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ORIGINAL RESEARCH

THE EFFECT OF JAVANESE-LANGUAGE LEAFLET MEDIA TO INCREASE KNOWLEDGE AND ATTITUDES OF MOTHERAS CLEAN AND HEALTHY LIFESTYLE BEHAVIOR IN THE HOUSEHOLD ORDER ABOUT EXCLUSIVE BREAST MILK IN JOMBANG REGENCY

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ABSTRACT

The role of health promotion media is very important in changing positive healthbehavior. Good health promotion media are those that see the level of community needs, while health promotion media in Jombang Regency are still centralized and not based on the needs of the local community. Regional language leaflets are expected to improve the knowledge and attitudes of mothers towards Clean and Healthy Life Behavior in the Household setting, especially on the exclusive ASI indicator. The purpose of this study was to analyze the influence of local language leaflet media on increasing knowledge and attitudes about Clean and Healthy Life Behaviorof the household order exclusive breastfeeding in Jombang.

This study uses quantitative methods, the type of research is queasy experimental with a non-equivalent control group design. This study also features qualitative techniques in the form of need assessment and pretesting for the development of leaflet media. Determination of the sample is done by purposive sampling technique, a sample of 60 thousand households consisting of 20 housewives in three districts in Jombang.

The results showed that there were significant differences in knowledge (p value <0.001) and attitude (p value 0.001) between before and after treatment, where the increase in knowledge and attitudes in the treatment group using local language leaflets was higher compared to the treatment group with the media Indonesian language leaflets and groups without treatment (control).

The suggestion in this study is that the use of regional languages Jawa language is not only on leaflet media, but also on other health promotion media in the form of print media.

Keywords

Leaflet, Knowledge,

Attitude, Clean and healthy life behavior of households,

Exclusive ASI.

INTRODUCTION

The results of the basic health research (RISKESDAS) 2013 Health research note that the national proportion of households with good hygiene behavior is 32.3%, this figure is far below the target set in the Ministry of Health's Strategic Plan for 2010-2014, which is 70% of households after practicing healthy hygiene behavior in 2014. From the recapitulation of district or city health profile data in 2010, showed that in East Java, of the 268,916 households monitored, 78,998 (29.4%) were households with clean and healthy living behaviors. In Java Regency, out of 4,150 households monitored, only 896 (21.59) households behaved in a clean and healthy life. This figure is still below the minimum service standard target of 50% of the national target and 40% of the Regency target (East Java Health Office, 2014).

The provision of exclusive breastfeeding is one indicator of clean and healthy lifestyle behavior in the household setting. For babies, breast milk is the most perfect food where the nutritional content is suitable for optimal growth and development and exclusive breast milk contains elements that can protect and improve baby's health (Allen & Dror, 2018).

High infant mortality and nutritional problems in infants can be dealt with from the start by providing breast milk. According to research conducted by UNICEF, the risk of infant mortality can be reduced by 22% by exclusive breastfeeding and breastfeeding for up to 2 years. Specifically for neonatal deaths, it can be reduced by 55% -87% if every baby is born with an early breastfeeding initiation and given exclusive breast milk (Verma & Dixit, 2016).

Health promotion strategies have an influence on the level of healthy hygiene behavior in Jombang District Jombang Regency. The most dominant influence is community empowerment, The coefficient of determination shows that the independent variable studied contributes 56.6% to the level of healthy clean living behavior and the remaining 43.4% is explained by other independent variables not examined(Office of Disease Prevention and Health Promotion, 2015).

The purpose of health promotion is to empower individuals, families and communities to want to foster healthy behavior and develop community-based health efforts. Its main activities are the development of health promotion media and communication, information and education technologies including developing health promotion media, and carrying out administrative and operational support for implementing health promotion programs. These efforts are carried out using print, electronic and space media. In this case the media is positioned to create an atmosphere conducive to positive behavioral changes in health (National

Institute for Health Research & Development, 2013b).

The majority of people in Jombang Regency use regional languages, so the language that becomes communication between communities is Javanese. Javanese is not difficult to understand, migrants can easily understand and speak Javanese. Javanese language is not only used in daily conversations between community members, but also in official events such as teaching and learning in schools, spiritual lectures, communication between health workers and about other fields of science, speeches at traditional ceremonies in local communities (National Institute for Health Research & Development, 2013a).

In a study in Mexico, language and cultural harmony was considered as the main success in facilitating communication with patients. One of the main reasons for them to come to casas (a formal reference for emergency obstetric care and violence cases) is that they feel happy to be treated by people who speak their language(Gendlin, 2004) .

