy Age (month)		
7	17	65,4
8	9	34,6
Total	26	100,0

Source: Primary Data, 2019

Based on Table 1 shows the frequency distribution of respondents according to age group, education, and employment of mothers, number of children, and age of maternal pregnancy. The majority of respondents in the age group 20–35 years are 92.3%. The majority of respondents' education is high school, which is as much as 34.6% and the most jobs are housewives (IRT) which is equal to 80.8%. The frequency distribution of respondents based on the number of children was dominated by respondents with number 1 children as many as 65.4%. Pregnancy age is dominated by mothers with 7 months gestation which is equal to 65.4%.

Univariate Analysis

Table 2 shows the average score of intentions fluctuated. The average score before intervention up and down and after intervention tends to decrease. The lowest average score is at pretest 1 (36.50) and the highest at posttest 1 (39.81). The minimum score also fluctuated, namely the lowest minimum score at pretest 3 (15) and the highest minimum score at posttest 1 (37). While the maximum score is obtained a stable score (40) of all measurements.

Table 2 Descriptive Analysis of Attitudes and Actions of Pregnant Women in the Katobengke Community Health Center Area in 2019

Variable	Measurement	Min	Max	Mean	Std. Deviation
Attitude	Pretest 1	24	38	32.19	3.611
	Pretest 2	25	38	32.54	3.361
	Pretest 3	27	39	32.50	3.712
	Posttest 1	30	40	36.31	2.429
	Posttest 2	30	40	36.19	2.638
	Posttest 3	30	40	35.73	2.794
Action	Pretest 1	7	10	8.88	1.071
	Pretest 2	6	10	8.96	0.999
	Pretest 3	7	10	8.92	0.977
	Posttest 1	8	10	9.62	0.571
	Posttest 2	8	10	9.50	0.648
	Posttest 3	8	10	9.23	0.765

Source: Primary Data, 2019

The attitude variable is obtained by a fluctuating average score. The lowest average score at pretest 1 (32.19) and the highest at posttest 3 (35.73). The minimum score before the intervention increased and after the intervention tended to be stable at the score of 30. The maximum score increased and tended to be stable after the intervention. Action variables obtained fluctuating average scores and tended to decrease after intervention. The lowest average score is at pretest 1 (8.88) and the highest at posttest 1 (9.62). The minimum score before the intervention fluctuated but the changes were not too significant. After the intervention the minimum score is stable. The maximum score does not change or is at the maximum number (10) from pretest 1 to posttest 3.

Bivariate Analysis

Bivariate analysis was conducted to test the independent variables, namely leaflet administration with the dependent variable, namely the attitude and actions of pregnant women. The bivariate test used is the Wilcoxon Test and paired t test. Obtained bivariate results as follows.

Table 3 Differences in Attitudes and Actions of Pregnant Women in the Katobengke Health Center Area 2019 at Pretest 1, Pretetst 2, Pretest 3, Posttest 1, Posttest 2, and Posttest 3

Variable		p-value
Attitude	Pretest 1 – pretest 2	.562**
	Pretest 1 – pretest 3	.572**
	Pretest 2 – pretest 3	.918**
	Posttest 1 – posttest 2	.502**
	Posttest 1 – posttest 3	.053**
	Posttest 2 – posttest 3	.083**
	Pretest 2 – posttest 1	.000**
	Pretest 1 – posttest 3	.000**
Action	Pretest 1 – pretest 2	.625*
	Pretest 1 – pretest 3	.782*
	Pretest 2 – pretest 3	.679*
	Posttest 1 – posttest 2	.083*
	Posttest 1 – posttest 3	.004*
	Posttest 2 – posttest 3	.008*
	Pretest 2 – posttest 1	.001*
	Pretest 1 – posttest 3	.053*

* Wilcoxon Test

** Paired t Test

The results of the statistical test on the attitude variable showed no change both before and after the intervention (p value > 0.05). Differences before and after the intervention showed that there was a change

in pretest 2 - posttest 1 (p value = 0,000 <0,05) which meant that there was an effect of giving leaflets to attitudes. On repeated measurements shown at pretest 1 - posttest 3 there are changes (p value = 0,000 <0,05) which means that there is an effect of giving leaflets to attitudes and long lasting. So it can be concluded that there is an effect of leaflet giving on maternal attitudes and impact in the long term.

