

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.

Multivariate Analysis

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	p-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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