The use of local languages in the leaflet media is expected to facilitate the public in understanding the contents of the message or information conveyed, so that in the end the community is willing and able to behave positively towards health(Ministry of Health, 2015)

PURPOSE OF THE RESEARCH

Analyze the differences in influence between local language leaflet media, Indonesian leaflet media and control of healthy hygiene behavior in household settings, especially regarding exclusive breast milk. The results of this study can be incorporated into the Jombang district health office in developing effective health promotion media, also enriching the experience of researching and becoming a process of strengthening knowledge and the perspective of researchers in exploring what people really want.

BENEFIT OF THE RESEARCH

This research can improve people's knowledge, attitudes about clean and healthy living behavior in the household order about exclusive breastfeeding, enrich the experience of research and become a process of strengthening knowledge and researchers' perspectives in exploring what the community really wants.

LITERATURE REVIEW

Clean healthy behavior

Clean healthy living behaviors are all health behaviors carried out on the basis of awareness so that family members or families can help themselves in the health sector and play an active role in community health activities(Durfor, 2015). The program targets for clean and healthy living

behaviors encompass five settings, namely households, educational institutions, workplaces, public places and health facilities(Rothman & Salovey, 1997). Clean and healthy lifestyle behavior in the household so that they know, want and be able to practice healthy hygiene behavior and play an active role in the health movement in the community(National Institute for Health Research & Development, 2013a).

Exclusive breast milk

Is 0-6 months old babies only given breast milk without additional fluids and food. After the 6-month-old baby starts to be given additional food, while breast milk is still given 2 years. The benefits of breast milk are immune substances, complete food, always clean, easy to digest, and increase intelligence(LaTuga, Stuebe, & Seed, 2014).

Health promotion media

Are all the means or efforts to display the message of information that the communicator wants to convey, both through print media, so that target knowledge can improve and is expected to change positive behavior towards health. The advantages of leaflet media are that clients learn independently, information can be shared by family and friends, clients and teachers can learn complicated information together(Hill, 2009).

Language

Is a system of meaningful and articulated sound symbols that are arbitrary and conventional that are used as a means of communication by a group of people to give birth to feelings and thoughts in regional culture(Wahlqvist & Lee, 2007). The function of language is to engage in daily relationships and as a key to learning knowledge easily (Hu et al., 2016).

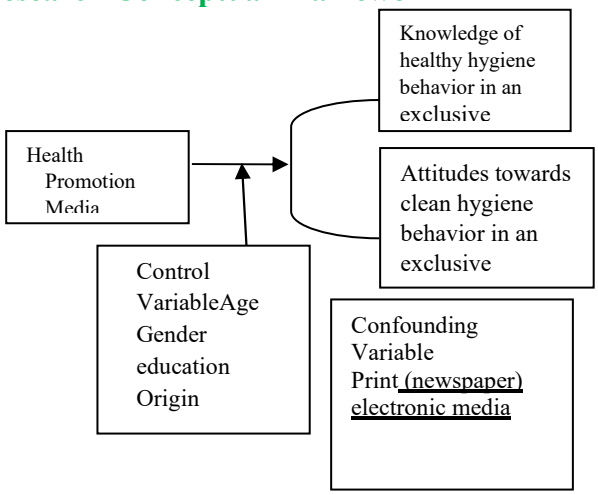
Knowledge

Is the result of knowing someone about an object through their senses. There are 6 levels: know, understand, application, analysis, synthesis and evaluation (Slameto et al, 2010).

Attitude

Is a reaction or response that is still closed from someone to a stimulus or object. There are levels, namely: accept, respond, respect, and be responsible (Notoadmojo S, 2010)

Research Conceptual Framework



MEHTOD

This study used quantitative methods, the type of research is queasy experimental with a non-equivalent control group design. This study also features qualitative techniques in the form of need assessment and pretesting for the development of leaflet media. Determination of the sample is done by purposive sampling technique, a sample of 60 thousand households consisting of 20 housewives in three districts in Jombang.

Research result

Analysis of respondent characteristics between the three groups

1. Age

Frequency distribution of respondents based on age

Age	BD Intervention Group		BI Intervention Group		Control group		p	information
	f	%	f	%	f	%		
< 30 years	8	40	10	50	9	45	0,825	No
≥ 30 years	12	60	10	50	11	55		
Total	20	100	20	100	20	100		

Based on the description of the table, it is known that the age frequency distribution of respondents in the 3 groups is relatively the same.