The results of statistical tests on the action variable showed that before the intervention there was no change from each test conducted (p value > 0.05). After the intervention there were changes, namely at posttest 1 - posttest 3 (p value = 0.004 <0.05) and posttest 2 - posttest 3 (p value = 0.008 <0.05). Differences before and after the intervention showed that there was a change in pretest 2 - posttest 1 (p value = 0.001 <0.05), meaning that there was an effect of giving leaflets to actions. On repeated measurements carried out at pretest 1 - posttest 3 there were no changes (p value = 0.053 > 0.05). So it can be concluded that there is an effect of giving leaflets to the mother's actions but has no impact for a long time.

In this study a test was conducted to see the effect of leaflet giving on attitudes and actions based on the characteristics of the respondents. The test was conducted using the highest average score from the results of measurements before and after the intervention, namely pretest 2 and posttest 1.

Table 4 Effect of Leaflets on Intention, Perception, Attitudes and Actions Based on Characteristics of Respondents

Characteristics of Respondents		<i>p</i> -value	
		Attitude	Action
Age	20-35 Tahun	.000**	.004*
	> 35 Tahun	.500**	.157*
Education	Elementary school	.063**	.157*
	Junior high school	.005**	.317*
	High school	.000**	.026*
	Diploma - Bachelor	.000**	.083*
Work	Does not work	.000**	.006*
	Work	.022**	.083*
Number of Children	Primipara	.000**	.010*
	Multipara	.007**	.157*
	Grandemultipara	.063**	.157*
Pregnancy Age	7 months	.000**	.010*
	8 months	.016**	.046*

* Wilcoxon Test

** Paired t Test

Table 4 shows that there is an effect of leaflet giving on attitude and action variables based on the characteristics of respondents with the age categories of 20-35 years. While respondents with age categories > 35 years showed no influence. So that it can be concluded that the intervention of leaflet administration has more influence on the attitudes and actions of respondents aged 20-35 years compared to respondents aged over 35 years.

On the characteristics of education shows that there is an effect of giving leaflets to intentions and actions based on the characteristics of respondents in the high school category. The attitude variable shows that there is an effect of giving leaflets based on the characteristics of respondents with the categories of junior high school, high school, and Diploma-Bachelor.

Job characteristics indicate that there is an effect of giving leaflets to attitudes based on the characteristics of respondents with non-working categories. While the action variable shows no effect of giving leaflets based on the characteristics of the respondent's work.

The characteristics of respondents in the number of children showed that there was an effect of giving leaflets to attitudes in the primipara category. However, it is different from the action variable which shows that there is no effect of leaflet giving on the number of respondent's children, both primipara, multipara, and grand culture categories.

At the gestational age characteristics the respondents indicated that there was an effect of leaflet giving on attitudes and actions towards gestational age both respondents with 7 months and 8 months gestational age.

DISCUSSION:-

The Effect of Giving Leaflets on Postpartum Care Against Attitudes

In this study found that the results of statistical tests obtained p value = 0,000 which means that attitude is the readiness of individuals to react to stimuli or objects in a particular environment. Eagle and Chaiken (1993) in Wawan and Dewi (2010) suggest that attitudes can be positioned as a result of evaluation of attitude objects that are expressed in cognitive, affective (emotional) and behavioral processes. Education provided to pregnant women through leaflets on postpartum care is expected to influence and increase maternal awareness of the importance of postpartum care. So that it can have an impact on the attitude of the mother. In line with what was stated by Setiawati (2008) that one of the benefits of education is to improve individual attitudes towards a job or activity.

The results of this study indicate that there was an increase in maternal attitudes after the leaflet administration was indicated by a value of $p < 0.05$. Based on measurements carried out repeatedly before and after the intervention it was found that there were differences in maternal attitudes ($p < 0.005$) which meant that there was an effect of leaflet giving on the attitude of the mother. So it can be concluded that leaflet administration can change maternal attitudes and can last long.