2. Education

Distribution of Respondents Frequency Based on Education

Education	BD Intervention Group		BI Intervention Group		Control group		p	Information
	f	%	f	%	f	%		
JUNIOR HIGH SCHOOL	9	45	8	40	9	45	0,937	no
SENIOR HIGH SCHOOL	11	55	12	60	11	55		
Total	20	100	20	100	20	100		

Based on the description of the table, it is known that the frequency distribution of respondents' education in the 3 groups is relatively the same.

3. Job

Frequency Distribution of Respondents by Occupation

Job	BD Intervention Group		BI Intervention Group		Control group		p	information
	f	%	f	%	f	%		
Employee	2	10	1	5	0	0	0,923	Tidak ada beda
Entrepreneur	38	40	39	45	58	25		
Farmers	25	25	16	30	34	40		
Laborers						15		
Housewife						20		
Total	20	100	20	100	20	100		

Based on the description of the table, it is known that the frequency distribution of respondents' work in the 3 groups is relatively the same.

4. Work status

Frequency distribution of respondents based on work status

Work status	BD Intervention Group		BI Intervention Group		Control group			BD Intervention Group
	f	%	f	%	f	%		
Work	15	75	14	70	16	80	0,937	Tidak ada beda
Jobless	5	25	6	30	4	20		
Total	20	100	20	100	20	100		

Based on the description of the table, it is known that the frequency distribution of the respondents' work status in the 3 groups is relatively the same.

Data Analysis of Knowledge and Attitudes About Healthy Clean Living Behavior of the Exclusive Mother's Milk Household Order

1. Analysis of Differences in Knowledge and Attitudes Between the Three Groups Before Treatment

1) Knowledge

A. Distribution of respondents' knowledge scores before treatment

score	BD Intervention Group	BI Intervention Group	Control group	p
Mean	= 47,90	= 47,37	= 49,21	0.8
Median	= 50,00	= 50,00	= 50,00	6
Minimum	= 31,58	= 31,58	= 36,84	8
Maximum	= 68,42	= 63,18	= 63,16	

Based on the information from the table, it is known that the respondents have relatively the same knowledge about healthy clean living behavior of the household order about exclusive breast milk before being given treatment.

B. Frequency Distribution of Respondents' Knowledge Before Treatment

Knowledge	BD Intervention Group		BI Intervention Group		Control group	
	f	%	f	%	f	%
Low	9	45	9	45	8	40
High	11	55	11	55	12	60
Total	20	100	20	100	20	100

Based on the description of the table, it is known that prior to the treatment of respondents who were well-informed about healthy hygiene behavior, the exclusive family order was the control group.

2) Attitude

A. Distribution of Respondents' Attitude Score Treatment

Score	BD Intervention Group	BI Intervention Group	Control group	p
Mean	= 66,06	= 64,24	= 64,71	0.446
Median	= 65,30	=64,71		
Minimum	= 56,57			
	= 75,29	= 51,76	64,71 = 57,65	
Maximum		= 72,94	= 72,94	

Based on the information from the table, it is known that the respondents have relatively the same knowledge about healthy clean living behavior of the household order about exclusive breast milk before being given treatment.B. Distribusi Frekuensi Sikap Responden Sebelum Perlakuan

Attitude	BD Intervention Group		BI Intervention Group		Control group	
	f	%	f	%	f	%
bad	10	50	8	40	9	45
good	10	50	12	60	11	55
Total	20	100	20	100	20	100

Based on the description of the table above shows the respondent who has the best attitude in the Indonesian intervention group (BI) is 60%.

Analysis of Differences in Knowledge and Attitudes Between the Three Groups after Treatment

1. knowledge

A. Distribution of respondents' knowledge scores before treatment

Score	BD Intervention Group	BI Intervention Group	Control group	p
Mean	= 80,00	= 69,21	= 51,32 = 52,63	<0.001
Medium	= 78,95	= 68,42		
Minimum	= 94,74	= 84,21	52,63 = 36,84	
Maximum			= 68,42	

Based on the information from the table, it is known that respondents have different knowledge about healthy hygiene behavior in the household order about exclusive breast milk after being treated.

B. Frequency Distribution of Respondents' Knowledge Before Treatment

Knowledge	BD Intervention Group		BI Intervention Group		Control group	
	f	%	f	%	f	%
Low	4	20	6	30	8	40
High	16	80	14	70	12	60
Total	20	100	20	100	20	100

Based on the description of the table above shows the respondent who has the best attitude in the Local Language (BD) intervention group is 80%.

2. attitude

A. Distribution of Respondents' Attitude Score Treatment

Score	BD Intervention Group	BI Intervention Group	Control group	p
Mean Medium Minimum Maximum	= 77,59 = 78,24 = 65,88 = 88,24	= 72,12 =71,76 = 63,53 = 81,18	= 64,88 = 64,71 = 58,82 = 71,76	< 0,0 01

Based on the description of the table, it is known that respondents have different attitudes about healthy hygiene behavior in the household order about exclusive breastfeeding after being treated.

B. Frequency Distribution of Respondents' Attitudes Before Treatment

Attitude	BD Intervention Group		BI Intervention Group		Control group	
	f	%	f	%	f	%
Bad	6	30	7	35	10	50
Good	14	70	13	65	10	50
Total	20	100	20	100	20	100

Based on the description of the table above shows that the respondents who had the highest attitude in the Local Language (BD) intervention group were 70%.

Analysis of the Differences in Knowledge and Attitudes Between Before and After Treatment

1. knowledge

Differences in Respondents Knowledge Scores in the Three Groups Before and After Treatment

Group	Average		p	Information
	Before	After		
BD intervention BI Intervention Control	47,90 47,37 49,21	80,00 69,21 51,32	0,000[b] 0,000[a] 0,119[a]	different different no different

Based on the description of the table above shows that respondents who have knowledge experienced the best increase in the Regional Language (BD) intervention group, namely 80.

2. Sikap

Perbedaan Sikap Pengetahuan Responden pada Ketiga Kelompok Sebelum dan Setelah Perlakuan

Kelompok	Average		P	Information
	Before	After		
BD intervention BI Intervention Control	66,06 64,24 64,71	77,59 72,12 64,88	<0,001[a] <0,000[a] 0,603[b]	different different no different

Based on the description of the table above shows the respondents who have the best attitude in the Local Language (BD) intervention group, which is an average of 77.59.

Analysis of the Difference in Increasing Knowledge and Attitude Scores Between the Three Groups

1. knowledge

Differences in Respondents' Knowledge Score Increase Between the Three Groups

Variable	Group	n	Average	P
Pengetahuan	BD intervention	20	32,11	<
	BI Intervention	20	21.84	0,00
	Control	20	2,11	1

Based on the description of the table above shows the respondents who have the best increase in knowledge in the intervention group of Regional Languages (BD) is an average of 32.11.

2. attitude

Results of Differences in Attitude Scores Between the Three Groups

Variable	Group	n	Average	P
Attitude	BD intervention	20	11,53	<
	BI Intervention	20	7,88	0,00
	Control	20	0,17	1

Based on the description of the table above shows that the respondents who had the best attitude enhancement in the Local Language (BD) intervention group was an average of 11.52.

Discussion

The difference in influence between the local language leaflet media and the Indonesian language leaflet media, seen from the increased score of knowledge in the local language intervention group is higher than the Indonesian intervention group, because respondents felt there was a compatibility with what was contained in the leaflet and aroused interest in reading it repeatedly, so information is easily received. There was an increase in attitude scores in the local language intervention group higher than the Indonesian intervention group, because respondents were easier to understand and read over and over and in accordance with the respondent's language.

Conclusion

The characteristics of respondents in the intervention and control groups which included age, education and occupation were statistically no different. There was a difference in knowledge in the local language leaflet intervention group with an average score increase of 32.11 and There was a difference in knowledge in the Indonesian language leaflet intervention group with an average score increase of 21.84. There was no difference in knowledge in the control group the increase in the mean score in the control group was very small by 2.11. There was a difference in attitude in the local language leaflet

intervention group with an average score increase of 11.53. There were differences in attitudes in the Indonesian language leaflet intervention group with an average score increase of 7.88. There was no difference in attitude in the regional control group with an increase in the average score of 0.17. In the language leaflet, Jombang develops Javanese characteristics so that people feel part of Javanese people. Then leaflets need to be developed by adding photos of the palace and logo of the local government of Jombang in accordance with the wishes of the community which are then used for intervention.

Suggestion

Shows that leaflets that use local languages have a greater influence in increasing the knowledge and attitudes of mothers about PHBS of the Household order (Exclusive ASI) compared to leaflets that use Indonesian.

Jombang District Health Office in the field of Health Promotion can use leaflets in local languages, the leaflets in the field have not reached all the people in Jombang. Respondents in the two intervention groups were still not sure they could continue to provide exclusive breastfeeding if they worked. The advice given to other researchers was to conduct further research to find out local language leaflets on knowledge, attitudes to the practice of exclusive breastfeeding for working mothers in Jombang.

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