This research is in line with the research conducted by Indrawati (2016) that there is a difference between the pre-counseling attitude (leaflet) and post-counseling attitude (leaflet) about increasing the attitude of high-risk pregnant women with media-based counseling. Likewise with the results of a study conducted by Salimar et al (2009) that leaflets are one of the supporting facilities that apply to change the mother's knowledge and attitudes. Handriyanisa (2017) also explained that there was an influence on the attitude of extension intervention using leaflets for early detection of pregnancy danger signs for the selection of delivery facilities

The research conducted by Husnah (2017) also resulted in the influence of KIE leaflet media on respondents' decision making in family planning. Likewise, the study was conducted by Marlin (2016) that the use of leaflet media can help clients in making family planning implants. Contrary to the study of Budihartini et al (2019) which proves that video media is more effective in determining the selection of MKJP contraception (Long Term Contraception Method) than leaflet media.

Attitude is a reaction or response from someone who is closed to a stimulus or object. So that individual attitudes will still change over time. According to Azwar (2011) the formation of a person's attitude is influenced by six factors, namely personal, other important influences, cultural influences, mass media, educational institutions and religious institutions and the influence of emotional factors.

This study shows that maternal attitudes change after leaflet administration and can last a long time which is in line with changes in perception in the mother and persists for a long time. This is because attitudes arise because of perceptions obtained from a process of education or providing information. Good perception will lead to attitudes that are in harmony with the perceptions that have been formed and then will cause an action or action.

In addition to information, demographic factors that act as part of a person's identity also influence someone's environment. Demographic factors and pregnancy conditions will affect the attitude of mothers in performing postpartum care. As in this study it was found that there was an effect of leaflet giving on maternal attitudes based on the characteristics of age, education, employment, number of children and age of pregnancy. This is indicated by the value of $p < 0.05$.

The age of the mother affects how mothers make decisions in maintaining their health, the more they age, the more experience and knowledge increases and the better sources of information are obtained (Notatmodjo, 2003).

This study shows that there is no effect of leaflet giving on maternal attitudes in the elementary education category ($p > 0.05$). A person's level of education will influence his attitude in daily life. This is

related to the information received and the response to that information. Mothers with elementary education will be more easily affected by the information around them.

The results of a study conducted by Maulida (2017) showed that there was a significant relationship between maternal education on the behavior of breastfeeding in post partum mothers. In line with the statement of Wawan and Dewi (2010) that the level of education can also influence a person's behavior, especially in motivating themselves to change.

The Effect of Giving Leaflets on Postpartum Care for Action

Education or the process of providing information aims to change a person's behavior. Various ways can be used to achieve the goal of an educational process. The use of media is one of them. The media can be an intermediary in delivering messages or health information. As with a study conducted by Parsa et al (2015) that supporting information from health care providers can influence a mother's breastfeeding behavior. The leaflet media used in this study is expected to influence behavior so that behaviors based on health can be formed.

The results of this study indicate that there was an increase in maternal actions after giving leaflets which were indicated by $p < 0.05$. Based on repeated measurements before and after the intervention, it was found that there was no difference in maternal actions ($p > 0.005$), meaning that there was no effect of leaflet administration on maternal actions. So it can be concluded that leaflet administration can change maternal actions but does not last long.

Giving leaflets in this study is expected to have an influence on the actions of mothers. In line with the research conducted by Windarti and Dewi (2018) that there is an influence of media counseling on postpartum care. Research conducted by Cooper et al (2014) in Bangladesh states that the use of Asma's story leaflets has an impact on the actions of postpartum women on postpartum family planning.

Research conducted by Saeed et al (2008) in Pakistan in two groups, namely groups that received counseling or leaflets and groups that did not receive counseling or leaflets. The results showed that the group of women who received counseling using postpartum family planning were significantly higher (56.9%) than the control group women (6.31%) at their postpartum visit. Likewise with the research conducted by Vernissa et al (2017) that counseling or leaflets increase compliance with taking iron tablets in pregnant women with anemia.

In contrast to the research conducted in Izmir by Eksioglu et al (2017) that breastfeeding training based on one-on-one demonstrations using specially designed audiovisual devices was more effective than the other two methods (brochure recipient groups and groups receiving routine care). Similarly, Hilgher explained in Khayati et al (2013) that leaflets were only able to provide Short Term Memory or short-term memory. Even so, this study showed that leaflet administration had an effect on maternal actions even though it did not last long. In line with research conducted by Khayati et al (2013) which showed that leaflet media still showed effective results in breastfeeding counseling despite being.

Media leaflets can be a source of information that will influence actions which can be direct or through intermediary attitudes. So that from this study it can be seen that maternal attitudes tend to last longer than mothers' actions. For the realization of an attitude so that it becomes a real action (practice / action), supporting factors or conditions that are needed are needed. This is also inseparable from social conditions in the research area. Where the behavior of the community is still strongly influenced by customs and social relations among the community.

According to Soejoeti (2005) there are three factors that cause changes, understanding, attitudes and behavior of a person, so that someone wants to adopt a new behavior, namely: (1) psychological readiness determined by the level of knowledge, trust, (2) positive pressure from groups or individuals and (3) the existence of environmental support.

Prochaska et al (1992) propose the concept of The Transtheoretical Model that changes in behavior as a deliberate process and stretches over time. The stage of behavior change consists of precontemplation (not yet having intention), contemplation (preparation), preparation (action), action (action), maintenance (maintenance), and relapse (recurrence). Relapse or recurrence can occur in the process of behavior change. According to Priyoto (2018) this can happen if someone does not get positive support from their environment.

Green et al (2000) also explained that manifesting attitudes into real actions is influenced by several factors: predisposing factors (knowledge, attitudes, beliefs, perceptions), supporting factors (access to health services, skills and references), and driving factors manifested in the form of family support, neighbors and community leaders.

Other factors that influence are demographic factors and the condition of maternal pregnancy. As found also in this study that there was an effect of giving leaflets to actions based on age, education, and gestational age of the mother. There is an effect of leaflet giving on the actions of mothers in the age category of 20-35 years ($p < 0.05$). A mother who is at the age of 20-35 years will be more prepared and enthusiastic in facing the pregnancy process. Then it will affect the actions of mothers in doing care. In line with the results of Lestari's (2016) study that there is a positive relationship between age and perineal wound care behavior with moderate-level relationship strength.

There is the influence of leaflet giving to mothers' actions in the high school education category. The higher a person's education, the better the action will be. According to Mohan et al (2015) women's education has a strong relationship with the use of postnatal care at the facility. But in this study there was no effect on mothers with diploma-level education. This is probably due to the busyness of each mother. Where the higher a person's education, the higher the daily activities. It is this busyness that makes mothers with diploma education do not have sufficient time in performing care after childbirth.

There is an effect of giving leaflets to the actions of mothers not working ($p < 0.05$). This is probably due to the free time the mother has. Mothers do not work will have more free time in doing postpartum than working mothers. It is inversely proportional to the research of Garbhani and Padmiari (2015) that no statistically significant association was found between the work of nursing mothers and the success of exclusive breastfeeding. Likewise in the Tesfahun et al (2014) study which concluded that there was no significant relationship between the work of mothers and the use of PNC.

In addition, there was the effect of leaflet administration on maternal actions in the primiparous category ($p < 0.05$). In line with Lestari's research (2016) which shows that there is a positive relationship between parity and perineal wound care behavior. Also the results of research conducted by Darling and Benjamin (2014) that there is a positive correlation between parity and postpartum maternal self-care. on the gestational age characteristics it was found that there was an effect of leaflet administration on maternal actions based on gestational age ($p < 0.05$) which in this study was 7 months and 8 months gestational age.

CONCLUSION:-

From the results of research and discussion, the research conclusions can be stated as follows: (1) there are differences in attitudes of pregnant women before and after leaflet giving about postpartum care, (2) there are differences in the actions of pregnant women before and after leaflet care about postpartum care, (3) there is an effect of leaflet giving on attitudes based on maternal characteristics in the age category (20-35 years and > 35 years old), education (middle school, high school, diploma), employment (not working and working), number of children (primipara, multipara), gestational age (7 months and months), and (4) there was the effect of leaflet giving on actions based on maternal characteristics in the age category (20-35 years), education (high school), employment (not working), number of children (primipara), gestational age (7 months and months).

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